



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

May 26, 2021

## BOARD OF HEALTH MEETING

Videoconference

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

## Meeting Book - May 26, 2021 Board of Health Meeting

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### 1. Call to Order

- a. Declaration of Conflict of Interest
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### 2. Adoption of Agenda

- a. May 26, 2021 Board of Health Meeting Agenda Page 2
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### 3. Adoption of Minutes

- a. April 28, 2021 Draft BOH Meeting Minutes Page 5
- 

### 4. Delegation/Presentations

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### 5. Business Arising

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### 6. Reports to Board

- a. Medical Officer of Health and Chief Executive Officer Report
    - i. Report of MOH CEO - May 2021 Page 9
  - b. Finance and Audit
    - i. APH Draft Financial Statements for the period ending March 31, 2021 Page 19
  - c. Governance
    - i. Governance Chair Report - May 12, 2021 Page 27
    - ii. By-Law 95-3 - To Provide for the Duties of the Auditor of the Board of Health Page 28
- 

### 7. New Business

- a. Chairs of Boards of Health Meeting
  - b. Provincial Appointments
  - c. Skills Matrix Survey
  - d. Algoma Vaccination Council Update
- 

### 8. Correspondence

- a. Letter to the Premier of Ontario, from Association of Local Public Health Agencies (aLPHa) regarding Public Health Measures - Extension of Current Restrictions dated May 7, 2021. Page 29
- b. Letter to the Premier of Ontario, from Peterborough Public Health show appreciation and support for the extension of restrictions dated May 14, 2021. Page 31

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**9. Items for Information**

- a. alPHa Conference Program 2021
- b. BOH Section Agenda - June 8, 2021
- c. alPHa Fitness Challenge

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**10. Addendum**

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**11. In-Camera**

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**12. Open Meeting**

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**13. Resolutions Resulting From In-Camera**

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**14. Announcements**

- a. Next Meeting Dates

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**15. Adjournment**



Board of Health Meeting

AGENDA

May 26, 2021 at 5:00 pm

Video/Teleconference | Algoma Community Room

\* Meeting held during the provincially declared emergency

**BOARD MEMBERS**

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

**APH EXECUTIVE**

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

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

- |  |                     |
|--|---------------------|
| <b>1.0 Meeting Called to Order</b>   | <i>S. Hagman</i>    |
| a. Declaration of Conflict of Interest   |                     |
| <b>2.0 Adoption of Agenda</b>  | <i>S. Hagman</i>    |
| <b>RESOLUTION</b>  |                     |
| THAT the Board of Health agenda dated May 26, 2021 be approved as presented.   |                     |
| <b>3.0 Delegations / Presentations</b>   | <i>S. Hagman</i>    |
| <b>4.0 Adoption of Minutes of Previous Meeting</b>   | <i>S. Hagman</i>    |
| <b>RESOLUTION</b>  |                     |
| THAT the Board of Health meeting minutes dated April 28, 2021 be approved as presented.                                  |                     |
| <b>5.0 Business Arising from Minutes</b>   | <i>S. Hagman</i>    |
| <b>6.0 Reports to the Board</b>  |                     |
| a. <b>Medical Officer of Health and Chief Executive Officer Reports</b>  | <i>J. Loo</i>       |
| i. MOH Report - May 2021   |                     |
| <b>RESOLUTION</b>  |                     |
| THAT the report of the Medical Officer of Health/CEO for May 2021 be accepted as presented.                              |                     |
| b. <b>Finance and Audit</b>  | <i>J. Merrylees</i> |
| i. <b>Financial Statements</b>   |                     |
| <b>RESOLUTION</b>  |                     |
| THAT the Board of Health approves the Unaudited Financial Statements for the period ending March 31, 2021, as presented. |                     |

c. **Governance**

*D. Graystone*

i. **Governance Committee Chair Report**

**RESOLUTION**

THAT the Governance Committee Chair Report for May 2021 be accepted as presented.

ii. **Bylaw #95-3 - To provide for the duties of the Auditor of the board**

**RESOLUTION**

THAT the Board of Health has reviewed and approves **Bylaw #95-3 - To provide for the Duties of the Auditor of the board** as presented.

**7.0 New Business/General Business**

a. **Chair of Boards of Health Meeting**

*S.Hagman*

b. **Provincial Appointments**

*S.Hagman*

c. **Skills Matrix Survey**

*S.Hagman*

d. **Algoma Vaccination Council Update**

*L. Caicco Tett*

**8.0 Correspondence**

*S. Hagman*

a. Letter to the Premier of Ontario, from Association of Local Public Health Agencies (alPHa) regarding Public Health Measures - Extension of Current Restrictions dated May 7, 2021.

b. Letter to the Premier of Ontario, from Peterborough Public Health show appreciation and support for the extension of restrictions dated May 14, 2021.

**9.0 Items for Information**

*S. Hagman*

a. **alPHa Conference - Virtual**

b. **alPHa Fitness Challenge**

**10.0 Addendum**

*S. Hagman*

**11.0 In-Camera**

*S. Hagman*

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

**RESOLUTION**

THAT the Board of Health go in-camera.

**12.0 Open Meeting**

*S. Hagman*

Resolutions resulting from in camera meeting.

**13.0 Announcements / Next Committee Meetings:**

*S. Hagman*

**Finance and Audit Committee Meeting**

Wednesday, June 9, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

**Board of Health Meeting**

Wednesday, June 23, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

**Governance Committee Meeting**

Wednesday, September 8, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

**14.0 Evaluation**

*S. Hagman*

**15.0 Adjournment**

*S. Hagman*

**RESOLUTION**

THAT the Board of Health meeting adjourns.



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

May 26, 2021

Report of the

# Medical Officer of Health / CEO

Prepared by:  
Dr. Jennifer Loo and the  
Leadership Team

Presented to:  
Algoma Public Health Board of Health

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## APH AT-A-GLANCE

### COVID-19 Pandemic Response in Algoma

The province of Ontario remains under the provincewide shutdown and stay at home order until June 2<sup>nd</sup>. However, on May 22<sup>nd</sup>, outdoor recreational amenities were permitted to reopen, with a strict outdoor gathering of 5 people. Indoor gatherings remain prohibited. In time, as public health indicators improve, the province will be progressing through the three steps of reopening, beginning with lower risk outdoor settings.

At the time of writing, COVID-19 activity in Algoma showed a weekly incidence of 16.6 cases per 100,00 from May 13 to May 19, which represents a gradual decline from April. Ongoing transmission and active outbreaks involving variants continue to highlight the need to maintain preventive measures.

### COVID-19 Immunization Update

Under the province's accelerated schedule of vaccine roll out, eligibility for COVID-19 immunization is now expanded provincewide to all people 18+. In addition to [immunization clinic sites](#) in municipalities and First Nation communities across the district, a number of Algoma pharmacies are now offering vaccines as well. Mobile clinics continue to be in operation to reach at-risk groups who have challenges accessing immunization, such as homebound clients and remote mine workers.

APH's [immunization tracker](#) provides up-to-date information on Algoma's immunization coverage. As of May 20<sup>th</sup>, about 50% of adults 18+, or 41% of the entire Algoma population, has received at least one dose of COVID-19 vaccine.

The province has further directed that youth aged 12 to 17 and their families will be prioritized for immunization during the month of June. APH has been working closely with school and immunization partners to promote and book in eligible families for immunization in order to maximize uptake among youth.

## PROGRAM HIGHLIGHTS

**Topic:** Oral Health - The Ontario Seniors Dental Care Program (OSDCP) at APH

**From:** Hilary Cutler, Manager - Child & Family Services  
Laurie Zeppa, Director of Programs

**Health Equity 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.

**Program Standard Requirements addressed in this report:**

Oral health work broadly falls under one foundational standard (Health Equity) and two program standards (Chronic Disease Prevention and Well-being and School Health).

The **OSDCP** is 100% funded by the Ministry of Health and not currently reflected under a program standard.

**School Health; Oral Health:**

The Board of Health shall provide the Healthy Smiles Ontario (HSO) Program in accordance with the Oral Health Protocol, 2018 (or as current).

**Key Messages**

- The OSDCP was launched in November of 2019; to date, a total of 220 clients have accessed dental care under this program in Algoma
- Roughly 1 in 12 Algoma residents aged 65+ are eligible for the OSDCP
- Access to oral health care is a matter of health equity and a solution for alleviating strain on the health system
- The oral health program at APH continues to offer HSO, OSDCP and engage in program planning with the goal of contributing to a decrease in health inequities across Algoma

**The Oral Health Program at APH**

The oral health program at APH consists of 3.0 FTE Registered Dental Hygienists (RDH), 2.0 FTE + 2.0 seasonal full-time Dental Health Educators (DHE), clerical support, and one manager. One summer student is with the team until September 2021. Currently, the oral health program is supporting APH's COVID-19 response, with 2.5 FTE working to provide oral health services in addition to pandemic duties.

The summer student is not working COVID-19 and is helping with program planning and clinic administration.

Historically, the program has focused on school-based screening and coordinating services via Healthy Smiles Ontario (HSO), as detailed in the School Health Guideline and Oral Health Protocol. School screenings, follow-ups, and visits for eligible children aged 0-17 have occurred for many years in schools throughout the district and at APH's onsite dental clinic in Sault Ste. Marie.

In April of 2019, the provincial government announced a new, publicly-funded dental program for low-income adults aged 65 years and older.<sup>1</sup> The purpose of the Ontario Seniors Dental Care Program (OSDCP) is to prevent chronic disease, contribute to an increased quality of life, and reduce unnecessary trips to the hospital.<sup>2</sup>

The introduction of the OSDCP expanded the scope of APH's oral health program to be inclusive of the entire life course (i.e. birth to older age) while placing health equity at the forefront of planning. Both HSO and the OSDCP have income-based eligibility thresholds that allow access to dental care for some of the most marginalized groups who do not have dental insurance nor the financial means to cover the cost of dental care.

### **Access to oral health care is a matter of health equity**

Inequities in oral health can be understood through oral health indicators (e.g. # of Decayed, Missing, and Filled Teeth- DMFT) and between different groups of people (e.g. stratified by income, education, and/or immigration status).<sup>3</sup> People experiencing low-income, lower levels of education, and those who have immigrated to Canada have higher rates of DMFT compared to people with higher incomes, higher levels of education, and no immigration status.<sup>3</sup>

Inequities in oral health are problematic from a *health equity perspective* but also from a broader *health system perspective*. Many people cannot afford to visit a dentist and therefore do not have equal opportunities for optimal health because of their social position or other socially determined circumstances. It is well known that oral health is intricately connected to one's overall health.<sup>2-3</sup> In addition, when many people in the population suffer from poor oral health, negative impacts occur to the overall health system, such as increased emergency department visits, resulting in increased financial strain on the healthcare system.

### **Access to oral health care in Algoma**

Algoma is home to many residents aged 65+; in fact, Algoma has a higher percentage of seniors than both the NE LHIN (20.6%) and Ontario (16.7%).<sup>4</sup> Algoma's population is ageing, and many older adults

cannot afford basic dental care.<sup>5</sup> In general, northern Ontario communities experience poorer health outcomes and greater health inequities compared to the rest of the province.<sup>6</sup>

- 23.7% of Algoma's population is aged 65 years and over (26,744 people)<sup>4</sup>
  - Roughly 1 in 12 Algoma residents aged 65+ are eligible for the OSDCP (2,172 people)<sup>6</sup>
  - By 2026, residents aged 65 years and older are projected to represent 30.4% of Algoma's population and 34.1% in 2036<sup>4</sup>

### **The OSDCP in Algoma - A year in review**

APH has been offering the OSDCP since its official launch in November of 2019, with one brief pause in service delivery during the first provincial lockdown in early 2020. The program includes coverage for various types of preventative, restorative, and prosthodontic care for eligible seniors,<sup>2</sup> and to date, APH has partnered with service providers across Algoma to offer the following:

- 5 dentist service providers located in Sault Ste. Marie, Elliot Lake, and Wawa
- 2 denturist service providers in Sault Ste. Marie, Elliot Lake, and Wawa
- Onsite hygiene and treatment clinic at APH's Sault Ste. Marie office (note that hygiene clinics have not operated since prior to the first provincial lockdown due to staff deployed to the COVID-19 response)

To date, a total of 220 clients have accessed dental care through the OSDCP in Algoma.<sup>7</sup> Roughly 200 clients are awaiting hygiene services, and currently, staff are booking into August for the Sault Ste. Marie APH treatment clinic. Denture services first became available to clients in Algoma in March of 2021, and between March and April, 35 clients received dentures under this program.

On May 11, 2021, the provincial government announced updated income thresholds for the OSDCP, widening the eligibility criteria so that more residents will become eligible for the program starting August 1.<sup>8</sup> Clients may submit their applications as per the new eligibility criteria starting July 1. Interested community members may visit APH's [Oral Health webpage](#) or call APH for more information. Please note that the website is not yet updated with the recently announced income thresholds. However, program information remains the same.

### **Next Steps: Summer 2021 and beyond**

Given the provincial government's recent income threshold announcement, the oral health program will review Algoma's eligibility data to forecast demand and plan for service utilization across the district. This work will occur throughout the summer, along with program planning that will involve a fulsome review of the literature as it relates to oral health frameworks. The development of a framework/conceptual model will help ground the program within the broader field of public health and

help articulate an oral health equity approach across the lifespan for residents of Algoma. The provision of the OSDCP in Algoma will be evaluated for effectiveness and may include indicators such as emergency room visits for the eligible population, pre and post implementation of the program.

In addition to program planning, monitoring, and evaluation, the federal and provincial policy landscape continues to be monitored for equity-related policies that would impact Algoma residents. For example, the federal government has promised Universal Pharmacare in Canada,<sup>9</sup> of which oral health care is not included. However, the Minister of Health has been tasked with studying and analyzing the possibility of a national dental care program-<sup>10</sup> a topic that has recently garnered attention in the House of Commons.<sup>11</sup>

APH's oral health program values a multidisciplinary health promotion approach to oral health, with a goal of decreasing health inequities such that every Algoma resident has equal opportunities for optimal health. This goal will continue to guide program planning and service delivery of both HSO and the OSDCP.

## References

1. Government of Ontario (2019). 2019 Ontario Budget: Protecting What Matters Most. Retrieved from <https://budget.ontario.ca/2019/contents.html>
2. Ontario Association of Public Health Dentistry; Alliance for Healthier Communities; Ontario Oral Health Alliance (July 18, 2019). Ontario Seniors Dental Care Program: Recommendations to Ensure Program Effectiveness. Retrieved from [https://cdn.ymaws.com/www.alphaweb.org/resource/collection/FA7C5E7F-BA8C-4D15-9650-39628888027E/alPHa\\_Letter\\_Seniors\\_LIDP\\_181019.pdf](https://cdn.ymaws.com/www.alphaweb.org/resource/collection/FA7C5E7F-BA8C-4D15-9650-39628888027E/alPHa_Letter_Seniors_LIDP_181019.pdf)
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4. Algoma Public Health (2018). Community Health Profile. Sault Ste. Marie, Ontario. Retrieved from <https://www.algomapublichealth.com/media/2799/2018-community-health-profile-full-release-digital-v2.pdf>
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8. Government of Ontario (May 11, 2021). News Release. Ontario Expanding Access to Dental Care and Affordable Prescription Drugs for Vulnerable Seniors. Retrieved from <https://news.ontario.ca/en/release/1000095/ontario-expanding-access-to-dental-care-and-affordable-prescription-drugs-for-vulnerable-seniors>
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10. Prime Minister of Canada Justin Trudeau (December 13, 2019). Minister of Health Mandate Letter. Retrieved from <https://pm.gc.ca/en/mandate-letters/2019/12/13/minister-health-mandate-letter>
11. Pinkerton, C (May 5, 2021). Liberals signal they won't support NDP dental care motion in iPOLITICS online. Retrieved from <https://ipolitics.ca/2021/05/05/liberals-signal-they-wont-support-ndp-dental-care-motion/>

**Topic:** Workforce Update

**From:** Antoniette Tomie, Director of Corporate Services

**Key Messages:**

- Recruitment efforts have significantly increased in 2020-2021 due to support for COVID-19 response needs
- APH has upheld a commitment to create enriching student/learner opportunities
- HR has adapted the recruitment process to use a virtual model

Considerable efforts have been dedicated to the recruitment function for the HR team during the last year. For the period January 1<sup>st</sup> to March 31, 2021, inclusive, APH has posted and filled forty-two (42) positions, with thirty-six (36) of these being directed related to COVID-19 response. In comparison, for the same period in 2020, three (3) positions were posted and filled, which is typical of a normal year. As of May 14, 2021, sixty-six (66) new employees have been hired since January 1, 2021, and recruitment efforts are continuing at a rapid pace.

When APH activated its Incident Management System (IMS) on March 11, 2020, it started a cycle where some staff were redeployed from their original assignments in order to assist with COVID-19 response, including case management and dedicated COVID-19 phone lines. Staff were alternatively redeployed to other programs such as the Needle Exchange program so that clients could still receive these services. Some staff, as well as members of the leadership team, continued with their own assignments as well as took on significant roles in COVID-19 response. Since the activation of IMS, a number of temporary or casual positions have been created to assist with the COVID-19 response, including:

- Forty-one (41) casual immunizers have been hired and have been instrumental in administering vaccines with our community partners at various COVID-19 mass immunization and mobile clinics throughout the district of Algoma;
- Infectious Disease and Control Specialists (IPAC) due to IPAC funding as was indicated in the March 24, 2021, Medical Officer of Health/CEO Board report;
- Supervisors for COVID-19 Response to assist managers with this increased workload
- Program Planning & Evaluation Assistants to provide support to the Planning and Evaluation Specialist
- COVID-19 Operations and Communication Support Assistants to man the dedicated COVID-19 phone lines with the goal of current staff returning to their pre-COVID-19 assignments

- An administrative assistant to schedule casual immunizers and provide administrative and human resources support
- A secondment agreement with the City of Sault Ste. Marie was signed for a COVID-19 inventory coordinator. This position provides assistance with tracking and distribution of COVID-19 ancillary supplies for all our community based and mobile clinics.

### **Summer students**

APH normally hires a few students to assist with our beach water sampling as well as administrative support in the Sault Ste. Marie office. Currently, we are in the midst of onboarding a significant number of summer students. APH was successful in applying and being approved for some funding of summer student positions through the Canada Summer Jobs initiative. Summer students will be of great assistance with COVID-19 work, especially for COVID-19 appointment booking and support. The HR team, in conjunction with various members of the leadership team, conducted a summer student hiring blitz in April to fill upwards of twenty (~20) student positions. This will be an incredible opportunity and great learning experience for these post-secondary students.

### **Student placements/learners**

APH continued with student placements/learners during the pandemic with some creativity in delivering quality experiences with most done remotely or a hybrid model. During the pandemic, we have had a number of student placements/learners, including nursing students, a dietetic intern, a student from the collaborative nurse practitioner program, environmental health practicum students, a student placement for our preschool speech and language program, as well as rotations for three public health resident physicians from the Northern Ontario School of Medicine.

The HR team had a 4<sup>th</sup> year nursing student who spent their time researching and assessing mental health promotion within the workplace. This work completed will be a foundation for a comprehensive long-term Agency-wide mental health strategy.

In the near future, APH will post for an HR intern as we have received some funding for this position from the Northern Ontario Heritage Fund Corporation (NOHFC).

### **Adapted Recruitment Processes**

At the onset of the first wave of COVID-19 public health measures, the HR team at APH quickly adapted their recruitment efforts to be entirely virtual. While candidate sourcing continues to be done online, interviews have shifted to video conferencing formats. Traditionally, recruitment processes have taken place during regular business hours; however, the flexibility of virtual recruiting has given rise to extended hours of availability among candidates and recruiters alike. The adaptability of the HR team, as

well as hiring managers, has proven to be successful, given the quality and quantity of talent that has been recruited.

Although significant efforts have been put towards positions for COVID-19 response, we are still experiencing retirements and resignations, and ongoing recruitment efforts continue for our core public health programs. Up until April 2021, the bulk of recruitment and selection processes were administered by predominately two (2) HR professionals. While working many hours to hire the best candidates for the posted jobs, they continued to perform essential HR functions, including onboarding all new hires, divestment of the community mental health and community alcohol and drug assessment programs, and labour negotiations preparation.

Overall, APH is continuing to see rapid growth in our labour force. Shifting to a virtual model of recruitment has proven to be successful, and ongoing efforts are being made to continuously improve our sourcing, recruitment and selection processes.



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

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Algoma Public Health  
Statement of Operations  
March 2021  
(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Act. to Bgt. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ YTD Budget 2021
<b>Public Health Programs (Calendar)</b>						
<b>Revenue</b>						
Municipal Levy - Public Health	\$ 952,095	\$ 952,095	\$ -	\$ 3,808,378	0%	100%
Provincial Grants - Cost Shared Funding	2,177,028	2,177,028	-	8,708,100	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	425,504	425,453	51	5,731,075	0%	100%
Provincial Grants - Mitigation Funding	259,450	259,452	(2)	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	78,169	71,982	6,188	418,330	9%	109%
<b>Total Public Health Revenue</b>	<b>\$ 3,892,246</b>	<b>\$ 3,886,009</b>	<b>\$ 6,237</b>	<b>\$ 19,703,683</b>	<b>0%</b>	<b>100%</b>
<b>Expenditures</b>						
Public Health Cost Shared	\$ 3,537,037	\$ 4,222,267	\$ 685,231	\$ 18,081,388	-16%	84%
Public Health 100% Prov. Funded Programs	302,431	398,946	96,516	1,622,295	-24%	76%
<b>Total Public Health Programs Expenditures</b>	<b>\$ 3,839,467</b>	<b>\$ 4,621,214</b>	<b>\$ 781,746</b>	<b>\$ 19,703,682</b>	<b>-17%</b>	<b>83%</b>
<b>Total Rev. over Exp. Public Health</b>	<b>\$ 52,779</b>	<b>\$ (735,204)</b>	<b>\$ 787,983</b>	<b>\$ 2</b>		

**Healthy Babies Healthy Children (Fiscal)**

Provincial Grants and Recoveries	\$ 1,068,011	1,068,011	-	1,068,011	0%	100%
Expenditures	1,075,524	1,068,011	7,513	1,068,011	1%	101%
<b>Excess of Rev. over Exp.</b>	<b>(7,513)</b>	<b>-</b>	<b>(7,513)</b>	<b>-</b>		

**Public Health Programs (Fiscal)**

Provincial Grants and Recoveries	\$ 676,509	1,002,700	326,191	1,002,700		
Expenditures	627,874	1,002,700	(374,826)	1,002,700		
<b>Excess of Rev. over Fiscal Funded</b>	<b>48,635</b>	<b>-</b>	<b>48,635</b>	<b>-</b>		

**Community Health Programs (Non Public Health)**

<b>Calendar Programs</b>						
<b>Revenue</b>						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	71,858	71,858	-	71,858	0%	100%
<b>Total Community Health Revenue</b>	<b>\$ 71,858</b>	<b>\$ 71,858</b>	<b>\$ -</b>	<b>\$ 71,858</b>	<b>0%</b>	<b>100%</b>
<b>Expenditures</b>						
Child Benefits Ontario Works	0	-	-	-	#DIV/0!	#DIV/0!
Algoma CADAP programs	71,858	71,858	-	71,858	0%	100%
<b>Total Calendar Community Health Programs</b>	<b>\$ 71,858</b>	<b>\$ 71,858</b>	<b>\$ -</b>	<b>\$ 71,858</b>	<b>0%</b>	<b>100%</b>
<b>Total Rev. over Exp. Calendar Community Health</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		

**Fiscal Programs**

<b>Revenue</b>						
Provincial Grants - Community Health	\$ 5,637,703	\$ 5,800,757	\$ (163,054)	\$ 5,800,757	-3%	97%
Municipal, Federal, and Other Funding	125,775	125,775	-	125,775	0%	100%
Other Bill for Service Programs	47,642	-	47,642	-		
<b>Total Community Health Revenue</b>	<b>\$ 5,811,119</b>	<b>\$ 5,926,532</b>	<b>\$ (115,413)</b>	<b>\$ 5,926,532</b>	<b>-2%</b>	<b>98%</b>
<b>Expenditures</b>						
Brighter Futures for Children	120,975	120,975	-	120,975	0%	100%
Infant Development	538,032	644,317	106,286	644,317	-16%	84%
Preschool Speech and Languages	614,256	614,256	-	614,256	0%	100%
Nurse Practitioner	162,156	162,153	(3)	162,153	0%	100%
Community Mental Health	3,269,860	3,539,060	269,200	3,539,060	-8%	92%
Community Alcohol and Drug Assessment	568,658	710,786	142,128	710,786	-20%	80%
Stay on Your Feet	94,179	100,000	5,821	100,000	-6%	94%
Bill for Service Programs	36,599	-	(36,599)	-		
Misc Fiscal	4,905	34,984	30,079	34,984	-86%	14%
<b>Total Fiscal Community Health Programs</b>	<b>\$ 5,409,621</b>	<b>\$ 5,926,532</b>	<b>\$ 516,911</b>	<b>\$ 5,926,532</b>	<b>-9%</b>	<b>91%</b>
<b>Total Rev. over Exp. Fiscal Community Health</b>	<b>\$ 401,499</b>	<b>\$ 0</b>	<b>\$ 401,498</b>	<b>\$ 0</b>		

**Algoma Public Health  
Revenue Statement**

For Three Months Ending March 31, 2021

(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Bgt. to Act. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ Annual Budget 2021	Comparison Prior Year:		
							YTD Actual 2020	YTD BGT 2020	Variance 2020
Levies Sault Ste Marie	670,847	670,847	0	2,683,388	0%	25%	667,344	667,344	0
Levies District	281,248	281,248	0	1,124,992	0%	25%	279,780	279,780	0
<b>Total Levies</b>	<b>952,095</b>	<b>952,095</b>	<b>0</b>	<b>3,808,380</b>	<b>0%</b>	<b>25%</b>	<b>947,125</b>	<b>947,124</b>	<b>0</b>
MOH Public Health Funding	2,177,028	2,177,028	0	8,708,100	0%	25%	1,836,225	1,566,890	269,335
MOH Funding Needle Exchange	0	0	0	0	0%	0%	16,175	16,175	(0)
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	6,150	6,150	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	192,475	192,475	0
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	45,125	45,120	5
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	30,375	30,378	(3)
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	3,875	3,875	(0)
MOH Funding Infection Control	0	0	0	0	0%	0%	78,100	78,102	(2)
MOH Funding Diabetes	0	0	0	0	0%	0%	37,500	37,500	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	108,400	108,400	0
MOH Funding Harm Reduction	0	0	0	0	0%	0%	37,500	37,500	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	27,175	27,174	1
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	17,400	17,400	0
<b>Total Public Health Cost Shared Funding</b>	<b>2,177,028</b>	<b>2,177,028</b>	<b>0</b>	<b>8,708,100</b>	<b>0%</b>	<b>25%</b>	<b>2,436,475</b>	<b>2,167,139</b>	<b>269,336</b>
MOH Funding - MOH / AMOH Top Up	71,533	64,530	7,003	178,594	11%	40%	39,061	38,021	1,040
MOH Funding Northern Ontario Fruits & Veg.	29,350	29,350	(0)	117,400	0%	25%	29,350	29,350	0
MOH Funding Unorganized	132,600	132,600	0	530,400	0%	25%	132,600	132,600	0
MOH Senior Dental	174,475	174,475	(0)	697,900	0%	25%	148,095	174,475	0
MOH Funding Indigenous Communities	24,500	24,498	2	98,000	0%	25%	0	0	0
OTF COVID-19 extraordinary costs mass imm	(6,954)	0	(6,954)	4,108,779	0%	0%	0	0	0
<b>Total Public Health 100% Prov. Funded</b>	<b>425,504</b>	<b>425,453</b>	<b>51</b>	<b>5,731,073</b>	<b>0%</b>	<b>7%</b>	<b>349,106</b>	<b>374,446</b>	<b>1,040</b>
<b>Total Public Health Mitigation Funding</b>	<b>259,450</b>	<b>259,452</b>	<b>(2)</b>	<b>1,037,800</b>	<b>0%</b>	<b>25%</b>	<b>0</b>	<b>202,134</b>	<b>0</b>
Recoveries from Programs	2,640	2,520	120	28,010	5%	9%	2,510	6,883	(4,372)
Program Fees	45,357	37,014	8,343	105,320	23%	43%	46,656	50,321	(3,665)
Land Control Fees	20,810	15,000	5,810	160,000	39%	13%	7,261	15,000	(7,739)
Program Fees Immunization	6,193	12,498	(6,305)	45,000	-50%	14%	27,991	28,750	(759)
HPV Vaccine Program	0	0	0	12,500	0%	0%	0	3,000	(3,000)
Influenza Program	0	0	0	25,000	0%	0%	0	1,500	(1,500)
Meningococcal C Program	0	0	0	7,500	0%	0%	0	625	(625)
Interest Revenue	3,169	4,950	(1,781)	20,000	-36%	16%	10,645	10,000	645
Other Revenues	0	0	0	15,000	0%	0%	(1,370)	24,500	(25,870)
<b>Total Fees and Recoveries</b>	<b>78,169</b>	<b>71,982</b>	<b>6,188</b>	<b>418,330</b>	<b>9%</b>	<b>19%</b>	<b>93,693</b>	<b>140,579</b>	<b>(46,885)</b>
<b>Total Public Health Revenue Annual</b>	<b>3,892,247</b>	<b>3,886,010</b>	<b>6,237</b>	<b>19,703,683</b>	<b>0%</b>	<b>20%</b>	<b>3,826,399</b>	<b>3,831,423</b>	<b>223,491</b>
<b>Public Health Fiscal April 2020 - March 2021</b>									
Vaccine Refrigerators	7,400	7,400	0	7,400	0%	100%			
Infection Prevention and Control Hub	420,000	740,000	(320,000)	740,000	0%	57%			
Practicum	10,000	10,000	0	10,000	0%	100%			
Public Health CCM Solution	25,300	25,300	0	25,300	0%	100%			
School Nurses Initiative	211,650	469,000	(257,350)	469,000	0%	45%			
Sr Dental Capital Upgrades	71,000	71,000	0	98,000	0%	72%			
<b>Total Provincial Grants Fiscal</b>	<b>745,350</b>	<b>1,322,700</b>	<b>(577,350)</b>	<b>1,349,700</b>	<b>0%</b>	<b>55%</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Algoma Public Health**  
**Expense Statement- Public Health**  
For Three Months Ending March 31, 2021  
(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Act. to Bgt. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ Budget 2021	Comparison Prior Year:		
							YTD Actual 2020	YTD BGT 2020	Variance 2020
Salaries & Wages	\$ 2,295,747	\$ 2,879,703	\$ 583,956	\$ 12,401,405	-20%	19%	\$ 2,247,783	\$ 2,354,333	\$ 106,550
Benefits	636,277	608,855	( 27,421 )	2,568,621	5%	25%	612,058	572,821	(39,238)
Travel	15,033	41,477	26,444	172,909	-64%	9%	36,331	47,750	11,419
Program	173,832	245,863	72,031	1,262,452	-29%	14%	178,826	193,203	14,377
Office	16,232	17,260	1,028	57,040	-6%	28%	17,063	16,925	(138)
Computer Services	184,860	241,900	57,040	979,676	-24%	19%	169,890	187,168	17,277
Telecommunications	64,410	81,500	17,090	371,200	-21%	17%	37,851	57,906	20,055
Program Promotion	9,401	16,943	7,542	82,773	-45%	11%	3,614	23,293	19,679
Professional Development	4,273	20,750	16,477	113,000	-79%	4%	5,565	33,875	28,310
Facilities Expenses	203,582	221,591	18,009	996,365	-8%	20%	185,721	193,604	7,883
Fees & Insurance	191,129	164,825	( 26,304 )	290,300	16%	66%	175,942	143,470	(32,472)
Debt Management	116,050	115,225	( 825 )	460,900	1%	25%	115,225	115,225	0
Recoveries	(71,359)	(34,680)	36,679	(52,959)	106%	135%	(34,113)	(20,586)	13,527
	<b>\$ 3,839,467</b>	<b>\$ 4,621,213</b>	<b>\$ 781,746</b>	<b>\$ 19,703,682</b>	<b>-17%</b>	<b>19%</b>	<b>\$ 3,751,756</b>	<b>\$ 3,918,987</b>	<b>\$ 167,231</b>

## **Notes to Financial Statements – March 2021**

### **Reporting Period**

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

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

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

As of March 31, 2021, Public Health calendar program expenditures are reporting a \$782k positive variance up \$108k from February YTD.

Total Public Health Revenues are indicating a \$6k positive variance.

APH's Community Health (Non-Public Health Funded) Fiscal Programs have completed the fiscal year. These programs operated with a surplus:

- Infant Development \$106k
- Community Mental Health (includes rent subsidies) \$106k
- Community Alcohol, and Drug Assessment Programs \$142k

The primary reason for the surplus is due to staff vacancies and reduced travel due to COVID-19. These amounts once reviewed by auditors will be returned or recovered to the funding agency.

The following programs did not have a surplus, therefore, funds will not be returned to their funding agency:

- Healthy Babies Healthy Children
- Brighter Futures for Children
- Preschool Speech and Language
- Nurse Practitioner

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

Overall, Public Health calendar funding revenues are within budget.

Mitigation funding from the province will continue for 2021.

The Infection Prevention and Control (IPAC) Hub program received \$740k. APH was recently notified that \$320k of this one-time funding could be carried over through to March 31, 2022. With this notification, APH has posted for a temporary IPAC position to aid our congregate living community partners in assisting them with education of IPAC practices.

The School Nurses Initiative for the fiscal period April 2020 – March 2021 provides up to \$469k in funding. Due to timing of the announced funding and ongoing recruitment of qualified temporary public health nurses to fill these positions there will be a surplus in this program. The province withheld \$95k in funding in February and \$142k in March for a total of \$257k.

Notes Continued...

APH has received \$71k towards Sr. Dental capital upgrades. Due to COVID-19, the work has not been completed and has been approved to carry over to March 31, 2022.

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

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

There is a \$584k positive variance associated with Salary and Wages or 20% under budget. This is a result of budgeted positions not yet filled.

#### ***Travel***

There is a \$26k positive variance associated with Travel expenses. This is a result of APH employees working virtually as opposed to travelling throughout the district or attending meetings outside of the district.

#### ***Program***

Program expense is indicating a \$72k positive variance. This is due to a \$65k variance with Professional Fees with COVID-19 Mass Immunization. Costs for this line item have started and it is too early to determine if there will continue to be a surplus.

#### ***Computer Services***

The \$57k positive variance is due primarily to being down 1.0 FTE by the IT service provider. Recruitment is ongoing for the 1.0 FTE.

#### ***Telecommunications***

Telecommunications expense is indicating a \$17k positive variance. This is due to the timing of expenses. It is anticipated that APH is on track to be close to budget for Telecommunication expenses.

#### ***Professional Development***

There is a \$16k positive variance for Professional Development. At this time there has been limited spending for professional development, as staff availability is extremely tight and limited opportunities for professional development due to COVID-19.

#### ***Recoveries***

There is a \$37k positive variance for Recoveries. This is due to MCCSS funded programs permitting an increase to administrative recoveries until March 31, 2021 because of increased costs to support these programs due to COVID-19.

### **COVID-19 Expenses**

#### ***COVID-19 Response***

This program includes case and contact management as well as supporting the information phone lines. March YTD expenses were \$1.1M. The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances would be working in their assigned public health programs. These expenses are expected to rise due to hiring more temporary staff to support this initiative.

Notes Continued...

***COVID-19 Mass Immunization***

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. March YTD expenses were \$481k. These expenses are expected to increase significantly and there is ongoing recruitment of temporary and casual staff to support this initiative.

In 2020, the Ministry of Health reimbursed APH for COVID-19 extraordinary costs and they will continue this financial support for 2021.

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

APH's liquidity position continues to be stable and the bank has been reconciled as of March 31 2021. Cash includes \$1.15M in short-term investments.

Long-term debt of \$4.47 million is held by TD Bank @ 1.95% for a 60-month term (amortization period of 180 months) and matures on September 1, 2021. \$265k of the loan relates to the financing of the Elliot Lake office renovations, which occurred in 2015 with the balance, related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie. There are no material accounts receivable collection concerns.

Current Assets have reduced as of March 31, 2021 by \$74k from December 31, 2020. Accounts Receivable has decreased by \$574k partially due to receipt of funds owing, \$385k COVID-19 Extraordinary Costs and \$50k Stay on Your Feet. This is reflected in Cash & Investments showing an increase of \$430k.

Current Liabilities have decreased as of March 31, 2021 by \$578k from December 31, 2020. Payable to Gov't of Ont/Municipalities has decreased by \$869k. This includes a return for payment in error of \$318k and recoveries from the province for \$137k. Deferred Revenue increased by \$389k of which \$320k is for the IPAC initiative that was approved to carry over into the 2021/22 fiscal year.

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

<b>Date: As of March 2021</b>	<b>March 2021</b>	<b>December 2020</b>
<b>Assets</b>		
<b>Current</b>		
Cash & Investments	\$ 4,336,749	\$ 3,906,995
Accounts Receivable	361,883	935,870
Receivable from Municipalities	140,455	69,618
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	<b>4,839,087</b>	4,912,483
<b>Financial Liabilities:</b>		
Accounts Payable & Accrued Liabilities	1,563,379	1,660,232
Payable to Gov't of Ont/Municipalities	804,074	1,673,441
Deferred Revenue	674,936	286,418
Employee Future Benefit Obligations	3,117,450	3,117,450
Term Loan	4,466,918	4,466,918
<i>Subtotal Current Liabilities</i>	<b>10,626,757</b>	11,204,458
<b>Net Debt</b>	<b>(5,787,670)</b>	(6,291,975)
<b>Non-Financial Assets:</b>		
Building	22,867,230	22,867,230
Furniture & Fixtures	1,998,117	1,998,117
Leasehold Improvements	1,572,807	1,572,807
IT	3,252,107	3,252,107
Automobile	40,113	40,113
Accumulated Depreciation	(11,199,609)	(11,199,609)
<i>Subtotal Non-Financial Assets</i>	<b>18,530,764</b>	18,530,764
<b>Accumulated Surplus</b>	<b>12,743,094</b>	12,238,789



## **Governance Committee Meeting**

May 12, 2021

### **Attendees Virtually:**

Deborah Graystone - Chair

Tania Caputo - Board Secretary

### **Attended Virtually:**

Sally Hagman

Musa Onyuna

Brent Rankin

### **APHU Executive Attended Virtually:**

Jennifer Loo - MOH

### **Regrets:**

Lee Mason

By-Law #95-3 was the only Policy or By-Law due for review. This By-Law was reviewed by the committee and accepted as is with no amendments.

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.

A discussion took place regarding taking a "deeper dive" into the skills and expertise matrix to ensure we had a diverse and inclusive board.

Consideration of development of a task force or working group to refine our skills and expertise matrix was discussed.

Sally Hagman will poll the chairs of other boards to help with developing a more comprehensive matrix.

Tania Caputo will also communicate with the Public Appointments Secretariat regarding posting the vacancies that currently exist on our board of health.

We also discussed the development of a questionnaire/survey to determine our current board skills and expertise.

## Algoma Public Health - Policy and Procedure Manual – Board Policies and Bylaws

<b>APPROVED BY:</b>	Board of Health	<b>BY-LAW #:</b>	95-3
<b>DATE:</b>	Original: December 13, 1995 Revised: June 17, 2015 Revised: June 28, 2017 Reviewed: November 20, 2019	<b>SECTION:</b>	Bylaws
		<b>SUBJECT:</b>	To Provide for the Duties of the Auditor of the Board of Health

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The Board of Health for the District of Algoma Health Unit enacts as follows:

1. In accordance with the Health Protection and Promotion Act and the Municipal Act, the Board shall, appoint an Auditor who shall not be a member of the Board and shall be licensed under the Public Accountancy Act.

As per the Municipal Act 2001

296 Joint boards

2. (10) If a local board is a local board of more than one municipality, only the auditor of the municipality that is responsible for the largest share of the expenses of the local board in the year is required to audit the local board in that year. 2009, c. 18, Sched. 18, s. 5.
3. The Auditor shall:
  - a) audit the accounts and transactions of the Board;
  - b) perform such duties as are prescribed for the Auditor by the Health Protection and Promotion Act; by the Ministry of Municipal Affairs with respect to local Boards under the Municipal Act and the Municipal Affairs Act;
  - c) perform such other duties as may be required by the Board;;
  - d) have the right of access at all reasonable hours to all books, records (with signed consent, if consent is required under the Municipal Freedom of Information and Protection of Privacy Act), documents, accounts and vouchers of the Board; the auditor is entitled to require from the members of the Board and from the Officers of the Board such information and explanation as in his or her opinion may be necessary to enable him to carry out such duties as are prescribed under the Health Protection and Promotion Act;
  - e) be entitled to attend any meeting of members of the Board that concerns the auditor and to receive all notices relating to any such meeting that any member is entitled to receive and to be heard at any such meeting that he or she attends. .

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

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

Reviewed and passed by the Board of Health for Algoma Public Health this 17<sup>th</sup> day of June, 2015  
Revised and passed by the Board of Health for Algoma Public Health this 28<sup>th</sup> day of June 2017

alPHa's members are  
the public health units  
in Ontario.

**alPHa Sections:**

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

**Affiliate**

**Organizations:**

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

May 7, 2021

Hon. Doug Ford  
Premier of Ontario  
Legislative Bldg Rm 281, Queen's Park,  
Toronto, ON M7A 1A1

Dear Premier Ford,

**Re: Public Health Measures – Extension of Current Restrictions**

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On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to strongly recommend a further extension of the current province-wide restrictions, including the stay-at-home order, beyond their planned expiry on May 20<sup>th</sup>.

After an aggressive resurgence that followed the lifting of similar restrictions in February, we are encouraged by the beginnings of clear downward trends in the reproductive rate, new daily cases, active cases, hospitalizations, and test positivity rates following the reimposition of restrictions in early April. Most of these metrics however, most notably patients in ICU, remain far higher than they were at the peak of the second wave, and we do not anticipate that this will change before the current orders lapse.

It is crystal clear that public health measures aimed at decreasing mobility and interpersonal contact are by far the most important tool we have currently to prevent transmission of COVID-19. Their effectiveness is not up for debate after three waves of declines and resurgences occurred in lockstep with the intensification and relaxation of restrictions. Any move to relax restrictions now would without a doubt reverse the modest downward trends we have observed over the past two weeks.

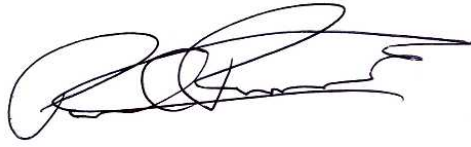
Ontario is making great progress with its vaccination campaign but until we have achieved a critical mass of people who are fully vaccinated, we must rely on minimizing transmission by limiting interpersonal contact until such a time as the metrics we have been using to guide our decisions thus far reflect solid epidemiological evidence that transmission and the risks of severe outcomes are low enough, and capacity in acute care and public health has improved enough that restrictions can be lifted. Now is not that time.

Our members, as Ontario's front-line and pre-eminent public health experts, are more than willing to provide further advice and input to ensure the success of Ontario's COVID-19 response and we look forward to an invitation to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) or 416-595-0006 x 222.

Yours Sincerely,



Carmen McGregor,  
alPha President



Dr. Paul Roumeliotis,  
Chair, Council of Ontario Medical  
Officers of Health (COMOH)



Trudy Sachowski,  
Chair, Boards of Health  
Section

**COPY:** Hon. Christine Elliott, Minister of Health  
Dr. David Williams, Chief Medical Officer of Health  
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery

The Association of Local Public Health Agencies (alPha) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPha advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPha's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

May 14, 2021

Honourable Doug Ford  
Premier of Ontario  
[premier@ontario.ca](mailto:premier@ontario.ca)

Dear Premier Ford,

On behalf of the Peterborough board of health, I would like to share our appreciation and support for your decision to extend the current Stay-at-Home Order that was set to expire on May 19 until at least June 2, 2021. Your announcement yesterday has come as good news for our communities in Peterborough, where we have seen a much slower decline in the incidence of daily COVID-19 cases than with previous provincial lock downs.

Although we understand the sacrifices that are required by our local operators and businesses, it is critical that when we do emerge from this period, we are able to sustain any gains made. We continue to make great progress with our vaccination roll-out but we will not have achieved the critical mass of fully immunized individuals by June 2<sup>nd</sup> and we must rely on a continuation of public health measures to prevent a resurgence.

With this in mind, we would like to propose three priorities for provincial leadership in order to prepare for June 2nd and a successful transition to recovery over the summer months:

First, we request that the province articulate the parameters that need to be achieved in order for the order to be lifted or modified. This includes clearly specifying goals such as daily new cases, transmission rates, test positivity rate, hospitalization and ICU capacity that will indicate when it is safe to ease the current restrictions. Sticking to the health measures will be much easier if we have specific goals to work towards.

Second, we urge that lower-risk outdoor activities be permitted. Communities are exhausted and the science supports the outdoors as a safer setting for physical activities such as play and recreation. Surely we can allow sports, exercise, and similar activities that can be done in small numbers, allow for physical distancing and other public health measures like the wearing of masks where necessary. For many of these spaces, the missing ingredient is the required supervision to ensure appropriate use. This may be a target for enhanced provincial funding to allow municipalities to step in to fill this gap.

Third, we believe that part of the encouragement for people to get vaccinated is the provision of the rationale. In other words, the descriptions of what additional activities can or loosened restrictions fully vaccinated individuals can expect. Now is the time to provide guidelines of what a fully vaccinated person can do with another fully vaccinated person – whether that may be to hug, eat together, share a visit with a parent in long-term care. We encourage the Premier to accept the invitation from ALPHA, our provincial association of boards of health, for further input and advice on how best to ensure the success of Ontario's COVID-19 response as we move into the summer months.

The battle against COVID 19 and the management of the pandemic has highlighted the value of the partnership between public health and the government in protecting the health of Ontarians. As we move forward together to finish the job and as we consider the ongoing role of Public Health in a post-pandemic environment, we look forward to continuing the close collaboration with the government and other health care partners.

Once again, thank you, Premier, for taking action and communicating it clearly with us in a timely way.

Sincerely,

***Original signed by***

Mayor Andy Mitchell  
Chair, Board of Health

cc: Hon. Christine Elliott, Minister of Health  
Dave Smith, MPP Peterborough-Kawartha  
David Piccini, MPP Northumberland-Peterborough South  
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock  
Curve Lake First Nation Council  
Hiawatha First Nation Council  
Peterborough City Council  
Peterborough County Council  
Association of Local Public Health Agencies  
Ontario Boards of Health



Association of Local  
**PUBLIC HEALTH**  
Agencies

***Ontario’s Public Health System  
Challenges – Changes – Champions  
Conference and AGM***

**June 8, 2021**

*Note: Meeting is hosted via Zoom Webinar*

*All times are Eastern Standard Time (EST)*

*Draft as of May 21, 2021*

<p><b>Celebrating the Northwest – Pre-Conference Event</b> Doug Lawrance, Chair, Board of Health, Northwestern Health Unit (NWHU) Graydon Smith, President, Association of Municipalities of Ontario, and Mayors from Northwestern Ontario Dr. Kit Young Hoon, MOH, NWHU and Marilyn Herbacz, CEO, NWHU</p>	<p>8:00 am to 8:30 am</p>
<p><b>Call to Order, Greetings, and Land Acknowledgement</b> Conference Chair, Trudy Sachowski and Margaret Froh, President, Metis Nation of Ontario</p> <p><b>Welcoming Remarks</b> Premier of Ontario, Hon. Doug Ford Minister of Health, (Canada) Hon. Patty Hajdu Minister of Health, (Ontario) Hon. Christine Elliott Minister of Energy, Northern Development and Mines and Minister of Indigenous Affairs, Hon. Greg Rickford Dr. Theresa Tam, Chief Public Health Officer of Canada</p>	<p>8:30 am to 8:45 am</p>
<p><b>Ontario Integrated Data Platform and Public Health Analytics</b></p> <p>Speaker: Dr. Jane Philpott, Dean, Faculty of Health Sciences, Queen’s University and Special Advisor, Ontario Health Data Platform Moderators: Dr. Kieran Moore, Medical Officer of Health, KFL&amp;A Health Unit and Dr. Lawrence Loh, Medical Officer of Health, Peel Public Health</p>	<p>8:45 am to 9:30 am</p>
<p><b>What’s in My Suitcase? Pandemic Lessons for our Public Health Journey from Public Health Ontario</b></p> <p>Speakers: Colleen Geiger, President and Chief Executive Officer (acting); Chief, Strategy and Stakeholder Relations, Research, Information and Knowledge, PHO Dr. Brian Schwartz, Vice President, PHO Dr. Vanessa Allen, Chief, Microbiology and Laboratory Science, PHO Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer,</p>	<p>9:30 am to 10:15 am</p>

<p>PHO</p> <p>We are in the midst of an unprecedented global public health crisis. The COVID-19 pandemic has tested individuals, communities, institutions, and governments in extraordinary ways. Public health’s value proposition of protecting people from disease, responding to threats to health, promoting healthy living and ensuring people have equal opportunity for health is visible now more than ever. Join Public Health Ontario executives, in a discussion on reflections from the pandemic to date and opportunities for collaboration with local public health partners and other stakeholders as we look beyond the pandemic.</p>	
<p><b>Fitness Break</b> Return from the break at 10:25 am to join in a few minutes of active fun to recharge and refocus.</p>	10:15 to 10:30 am
<p><b>Combined alPHa Business Meeting and Resolutions Session</b> AGM and Resolutions Chair: Carmen McGregor, alPHa President Parliamentarian: Dr. Robert Kyle, alPHa Past-President</p>	10:30 am to 11:30 am
<p><b>An Update from the Chief Medical Officer of Health</b> Speaker: Dr. David Williams, Chief Medical Officer of Health Moderator: Dr. Paul Roumeliotis, MOH, Eastern Ontario Health Unit</p>	11:30 am to noon
<p><b>Luncheon Speaker and Distinguished Service Awards</b></p> <p><b>Learning Health Systems</b> Speaker and MC: Dean Steini Brown, Dalla Lana School of Public Health, University of Toronto Moderator: Dr. Charles Gardner, Medical Officer of Health, Simcoe Muskoka District Health Unit</p> <p>The COVID-19 pandemic has made clear the enduring importance of timely and useful information that can be used to help guide decision-making and improve operations at every level of our public health system. The goal of a continuously learning, relentlessly improving system – or learning health system – has become a focus for health system funders, researchers, and policymakers. In this discussion we’ll explore how close we are to a learning public health system in Ontario and what key changes could help realize fully the vision of such a system.</p> <p>Distinguished Service Award (DSA) is awarded by the Association of Local Public Health Agencies to individuals in recognition of their outstanding contributions made to public health in Ontario.</p>	Noon to 1:00 pm
<p><b>Lunch Break</b></p>	1:00 pm to 1:30 pm
<p><b>Section Meetings</b> <i>Members of the BOH Section and COMO H meet separately in the afternoon. Board of Health members are asked to stay with the Zoom webinar platform. COMO H members will join a separate meeting.</i></p>	1:30 pm to 4 pm





**AGENDA**  
**Boards of Health Section Meeting**  
**Tuesday, June 8, 2021 • 1:30 pm to 4 pm**

BOH Section Chair: Trudy Sachowski  
Moderator: Doug Lawrance, Chair, NWHU  
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- 1:30 pm    **Call to Order**  
**Land Acknowledgement**  
**Welcoming Remarks**  
**Introductions**
- 1:40 pm    **COVID-19 Vaccine Distribution Task Force**  
*Dr. Kieran Moore, Medical Officer of Health, KFL&A Health Unit and member of the COVID-19 Vaccine Distribution Task Force*
- 2:10 pm    **AMO Update**  
*Monika Turner, Director of Policy*  
*Association of Municipalities of Ontario*
- 2:30 pm    **Update from alPHa's Legal Counsel**  
*James LeNoury*  
*Principal, LeNoury Law*
- 3:00 pm    **Post-Pandemic Communities**  
*Antonio Gómez-Palacio*  
*Partner, DIALOG*
- 3:20 pm    **alPHa Update / Section Business**  
*Trudy Sachowski, BOH Section Chair*  
*Loretta Ryan, alPHa, Executive Director*
- Approval of Minutes from February 20, 2020 BOH Section Meeting.
- 3:40 pm    **Elections**
- Section meeting ends at 4 pm.**