Algoma
PUBLIC HEALTH
Santé publique Algoma

June 23, 2021

BOARD OF HEALTH MEETING

Videoconference

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Meeting Book - June 23, 2021 Board of Health Meeting

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Algoma PUBLIC HEALTH
Santé publique Algoma

Board of Health Meeting
AGENDA
June 23, 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
Lee Mason
Micheline Hatfield
Musa Onyuna
Brent Rankin
Matthew Scott
Louise Caicco Tett

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.***

1.0 Meeting Called to Order *S. Hagman*

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda *S. Hagman*

RESOLUTION

THAT the Board of Health agenda dated June 23, 2021 be approved as presented.

3.0 Delegations / Presentations *S. Hagman*

4.0 Adoption of Minutes of Previous Meeting *S. Hagman*

RESOLUTION

THAT the Board of Health meeting minutes dated May 26, 2021 be approved as presented.

5.0 Business Arising from Minutes *S. Hagman*

a. BOH Skills Matrix Evaluation

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports *J. Loo*

i. MOH Report - June 2021

RESOLUTION

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

ii. APH Land Acknowledgement *C. Artuso*

b. Finance and Audit

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

RESOLUTION

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

ii. Unaudited Financial Statements for the period ending April 30, 2021. *E. Pearce*

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending April 30, 2021, as presented.

c. Briefing Note - Options for Surplus *E. Pearce*

RESOLUTION

That the Board of Health accepts the recommendation of the Finance and Audit Committee, and directs staff to transfer $250,000 from APH's operating account into the Reserve Fund as a result of the 2020 surplus.

d. Briefing Note - Capital Reserve Fund *E. Pearce*

RESOLUTION

That the Board of Health accepts the recommendation of the Finance and Audit Committee and will not establish a separate capital reserve fund.

7.0 New Business/General Business

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

b. Algoma Vaccination Council Update *L. Caicco Tett*

c. alPHA Conference Meeting Report *S. Hagman/ D. Graystone*

8.0 Correspondence *S.Hagman*

9.0 Items for Information *S. Hagman*

a. MOH Minister's OPHS Memo
b. Report for Council on Algoma Public Health

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*

Governance Committee Meeting
Wednesday, September 8, 2021 @ 5:00 pm
Video Conference │SSM Algoma Community Room

Board of Health Meeting
Wednesday, September 22, 2021 @ 5:0(
Video Conference │SSM Algoma Community Room

Finance & Audit Committee
Wednesday, October 13, 2021 @ 5:00 pm
Video Conference │SSM Algoma Community Room

14.0 Evaluation *S. Hagman*

15.0 Adjournment *S. Hagman*

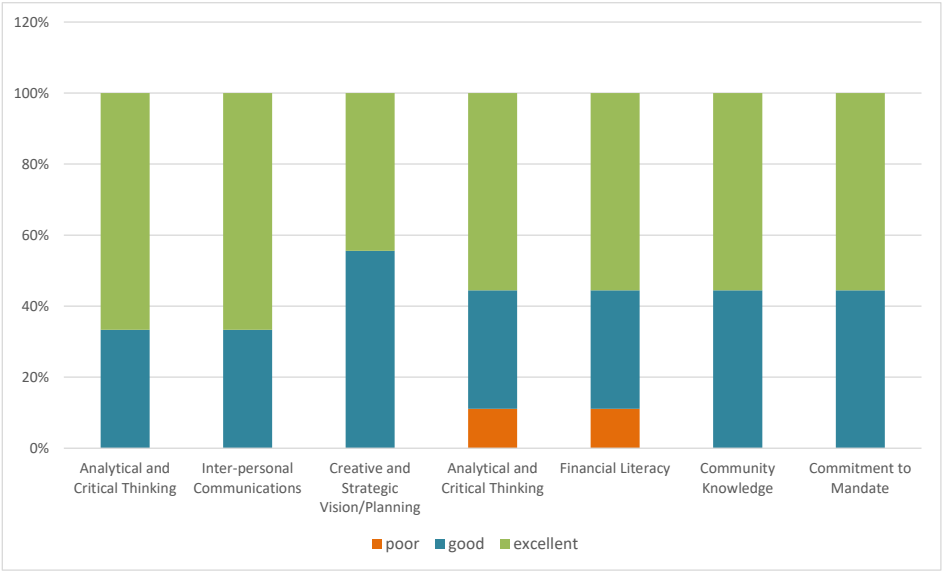
RESOLUTION

THAT the Board of Health meeting adjourns.

BOH Skills Matrix Self-evaluation

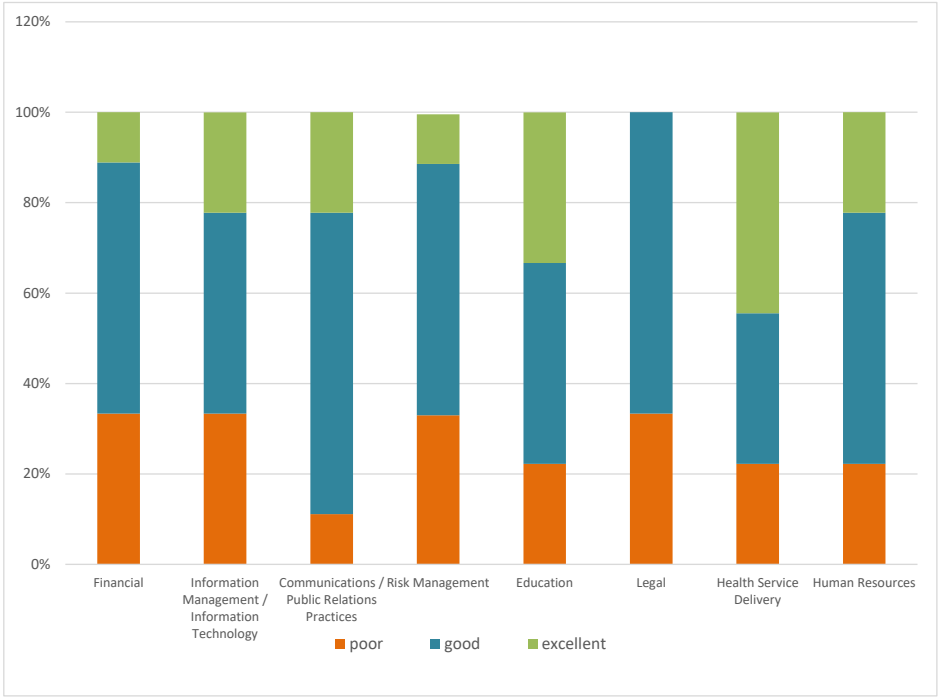
CORE SKILLS

	SKILL/ EXPERIENCE	DESCRIPTION	poor	good	excellent
1.	**Analytical and Critical Thinking**	The ability to think analytically and critically, to evaluate different options, proposals and arguments and make sound independent decisions.	0%	33%	67%
2.	**Inter-personal Communications**	The ability to effectively communicate their ideas, positions, and perspective to their peers, as well as understand the ideas, position, and perspective of their peers and facilitate resolutions of differences in the common interest.	0%	33%	67%
3.	**Creative and Strategic Vision/Planning**	The ability to envision and define future goals and objectives that provide improved benefits for the groups and individuals on whose behalf the organization acts. (For example, experience with strategic planning, performance measurement, business planning, etc.)	0%	56%	44%
4.	**Analytical and Critical Thinking**	The ability to think analytically and critically, to evaluate different options, proposals and arguments and make sound independent decisions.	11%	33%	56%
5.	**Financial Literacy**	Able to read and have a layman's understanding of financial statements, including budgets, income statements, balance sheets and cash flow projections.	11%	33%	56%
6.	**Community Knowledge**	Knowledge of the community (fabric; particular needs) and more broadly knowledge of the needs of the Algoma District at large	0%	44%	56%
7.	**Commitment to Mandate**	Demonstrates a strong understanding and commitment to the organization's mandate, including an awareness and commitment to working in the best interests of APH and those it serves to protect public health.	0%	44%	56%



SPECIFIC EXPERTISE

	SKILL/ EXPERIENCE	DESCRIPTION	poor	good	excellent
8.	**Financial**	Expertise and experience (preferably with a designation) in financial accounting and reporting and corporate finance.Comprehensive knowledge of internal financial controls, financial operational planning and management in an organization that includes expertise in auditing, evaluating and analyzing financial statements.Knowledge of best practices in procurement and contract management an advantage.	33%	56%	11%
9.	**Information Management / Information Technology**	Expertise and experience in IT/IM, particularly as it relates to systems and policies for data security and protecting privacy.	33%	44%	22%
10.	**Communications / Public Relations Practices**	Expertise and experience (preferably with a designation) with the planning, design, implementation and evaluation of strategic communications, and/or stakeholder relations initiatives.	11%	67%	22%
11.	**Risk Management**	Expertise and experience or consulting in analyzing exposure to risk in the private, public or not- for-profit sector and successfully determining appropriate measures to manage such exposure.	33%	56%	11%
12.	**Education**	Expertise and experience in the education sector, particularly, as it relates to subjects of relevance to public health programs and services.	22%	44%	33%
13.	**Legal**	Expertise and experience in the law (preferably with a designation), particularly, as it relates to subjects of relevance to public health programs and services.	33%	67%	0%
14.	**Health Service Delivery**	Expertise and experience in one or more aspects of health care delivery. Knowledge and/or experience in aspects of public health service delivery an advantage.	22%	33%	44%
15.	**Human Resources**	Expertise and experience in human resources (preferably with a designation) particularly in the areas of compensation, labour relations, change management, organizational development and leadership.	22%	56%	22%



Algoma
PUBLIC HEALTH
Santé publique Algoma

June 23, 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

As of June 11, the province of Ontario is in Step 1 of its Roadmap to Reopen, which permits various outdoor spaces to reopen, with restrictions. For example, it permits outdoor gatherings of up to 10 people with physical distancing, the resumption of outdoor dining with a table limit of 4, and the reopening of non-essential retail with capacity at 15%. Indoor gatherings remain prohibited during Step 1.

APH teams continue to provide consultation and anticipatory guidance to workplaces and community organizations as they reopen or prepare to do so.

At the time of writing, COVID-19 in Algoma showed a weekly incidence of 2.6 cases per 100,000 and a weekly percent positivity of 0.2%, from June 8 to June 14. This represents an ongoing decline from May.

Variants of concern have been detected in cases across Algoma, and include:

- B.1.1.7 (Alpha), first detected in the UK
- P.1 (Gamma), first detected in Brazil
- B.1.617.2 (Delta), first detected in India

COVID-19 Immunization Update

COVID-19 immunization continues to be available in community clinics across Algoma, and at select pharmacy and primary care locations. With the anticipated availability of additional vaccine supply throughout the summer, and the recent recommendation from the National Advisory Committee on Immunization that allows for the interchangeability of mRNA vaccine products, APH expects to continue to increase first and second dose coverage in Algoma residents. Notably, as the rate of uptake slows for first doses, APH and partners are intensifying outreach efforts via mobile pop-up clinics, in order to remove access barriers for vulnerable populations who have not yet been immunized.

APH's immunization tracker provides up-to-date information on Algoma's immunization coverage. As of June 16, about 75% of adults 18+, or 64.5% of the entire Algoma population, has received at least one dose of COVID-19 vaccine.
Of note, the provincial immunization metric for progression to Step 2 of reopening is to immunize 70% of adults with one dose, with 20% fully immunized. Algoma has already exceeded the first dose coverage threshold. Currently, about 15% of Algoma adults are fully immunized, and it is anticipated that at least 20% of Algoma adults will be fully immunized by the end of June.

PROGRAM HIGHLIGHTS

Topic: Algoma Public Health Programs and Services: Continuity of Operations throughout COVID-19

From: Laurie Zeppa- Director of Programs

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.[1]

Program Standard Requirements (Health Equity, Req.#3)
The board of health shall engage in multi-sectoral collaboration with municipalities, LHINs, and other relevant stakeholders in decreasing health inequities in accordance with the *Health Equity Guideline, 2018* (or as current). Engagement with Indigenous communities and organizations, as well as with First Nation communities striving to reconcile jurisdictional issues, shall include the fostering and creation of meaningful relationships, starting with engagement through to collaborative partnerships, in accordance with the *Relationship with Indigenous Communities Guideline, 2018* (or as current).[1]

Key Messages

- The Continuity of Operations Plan (COOP) details APH's prioritization of programs and services; high priority is given to the programs that work to decrease health inequities for those who have been most affected by COVID-19 (e.g. people who use substances, those in congregate settings).
- High-risk programs that fall under the health protection portfolio are also prioritized in COOP; these reflect a health equity approach at the population level.
- Many programs that remained intact under the COOP worked to tackle the complex relationship between the social determinants of health and risk of COVID-19 transmission and outbreak.
- A population-wide, health equity approach will guide the restoration and rebuilding of APH's public health work in the community.

Balancing the population health approach to tackle health inequities, protect health, and respond to COVID-19
Addressing health inequities is a foundational component of public health programs across the agency.[1] While the first year of the pandemic drew staff away from their regular duties, APH remained focused on continuing programs that address inequities for highly marginalized, at-risk groups (e.g. naloxone and needle exchange program, sexually transmitted infection case and contact management, dental program for low-income seniors). In addition, programs that cover health protection (e.g. inspections, animal bite investigations) continued to be offered due to their high-risk nature, with modifications.

The social determinants of health (SDOH)- such as gender, homelessness, access to appropriate health care, socioeconomic position, etc.- have a complex and important role to play when it comes to the risk of acquiring COVID-19.[2] APH services and programs that remained intact throughout the pandemic focused on addressing health inequities in Algoma's population, many of which are driven by the SDOH (e.g. congregate care settings create physical distancing challenges; people living in poverty have pre-existing struggles in accessing care). This program work has occurred through multi-sectoral

collaboration with municipalities, Indigenous communities, and other health and social sector partners. APH worked very closely with organizations across the district to provide public health guidance and consultation, emergency management support, and worked alongside Indigenous partners, establishing liaisons with all First Nations communities, Metis and Urban Indigenous partners.

Managing high-risk mandated public health services (e.g. health protection work), balancing a health equity approach through regular programming, and responding to COVID-19 has proven to be a great challenge for the public health workforce.[3] At APH, managing this balance is articulated in the COOP; the Continuity of Operations Plan. COOP was activated in March of 2020 and continues to operate at the time of writing this report. COOP prioritizes services based on principles of risk management and provides guidelines to ensure that essential services are continuously delivered and that employees and clients are kept safe. As noted in the May 2021 Board of Health *Workforce Update,* the demands of the pandemic community response and the roll-out of the COVID-19 vaccine have had a significant impact on the human resources needed to deliver public health programs, with many employees deployed to assist with the COVID-19 response.

Since the start of the pandemic, program services designated as high priority in the COOP, due to their role in addressing health inequities and/or managing high-risk health protection portfolios, have been managed with modifications. Program delivery is modified in accordance to public health measures, with many programs adopting virtual delivery.

APH Public Health Prioritized Programs and Services

- **Vaccine Preventable Diseases** Continues to offer routine immunization clinics as per Ontario's Publicly Funded Schedule Ontario Publicly Funded Schedule for 2021, primarily to those without a primary care provider, offering modified services, running clinics with limited number of clients due to COVID restrictions/precautions.

- **Infectious and Communicable Diseases:** In addition to responding to COVID-19, APH continues to respond to the ongoing cases of diseases of public health significance, or reportable diseases. Ongoing support for facility outbreak management continues in addition to infection prevention and control work in settings such as personal service premises.

- **Food Safety** - Environmental health inspectors continue to conduct routine food safety inspections of high, medium, and low risk premises as listed within the OPHS[1] to keep all patrons safe from a food borne illnesses. The inspectors also follow up on all complaints, bringing establishments into compliance with the food safety regulations, while assessing the risk and providing education.

- **Safe Water** - APH continues to deliver the safe water program services as outlined within the OPHS, with an objective to minimize all water borne illnesses. These services include working with MECP, PUC and municipalities to ensure safe potable water is provided to all users. The inspector also issue boil water advisories and orders as necessary, as well as providing education. The safe water

program also inspects recreational facilities like pools and splash pads for compliance with the safe water regulations.

- **Tobacco Enforcement** - APH officers continue to follow up on smoking related complaints across the district. The officers are trained work towards progressive enforcement. This team also conducts display and promotion inspections to ensure premises are complying with the SFOA.

- **Healthy Environments:** APH continues to focus on the development of a climate change vulnerability and adaptation assessment in partnership with 6 other northern health units who formed a Northern Climate Change and Health Collaborative. The vulnerability and adaptation assessment will help to identify the unique impacts of climate change in the north.

- **School Health:** School health continues to be a focus. Throughout the pandemic, the school health team has shifted to support the COVID-19 response within the school setting. Public Health Nurses continue to be aligned to each school throughout Algoma.

- **Substance Use and Harm Reduction:** Harm reduction services, such as the Needle Exchange Program and naloxone distribution remain a priority. These services continue throughout the pandemic. APH tobacco cessation services transitioned to virtual delivery and maintained at current caseload. Due to an increase in demand for tobacco cessation services, there is currently a wait list.

- **Healthy Sexuality:** APH continues to provide sexual health services including our sexual health information line, low cost/no cost birth control sales, and Nurse Practitioner clinic with evening clinic resumption next month.

- **Healthy Babies Healthy Children:** APH continues to contact consenting individuals within 48 hours of discharge from hospital after the birth of their baby. The contact enables APH to screen for risk and provide information and support to families welcoming their new baby including breastfeeding support and guidance, and referrals are made to community supports as needed. We continue to provide our Blended Model Home visiting program through virtual and in person appointments.

- **Prenatal and Parenting Classes:** Using virtual means, we continue to provide various prenatal and parenting classes, collaborating with community partners to reach those in need.

- **Breastfeeding:** APH connects to mothers at the 48 hour contact by consent. Breastfeeding information is offered prenatally and provided post-partum by virtual or in person appointment as requested.

- **Canada Prenatal Nutrition Program (CPNP)/ Community Action Program for Children (CAPC):** APH continues to provide the CPNP and CAPC programs virtually supporting the health of pregnant women, new mothers and their babies who face challenges that put their health at risk.

- **Parent Child Information Line:** Individuals can connect to a Public Health Nurse Monday to Friday 9:00am-4:00pm for information, support and referrals to community agencies.

- **Oral Health**: The Ontario Seniors Dental Care Program[1] (OSDCP) was the focus for the Oral Health team throughout the pandemic. Five dentists and two denturists provide services to people aged 65 years+ in the Algoma district who meet the OSDCP low-income eligibility criteria, as set by the provincial government. APH's SSM onsite dental clinic briefly closed during the first provincial stay at home order (early 2020), but has remained open for treatment services ever since.

- **Preschool Speech and Language Services (PSLS), Infant Child Development Program (ICDP), and the Infant Hearing Program (IHP)**. These programs were able to transition to virtual service delivery in March 2020.
    - PSL and ICDP carried their caseloads into the virtual setting; only seeing clients in-person when provincial stay at home orders were lifted and when deemed clinically necessary.
    - IHP had a brief pause during the first provincial stay at home order, but has resumed regular service delivery ever since.

Recovery from the COVID-19 response: An opportunity to restore and rebuild public health program work in the community

Restoring and rebuilding public health work throughout Algoma will require a routinized, grounded focus in health equity; this includes health protection work throughout the district. Using the population health approach, APH will continue to conduct surveillance, perform inspections, conduct case and contact management for diseases of public health significance, assess inequities, and collaborate with community partners so that all Algoma residents have equal opportunities for optimal health. This work is done through a health equity lens, an understanding of and commitment to, the health and future outcomes of marginalized groups, many of which are covered in the program work detailed above.

Programs listed as high priority in the COOP will continue to ramp-up services as more staff return to their home programs from the phone lines. The gradual return to routinized public health work has created an opportunity for APH to re-visit all programs and services from a health equity lens, and plan programs accordingly.

References

1. Ministry of Health and Long-Term Care. Ontario public health standards: Requirements for programs, services, and accountability. Queen's Printer of Ontario; 2021. Retrieved from https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

2. Ontario Agency for Health Protection and Promotion (Public health Ontario). COVID-19 – What we know so far about... social determinants of health. Toronto, ON: Queen's Printer for Ontario; 2020. Retrieved from https://www.publichealthontario.ca/-/media/documents/ncov/covid-wwksf/2020/05/what-we-know-social-determinants-health.pdf?la=en

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Addressing health inequities within the COVID-19 public health response. Toronto, ON: Queen's Printer for Ontario; 2020. Retrieved from https://www.publichealthontario.ca/-/media/documents/ncov/he/2020/12/covid-19-environmental-scan-addressing-health-inequities.pdf?la=en

Algoma PUBLIC HEALTH Santé publique Algoma

Briefing Note

To: **Sally Hagman, Chair, Board of Health**

Date: **Friday, June 18, 2021**

Re: **Algoma Public Health Land Acknowledgement**

☒ For Information ☐ For Discussion ☐ For a Decision

Purpose

To acknowledge the traditional territories across which Algoma Public Health provides services in partnership with First Nations and Métis communities in language that reflects our evolving understanding of Indigenous ways of knowing, doing, and being and commitment to the shared goal of Reconciliation.

Background

A land acknowledgement is a way to help build awareness of Indigenous history, presence, and rights in everyday life, and reignites the traditional territory of the Indigenous people who called the land home before the arrival of settlers, and still call it home today.[1,2]

In 2019, the Algoma Public Health Board of Health (BOH) passed a resolution that acknowledged the harm that colonialization and the residential school system caused and continues to Canada's Indigenous people; and that the land acknowledgements written for communities in the Algoma district are approved for use by the board of health and staff, when saying a land acknowledgement is deemed meaningful to do so.[3]

APH staff collaborated with Indigenous partners to create three land acknowledgements for Sault Ste. Marie & Area, East Algoma, and Wawa & Area. The intention of the land acknowledgements was to show respect for and build meaningful relationships with Indigenous communities, with the hopes of achieving the shared goal of improved health and wellbeing for everyone that lives in Algoma.

Since the resolution, the BOH has included a land acknowledgement at the first meeting of each year, and some staff have included a statement during meetings with external and internal partners as deemed meaningful. There is need to revisit the frequency and language used within the land acknowledgement, to appropriately raise awareness of Indigenous presence and land rights in Algoma.

Learning, Evolving, and Working Towards Reconciliation

Algoma Public Health continues to provide services in partnership with First Nations and Métis leaders for Indigenous community members living in urban and rural communities. Algoma Public Health acknowledges the importance of Indigenous ways of knowing, doing, and being across Algoma.

Understanding Treaty Territories

Algoma Public Health operates within three treaty territories (*see Table 1*), including the Robinson-Huron Treaty, Robinson-Superior Treaty, and Treaty 9 territories. In past land acknowledgements, Treaty 9 was not included.

Table 1.0: Algoma Treaty Territories At-a-Glance:

Treaty	First Nations Communities	APH Sub-Region Located within the First Nation Treaty Territory
Robinson-Superior	• Michipicoten FN	North Algoma
Treaty 9	• Missanabie-Cree FN[1]	North Algoma
Robinson-Huron	• Batchewana FN • Garden River FN • Thessalon FN • Mississauga FN • Serpent River FN • Sagamok Anishnawbek[2]	Sault Ste. Marie & Area Central & East Algoma Elliot Lake & Area

1. Missanabie Cree First Nation also intersects with Porcupine Health Unit.
2. Sagamok First Nation also intersects with Public Health Sudbury & Districts.

Of note, Treaty 9 was brokered in 1906. Since the Board of Health approved the initial land acknowledgements in 2019, Missanabie Cree First Nation settled a 114 year old land claim in October 2020. Missanabie Cree community members do not live on their reserve lands at this time, and instead live within different hubs in Ontario. In the Algoma district, there is a Hub in Wawa and a Hub in SSM.

Meaningful Recognition of Métis Partners

In previous land acknowledgements, recognition of Métis partners included: "as well as Métis people." This statement did not acknowledge the history, identity, and existence of regional Métis communities in Algoma. In learning from Métis partners, there is the Huron-Superior Métis Community, which includes the Historic Sault Ste. Marie Métis Council in the Sault Ste. Marie & Area sub-region and the North Channel Métis Council in the Central & East Algoma and Elliot Lake & Area sub-regions.

Algoma-Wide Lens

It was also highlighted that (a) Algoma Public Health's boundary covers over 41,000 square kilometers and contains numerous Indigenous communities[4], and (b) Board of Health and staff reside and work virtually from all areas of the district, not solely the lands in which APH's buildings are located.

Land acknowledgements should remain part of all gatherings, including virtual meetings taking place across the region[5], suggesting the need to revise the language used in the land acknowledgement to be inclusive of the many lands and traditional territories in which we live and work.

A draft Algoma Land Acknowledgement has been created to reflect these considerations.

Draft Algoma Land Acknowledgement

We would like to begin by acknowledging that the land on which we are gathered is in the traditional territories of the Anishnaabeg, specifically the Michipicoten, Missanabie-Cree, Batchewana, Garden River, Thessalon, Mississauga, Sagamok, and Serpent River First Nations, as well as the Huron-Superior Regional Métis Community, including the Historic Sault Ste. Marie Métis Council and the North Channel Métis Council.

Algoma Public Health delivers public health services and community programs within the Robinson-Huron Treaty, Robinson-Superior Treaty, and Treaty 9 territories.

We say miigwech to thank Indigenous peoples for taking care of this land from time immemorial. We are all called to treat this sacred land, its plants, animals, stories and its Peoples with honour and respect.

We are committed to the shared goal of Reconciliation.

Commitment to Consultation and Partnership

Although the draft land acknowledgement is comprehensive and appropriate for current use, we intend to hold further virtual consultations with all First Nations and Métis partner organizations within the Algoma district over the next four months. These conversations will help to continue identifying respectful and meaningful approaches to integrate First Nations and Métis perspectives within our evolving Algoma-wide land acknowledgement.

We intend to review, revise, and learn more about the meaning and value of land acknowledgements. Our land acknowledgement will gradually become more complete as we learn more about Indigenous peoples, lands and traditional territories.

We recognize that a land acknowledgement is one of many steps needed to engage with Indigenous communities and create meaningful relationships that come from a place of trust, mutual respect, understanding, and reciprocity, as mandated for Boards of Health by the Foundational Standard of Health Equity within the Ontario Public Health Standards.[6] The land acknowledgement is part of the long-term journey we are taking, as individuals and an organization, towards reconciliation with Indigenous partners and communities across Algoma.[5]

References

1. City of Toronto. (n.d.). Land acknowledgement: What is a land acknowledgement and why do we do it? Retrieved from https://www.toronto.ca/city-government/accessibility-human-rights/indigenous-affairs-office/land-acknowledgement/
2. Jones, A. (n.d.). Territory acknowledgment. *Native Land*. Retrieved from https://native-land.ca/territory-acknowledgement/
3. Board of Health. (2019, January 23). Board of health meeting. *Algoma Public Health*. Retrieved from https://www.algomapublichealth.com/media/2994/jan-23-2019-boh-meeting-package.pdf
4. Algoma Public Health. (2018). Community health profile – 2018. Retrieved from https://www.algomapublichealth.com/stats-reports/community-health-profile-2018/
5. Indigenous Advisory Committee. (2021). A guide to acknowledge First Peoples and traditional lands: Land acknowledgements for staff and volunteers. Retrieved from https://engineerscanada.ca/sites/default/files/diversity/land-acknowledgements-guide.pdf
6. Ministry of Health and Long-Term Care. (2021). Ontario public health standards: Requirements for programs, services and accountability. Retrieved from https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

Finance and Audit Committee Chair's Report

At the June 16th meeting of the Finance and Audit Committee, the Committee reviewed the unaudited financial reports for the period ending April 30th, 2021 and recommends their approval to the Board.

The committee also reviewed the staff recommendations on options for the expected $563,000 in surplus revenues for the current year. After some debate it was decided to revise the staff recommendation of putting the entire surplus in the Business Account and recommend to the Board that $250,000 be put in the Reserve Account with the balance to remain in the Business Account. By doing so, the Board would be following past actions where an average of $250,000 per year has been put in the Reserve Account while ensuring that sufficient revenues were available for operations in an uncertain environment.

The Committee also reviewed the question of whether or not it was prudent to establish a Capital Reserve fund in addition to the unrestricted Reserve Fund. Again, after a healthy debate, the Committee felt that a Capital Reserve Fund was unnecessary and recommends to the Board not to establish a Capital Reserve Fund.

Ed Pearce

Chair

Algoma Public Health
(Unaudited) Financial Statements April 30, 2021

Algoma Public Health
Statement of Operations
April 2021
(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Act. to Bgt. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ YTD Budget 2021
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	**$ 1,904,189**	$ 1,904,189	$ (0)	$ 3,808,378	0%	100%
Provincial Grants - Cost Shared Funding	**2,902,704**	2,902,704	(0)	8,708,100	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	**561,088**	558,435	2,654	5,731,075	0%	100%
Provincial Grants - Mitigation Funding	**345,934**	345,936	(2)	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	**113,888**	95,976	17,913	418,330	19%	119%
Total Public Health Revenue	**$ 5,827,803**	$ 5,807,239	$ 20,564	$ 19,703,683	0%	100%
Expenditures						
Public Health Cost Shared	**$ 4,954,471**	$ 5,808,446	$ 853,975	$ 18,081,388	-15%	85%
Public Health 100% Prov. Funded Programs	**429,851**	531,928	102,077	1,622,295	-19%	81%
Total Public Health Programs Expenditures	**$ 5,384,322**	$ 6,340,374	$ 956,052	$ 19,703,682	-15%	85%
Total Rev. over Exp. Public Health	**$ 443,481**	$ (533,135)	$ 976,616	$ 2		
Healthy Babies Healthy Children (Fiscal)						
Provincial Grants and Recoveries	**$ 89,011**	89,011	-	1,068,011	0%	100%
Expenditures	**107,992**	89,011	18,981	1,068,011	21%	121%
Excess of Rev. over Exp.	**(18,981)**	-	(18,981)	-		
Public Health Programs (Fiscal)						
Provincial Grants and Recoveries	**$ 57,750**	57,750	-	693,000		
Expenditures	**30,914**	57,750	(26,836)	693,000		
Excess of Rev. over Fiscal Funded	**26,836**	-	26,836	-		
Community Health Programs (Non Public Health)						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	**$ -**	$ -	$ -	$ -		
Municipal, Federal, and Other Funding	**71,858**	71,858	-	71,858	0%	100%
Total Community Health Revenue	**$ 71,858**	$ 71,858	$ -	$ 71,858	0%	100%
Expenditures						
Child Benefits Ontario Works	**0**	-	-	-	#DIV/0!	#DIV/0!
Algoma CADAP programs	**71,858**	71,858	-	71,858	0%	100%
Total Calendar Community Health Programs	**$ 71,858**	$ 71,858	$ -	$ 71,858	0%	100%
Total Rev. over Exp. Calendar Community Health	**$ -**	$ -	$ -	$ -		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	**$ 151,753**	$ 151,753	$ -	$ 1,635,173	0%	100%
Other Bill for Service Programs	**0**	0	-	-		
Total Community Health Revenue	**$ 151,753**	$ 151,753	$ -	$ 1,635,173	0%	100%
Expenditures						
Brighter Futures for Children	**12,373**	10,000	(2,373)	114,447	24%	124%
Infant Development	**48,186**	52,088	3,902	644,317	-7%	93%
Preschool Speech and Languages	**50,960**	51,188	228	614,256	0%	100%
Nurse Practitioner	**13,794**	13,513	(281)	162,153	2%	102%
Stay on Your Feet	**7,699**	8,333	635	100,000	-8%	92%
Bill for Service Programs	**0**	-	-	-		
Misc Fiscal	**-**	-	-	-	#DIV/0!	#DIV/0!
Total Fiscal Community Health Programs	**$ 133,011**	$ 135,122	$ 2,111	$ 1,635,173	-2%	98%
Total Rev. over Exp. Fiscal Community Health	**$ 18,742**	$ 16,631	$ 2,111	$ -		

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 Four Months Ending April 30, 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	1,341,694	1,341,694	0	2,683,388	0%	50%	1,334,689	1,334,689	0
Levies District	562,496	562,496	0	1,124,992	0%	50%	559,560	559,560	0
Total Levies	**1,904,190**	**1,904,190**	**0**	**3,808,380**	**0%**	**50%**	**1,894,249**	**1,894,249**	**0**
MOH Public Health Funding	2,902,704	2,902,704	0	8,708,100	0%	33%	2,463,159	2,089,187	373,972
MOH Funding Needle Exchange	0	0	0	0	0%	0%	21,567	21,567	0
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	8,200	8,200	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	256,633	256,633	(0)
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	77,801	60,160	17,641
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	30,375	40,504	(10,129)
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	5,167	5,167	0
MOH Funding Infection Control	0	0	0	0	0%	0%	96,626	104,136	(7,510)
MOH Funding Diabetes	0	0	0	0	0%	0%	50,000	50,000	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	144,534	144,533	1
MOH Funding Harm Reduction	0	0	0	0	0%	0%	50,000	50,000	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	27,175	36,232	(9,057)
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	17,400	23,200	(5,800)
Total Public Health Cost Shared Funding	**2,902,704**	**2,902,704**	**0**	**8,708,100**	**0%**	**33%**	**3,248,637**	**2,889,519**	**359,118**
MOH Funding - MOH / AMOH Top Up	86,809	77,204	9,605	178,594	12%	49%	52,153	50,695	1,458
MOH Funding Northern Ontario Fruits & Veg.	39,134	39,133	1	117,400	0%	33%	39,134	39,133	1
MOH Funding Unorganized	176,800	176,800	0	530,400	0%	33%	176,800	176,800	0
MOH Senior Dental	232,633	232,633	(0)	697,900	0%	33%	206,253	232,633	0
MOH Funding Indigenous Communities	32,666	32,664	2	98,000	0%	33%	0	0	0
OTF COVID-19 extraordinary costs mass imms	(6,954)	0	(6,954)	4,108,779	0%	0%	0	0	
Total Public Health 100% Prov. Funded	**561,088**	**558,435**	**2,654**	**5,731,073**	**0%**	**10%**	**474,340**	**499,262**	**1,459**
Total Public Health Mitigation Funding	**345,934**	**345,936**	**(2)**	**1,037,800**	**0%**	**33%**	**0**	**269,512**	**0**
Recoveries from Programs	3,520	3,360	160	28,010	5%	13%	3,647	9,177	(5,529)
Program Fees	51,845	49,352	2,494	105,320	5%	49%	63,173	67,095	(3,921)
Land Control Fees	47,290	20,000	27,290	160,000	136%	30%	10,096	20,000	(9,904)
Program Fees Immunization	6,808	16,664	(9,856)	45,000	-59%	15%	28,675	38,333	(9,658)
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	4,425	6,600	(2,175)	20,000	-33%	22%	12,452	13,333	(881)
Other Revenues	0	0	0	15,000	0%	0%	(620)	24,500	(25,120)
Total Fees and Recoveries	**113,888**	**95,976**	**17,913**	**418,330**	**19%**	**27%**	**117,424**	**177,563**	**(60,139)**
Total Public Health Revenue Annual	**5,827,804**	**5,807,240**	**20,564**	**19,703,683**	**0%**	**30%**	**5,734,649**	**5,730,105**	**300,437**
Public Health Fiscal April 2021 - March 2022									
Vaccine Refrigerators	0	0	0	0	0%	0%			
Infection Prevention and Control Hub	0	0	0	320,000	0%	0%			
Practicum	0	0	0	0	0%	0%			
School Nurses Initiative	57,750	57,750	0	469,000	0%	12%			
Sr Dental Capital Upgrades	0	0	0	0	0%	0%			
Total Provincial Grants Fiscal	**57,750**	**57,750**	**0**	**789,000**	**0%**	**7%**	**0**	**0**	**0**

Algoma Public Health

Expense Statement- Public Health

For Four Months Ending April 30, 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	$ 3,168,917	$ 3,982,023	$ 813,106	$ 12,401,405	-20%	26%	$ 3,072,470	$ 3,139,111	$ 66,641
Benefits	868,204	835,162	(33,041)	2,568,621	4%	34%	806,398	763,761	(42,637)
Travel	31,215	56,136	24,921	172,909	-44%	18%	46,859	63,667	16,807
Program	290,668	366,817	76,150	1,262,452	-21%	23%	243,285	246,371	3,086
Office	23,823	22,460	(1,363)	57,040	6%	42%	19,399	22,567	3,168
Computer Services	233,486	315,033	81,547	979,676	-26%	24%	239,495	257,223	17,728
Telecommunications	100,224	108,467	8,242	371,200	-8%	27%	72,166	81,207	9,041
Program Promotion	14,959	24,258	9,298	82,773	-38%	18%	13,900	31,058	17,157
Professional Development	12,142	31,000	18,858	113,000	-61%	11%	5,939	45,167	39,227
Facilities Expenses	348,667	307,677	(40,990)	996,365	13%	35%	251,559	258,139	6,580
Fees & Insurance	199,771	174,767	(25,004)	290,300	14%	69%	201,089	152,960	(48,129)
Debt Management	154,458	153,633	(824)	460,900	1%	34%	153,633	153,633	0
Recoveries	(62,213)	(37,059)	25,154	(52,959)	68%	117%	(40,211)	(27,448)	12,764
	$ 5,384,322	$ 6,340,375	$ 956,053	$ 19,703,682	**-15%**	**27%**	$ 5,085,982	$ 5,187,416	$ 101,434

Notes to Financial Statements – April 2021

Reporting Period

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

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of April 30, 2021, Public Health calendar program expenditures are reporting a $956k positive variance up $174k from March YTD.

Total Public Health Revenues are indicating a $21k positive variance.

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

Public Health Expenses (see page 3)

Salary & Wages
There is an $813k positive variance associated with Salary & Wages and remains 20% under budget. This is a result of budgeted positions not yet filled and the calendarization of several positions that were filled in April, however were budgeted over a 12 month . April Salary & Wages were $229k under budget.

Travel
There is a $25k 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. April Travel was $1k over budget.

Program
Program expense is indicating a $76k positive variance. This is due to a $52k variance with Professional Fees with COVID-19 Mass Immunization. Costs for this line item have started to change and it is too early to determine if there will continue to be a surplus. April expense was $4k under budget.

Computer Services
The $82k positive variance is due primarily to being down 1.0 FTE by the IT service provider. Recruitment is ongoing for the 1.0 FTE.

Notes Continued…

Professional Development
There is a $19k 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 $25k 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. April YTD expenses were $1.6M, $446k for April. 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.

COVID-19 Mass Immunization
This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. April YTD expenses were $859k, $379k for April. 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 April 30 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.

Algoma Public Health

Statement of Financial Position

(Unaudited)

Date: As of April 2021		**April 2021**	December 2020
Assets			
Current			
Cash & Investments	**$**	**4,515,458**	$ 3,906,995
Accounts Receivable		**380,414**	935,870
Receivable from Municipalities		**201,796**	69,618
Receivable from Province of Ontario			
Subtotal Current Assets		**5,097,668**	4,912,483
Financial Liabilities:			
Accounts Payable & Accrued Liabilities		**1,514,684**	1,660,232
Payable to Gov't of Ont/Municipalities		**240,848**	1,673,441
Deferred Revenue		**674,766**	286,418
Employee Future Benefit Obligations		**3,117,450**	3,117,450
Term Loan		**4,466,918**	4,466,918
Subtotal Current Liabilities		**10,014,666**	11,204,458
Net Debt		**(4,916,999)**	(6,291,975)
Non-Financial Assets:			
Building		**22,867,230**	22,867,230
Furniture & Fixtures		**1,998,117**	1,998,117
Leasehold Improvements		**1,572,807**	1,572,807
IT		**3,252,107**	3,252,107
Automobile		**40,113**	40,113
Accumulated Depreciation		**(11,199,609)**	(11,199,609)
Subtotal Non-Financial Assets		**18,530,764**	18,530,764
Accumulated Surplus		**13,613,766**	12,238,789

Algoma PUBLIC HEALTH Santé publique Algoma

Briefing Note

To: Finance and Audit Committee

From: Joel Merrylees - Controller

Date: June 2, 2021

Re: Options for Public Health Surplus

☐ For Information ☐ for Discussion ☒ for a Decision

EXECUTIVE SUMMARY:

APH's $563k surplus in Public Health mandatory programs for 2020 was originally recognized as payable to the Province. After the Board approved the audited financial statements for 2020 it was determined that the surplus is not payable to the Province as it is part of the mitigation funding provided to APH to support the municipal portion of the funding due to the change in the funding formula.

Currently the surplus dollars are in APH's business bank account. This briefing note provides two options for the Finance & Audit committee to consider on how APH should manage the 2020 surplus dollars. The options are to use all or part of the surplus as follows:

1. Keep the funds in APH's business account
2. Move the funds to APH's reserve account

It is recommended by management that all of the surplus dollars ($563k) remain in APH's business bank account. This is due to current interest rates currently being higher in the business account and with the uncertainty of financial requirements to support COVID-19 initiatives access to funds is faster through the business account if required.

ISSUE:

The 2020 Audited Financial Statements are complete and Management believes that there will not be any material changes from the 2020 Settlement that will be submitted to the Ministry. The current amount of funds in the Reserve Fund is approximately $1.15M. Any contribution decisions to the Reserve Fund must consider the cumulative balance of the Reserve Fund. Specifically, the cumulative balance of the Reserve Fund in any given year is not to exceed 15 percent of Algoma Public Health's (APH's) regular operating revenues for mandatory cost shared programs and services as mandated by the Board of

Health policy 02-05-065, Reserve Fund. In 2020, total mandatory cost shared revenues derived by APH was $13,305,132, 15% of which equates to $1,995,770.

OPTIONS FOR CONSIDERATION:

That the Finance & Audit Committee for the District of Algoma Health Unit recommends one of the following options to the Board of Health:

1. Contribution up to $563,000 into the Reserve Fund from APH's operating account for 2021.
2. 2020 surplus dollars remain in APH's operating account and used for any additional cash outlays that may be necessary such as unexpected costs for COVID-19 response and/or mass immunization.

BACKGROUND:

In accordance with Board of Health Policy 02-05-065, Reserve Fund,

> "the Board of Health in each year may provide in its estimates for a reasonable amount to be paid into the reserve funds provided that no amount shall be included in the estimates which is to be paid into the reserve funds when the cumulative balance of all the reserve funds in the given year exceeds 15 percent of the regular operating revenues for the Board of Health approved budget for the mandatory cost shared programs and services".

APH's Board of Health established a Reserve Fund Policy in June of 2015. The purpose of the establishment of a Reserve Fund is to be better prepared to:

- meet any unexpected costs that may arise in the future;
- help offset one-time or capital expenditures;
- help offset any revenue shortfalls;
- minimize fluctuations in funding;
- help manage cash flows and;
- avoid application of additional levies to municipalities in the event of any cash shortfalls.

APH had a small reserve of $384k in 2014. It received $384k for an insurance settlement due to the Elliot Lake mall collapse in 2015. This was then used for leasehold improvements at its current location in Elliot Lake. Since then APH has contributed to the reserve fund based on Management recommendations to the Board. APH has not required using any of the reserve fund since the development of the policy.

Based on APH's 2020 audited financial statements, the change to payable to the Province recognized in 2021 and the 2020 Settlement that will be submitted to the ministry, management believes the 2020 municipal surplus to be approximately $563k. APH's lowest daily liquidity position with the past six months was $2.3M. Current interest rates are as follows:

- Reserve Fund 0.3%
- Business Account 0.45%

Option 1: Contribute up to $563,000 into APH's Reserve Fund

Pros:

- Consistent with the Board of Health's risk management strategy over the past number of years.
- Improved Reserve Fund balance for Board of Health

Cons:

- Interest earned at 0.3% for a balance between $1M to $10M.

Option 2: 2020 Surplus Dollars Remain in APH's Operating Account

Pros:

- Surplus dollars will help offset 2021 expenditures more expeditiously (Board approval is required for any transfers from the Board's reserves in excess of $50,000 per transaction).
- Interest earned at $0.45% for balances over $1M

Cons:

- The reserve fund will remain static with no increase.

RECOMMENDATION:

Management believes the $563k should stay in the business account. This will help cover any shortfall that may occur due to COVID-19, as funding from the province is still uncertain. At this point in time, the business account is also receiving a higher interest rate than the reserve fund. Management will continue to monitor interest rate levels of the reserve fund and business account. If interest rates change, a review will be done at such time to determine if funds should be transferred from the business account to the reserve fund. Management also recommends an analysis be completed and brought forward to the Board on what is an appropriate level of dollars to have in the reserve fund.

CONTACT:

Joel Merrylees, Controller

Algoma PUBLIC HEALTH Santé publique Algoma

Briefing Note

To: Algoma Public Health Finance and Audit Committee

From: Joel Merrylees, Controller

Date: June 2, 2021

Re: Establishment of Capital Reserve

☐ For Information ☐ For Discussion ☒ For a Decision

EXECUTIVE SUMMARY:

Algoma Public Health (APH) currently has a reserve fund that can be used and applied to pay for expenses incurred by or on behalf of the Board of Health and the Medical Officer of Health in the performance of their functions and duties under the Health Protection and Promotion Act or any other Act. There is currently approximately $1.15M invested in the reserve fund. A request was made by the Board to have Management do a review and provide a recommendation if APH should also have a separate capital reserve.

At this time, management does not recommend a separate capital reserve fund. This is consistent with the reserve fund policy and there are still options for APH to access funds from the current reserve fund for capital purchases.

BACKGROUND:

The current reserve fund policy was developed in June 2015 and states:

- Section 417(2) of the Municipal Act only requires the approval of the Councils of the majority of the Municipalities in a health unit for the establishment and maintenance of a reserve fund if the Board of Health is required to obtain such approval for capital expenditures.

- Section 52(4) of the Act only requires the Board of Health to seek the approval of the Councils of the majority of Municipalities in a health unit for capital expenditures made to acquire and hold real property.

- To obviate the need to seek the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit to establish and maintain a reserve fund, the reserve fund will contain a restriction that the funds therein shall not be

used for capital expenditures to acquire real property without first obtaining the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit as required by section 52(4) of the Act.

Motion: 2015-91 ALGOMA BOARD OF HEALTH UNIT RESERVE FUNDS
THEREFORE BE IT RESOLVED THAT

- None of the reserve funds shall be used or applied for capital expenditures to acquire and hold real property unless the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit have been first obtained pursuant to section 52(4) of the Act

This is interpreted that there was consideration then about having a capital reserve and due to the fact, the Municipality Act Section 52(4) would still require approval from at least 11 Municipalities to use the capital reserve funds for specific capital purchases that a capital reserve was not warranted.

Along with having 21 municipalities making up the Algoma District and supporting APH through annual levies it is also supported through funding from the province. This makes APH unique compared to a municipality and this includes planning and managing capital purchases. APH has fewer capital purchase requirements than a municipality and has other opportunities for resources to purchase capital items.

Included in the annual budget approval by the Board is the Capital Asset Plan and Capital Asset Funding Plan 2018 – 2030. These documents are updated annually. This planning allows APH an opportunity to request one-time funding for capital purchases or upgrades through the annual service plan submission. APH has used this process in the past to purchase vaccine refrigerators. Management also includes $70k - $80k in the annual budget for unexpected repairs and maintenance and/or capital purchases.

Management polled other health units, asking them if they have a capital reserve. Ten health units responded, five have a capital reserve while five do not. Four out of the five that do not have a capital reserve are autonomous boards of health. See Appendix (A). For the health units that do have a capital reserve most do not have the funds defined or allocated to any specific capital expenditure.

SHOULD APH ESTABLISH A CAPITAL RESERVE:

Pros:

- This would provide an opportunity to have funds defined and available based on the Capital Asset Plan if the Province denies one-time funding requests.

Cons:

- APH will require approval from 11 Municipalities to set up a capital reserve fund.

- APH will require approval from 11 Municipalities to access funds from either the operational reserve fund of capital reserve fund.
- Having funds specifically designated for capital purchases or upgrades limits the flexibility of Management and the Board to maximize and utilize its available reserve funds.

RECOMMENDATIONS:

Management recommends to continue with its current reserve fund, as consistent with past reviews and the initial development of the reserve fund policy, and not establish a separate capital reserve fund. Management has a process in place to monitor future capital requirements and an opportunity to request funds from the Province if required. If APH has to use reserve funds it still can following the proper requirements within the Municipality Act.

CONTACT:

J. Merrylees, Controller

APPENDIX A

Capital Reserve Poll

Health Unit	Capital Reserve	Autonomous Board
North Bay Parry Sound	No	Yes
Huron Perth	No	Yes
Southwestern	No	Yes
Haliburton, Kawartha, Pine Ridge	No	Yes
Eastern Ontario	No	No
Wellington-Dufferin-Guelph	Yes	No
Peterborough	Yes	No
Thunder Bay	Yes	Yes
Lambton	Yes	No
Hasting Prince Edward	Yes	Yes

alPHa

Association of Local Public Health Agencies

Conference and AGM

Challenges – Changes – Champions

Report by S. Hagman

Welcome Remarks were given by:

- Doug Ford, Premier of Ontario
- Hon Patty Hajdu, Minister of Health
- Hon. Christine Elliot, Minister of Health
- Hon. Greg Rickford, Minister of Energy, Northern Development of Minds and Minister of Indigenous Affairs
- Dr. Theresa Tam, Chief Public Health Officer of Canada
- Graydon Smith, President of AMO

Advancing Public Health through the Ontario Health Data Platform

Dr. Jane Philpott, Dean Faculty of Health Sciences, Queens University & Special Advisor spoke on the Recognizing insufficient investment in public health

- Lack of incentives or obligation to collaborate standardize data and reporting through the 34 public health units in Ontario
- Weak public health legislation and insufficient investments
- Governments often outdone by academics and journalists
- We are still using fax machines as opposed to data bases – missing links
- Need a single digital identifier for health – One patient should have one health record
- The Ontario Data Platform is a federated high performance computing environment for secure, accurate and privacy protective linkage of large health data sets to allow for big data analytics,
- Goals allow for rapid and timeline research by mobilizing integrated care.
- OHDP Working Groups include
    - Equity and engagement
    - Intellectual property
    - Data supply chain
    - Governance
- OHDP started in July 2020 and can be viewed at ohdp.ca/
- OHDP Data Strategy underway
- This is a good news story for public health as there will be the ability to link between databases, monitoring safety and efficacy of vaccines, analyze patient data following vaccination , surveillance and monitoring cohorts over time
- Government is sponsoring research and analytics data platform supporting a health data system
- The highest standards are being used for privacy and security
- There is a data supply team in place including full OLIS, PHS, Administrative dating sets

- This will be a proactive approach to IP policy
- This is a collaborative process by design with better partnerships between the government and industry, individuals and communities
- Recognizing the importance of data management in looking after our health

What's in my Suitcase? Pandemic Lessons for our Public Health Journey from Public Health Ontario

Speakers: Colleen Geiger, Pres. and CEO; Chief Strategy and Stakeholder Relations, Research Information and Knowledge. Dr. Brian Schwartz, Dr. Vanessa Allen, Dr. Jessica Hopkins

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.

Here are the reflections from the pandemic to date and opportunities for collaboration with local public health partners and other stakeholders as we look beyond the pandemic

- Public Health Ontario speakers reflect on SARS and Walkerton and the huge gaps in public health and called for public health renewal – partial progress has been made but there is more to do
- Current pandemic has affected everyone – showing the strengths of public health and what needs attention
- Establishment of Public Health Ontario with its vision mission and mandate in 2007
- Range of PH Ontario services – in 2020-21 includes laboratory testing, client and stake holder support, knowledge exchange, training and professional development culminating in knowledge products and website
- Public Health Ontario Strategic Plan 2020-23 put in place with 5 goals or directions.
- Pandemic Lessons Learned to date:
    - Funding required to meet the mandate
    - HR planning allowing for alternative roles
    - Connections to policy, practice and research
- Laboratory Science Journey – Dr. Vanessa Allen
- Strength in dedicated specialized testing for diseases of public health, early detection of threats, connection with public health, networks with partners, advancing science and research moved forward giving a leading edge; ongoing coordination and integration of the laboratory network
- Health Protection – Dr. Jessica Hopkins
    - SARS commission helped give us lessons for protection
    - Strengths for Health protection shows in strong relationships with provincial and local health agencies
    - Daily epidemiological analyses and reporting
    - Infection prevention and control
    - The data systems have to be in place
    - Recognition of outbreak/pandemic surge capacity
    - Importance of building relationships with partners

Knowledge Transfer, Data Sharing and Research

PHO will be sharing more on professional development, science, policy and practice interface, sharing data and accessibility and will continue to be a central support for public health library, research and ethics services.

Dr. Brian Schwartz, Vice President of PHO

Data transparency and accessibility needed for partners, builds trust and science. Science advisory groups can inform policy. Model will be sustainable

- Health Promotion & Equity includes monitoring the population
- Integration of health equity lens
- Intersecting health issues, including unintended physical and mental health consequences of COVID response
- Health inequities have been highlighted during the pandemic – the root causes need to be investigated. There needs to be a provincial strategy to look at underlying issues such as racism and poverty
- Modernization initiatives are underway as we move forward with shared priorities and practical outcomes – we will be stronger together!

AGM covered two years of finances and nominations/elections of alPHa Board

- Presidents and Executive Directors Report
- Financial Statements shared
- Resolutions shared

Dr. David Williams – Chief Medical Officer of Health for Ontario

- Many stories to this pandemic – waves were extensive – second and third waves larger than the first.
- Public health joined forces with their partners to fight the pandemic
- Moving from response to recovery
- Steps shared on the road map to reopen between step one and step three
- 34 PHU congratulated
- Metrics shared on vaccine rollout
- New Normal will be Public health modernization
- The value of public health and its successes includes coordination of local response efforts, leadership, responding to public and stake holder inquiries, public health measures, schools and support to in person learning, testing, education, enforcement, contact management, case management

Learning Health Systems – Dean Steini Brown, Dalla Lana School of Public Health, University of Toronto

- A learning public health system is benefited by data with links to other health care systems
- Inter-sectoral analytics from all areas benefit our public health systems
- More data assists in the decision making process

- Need to be part of a bigger system
- Need for strong communication – clear concise scientific information is required
- Leaders need to be equipped with all skills – including advocacy
- Need for public health post pandemic
- Importance of unity in local health units
- 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 policy makers. We need to look at the changes to make such a system come to fruition.
- OHTs need to have public health at the table
- Municipalities & hospitals need to be at the table as well
- We need to embrace integrated health systems

Board of Health Session – Dr. Kieran Moore, Chief Medical Officer of Health (new)

Update on Vaccination Rollout

- 70% roll out of vaccine (stage 2) 20% have had 2 doses
- June 8th – 10M doses administered
- No answers to date on under 12 years receiving vaccine

AMO Update– Monika Turner, AMO

- Getting through the 3rd wave safely and with municipal operations whole
- Massive federal and provincial deficits + elections 2022
- Need to take stock of COVID learnings and lessons + play forward
- Looking at municipal contributions to social determinants of health (SDOH)
- 444 municipalities contribute over 50B per year
- AMO working on population health as well
- Currently having OHT about municipalities being stake holders
- Municipalities need to be engaged with:
    - Public health modernization
    - Ontario Health Teams
    - Long Term Care
    - Community Paramedicine – 263 different pilots
    - Social Assistance Transformation – vision on AMO website
    - Community Safety and Well Being Plans – everyone is part of the greater good
- AMO supports local public health as co-funders, feels that we have to look at strengths and improvements
- Encouraging an integrated approach across sectors with the provincial government
- AMO is on the health task force – need province to break down their silos between ministries

Update for BOH – James LeNoury, LLB Counsel to alPHa

- Board of Health Governance in a Pandemic
    - Health Protection and Promotion Act sets out the obligations of PH programs and services
    - Every BOH shall provide or ensure the provision of health programs and services required by this act
    - Provided a review of BOH responsibilities under the Health Protection & Promotion Act and other legislation
    - Set goals and establish systems under the Governance Policy Framework – clear differentiation between governance and management
    - BOH effectiveness includes commitment, acceptance, planning, communication, outcomes and reporting on activities to various stakeholders in accordance with any legislative requirements
    - **Meetings held under HPPA and Municiapl Act provisions**
- Volunteers
    - Confidentiality agreements required
    - Respect for client is paramount
    - Understand what the breach means
    - Ensure volunteer understands never to breach confidentiality
- Vaccination in the Workplace
    - Employers have a duty to ensure that the workplace is safe OH&S Act
    - Legal tests ensured
    - Vaccination is the strongest response to the COVID 19 Pandemic
    - Vaccination is not mandatory – raising human rights issues.
    - Employees may be removed to prevent them and others from being infected
    - Vaccination policy must be based on fact driven assessment – policy may strongly recommend their employees get vaccinated
    - Must be fact based assessment of the risks posed in the workplace
    - Communicate policy and consult with union where applicable
    - Employees refusal – demonstrate that the workplace is safe and that the work can't be done at home
    - In unionized workplace – balance interest approach to ensure reasonable safety in the work place
    - CA will have an impact

Community Well Being – After the Pandemic Antonio Gomaz-Palacio

- Mental health – has been affected during the pandemic
- Lessons learned from the pandemic – let employees choose when, where and how to work
- In 2017 the plan was designing healthy living
- Today we are working on health equity
- Combination of social, economic, environmental, cultural and political conditions identified by individuals and their communities as essential for them to flourish and fulfill their potential.

- Social – welcoming – do people feel safe and engaged, 24/7 regardless of background or physical ability – Support systems need to accessible to support services on a day to day basis and during moments of need
- Environment – delight and enjoyment in high quality beautiful spaces, health of natural systems have a huge impact. Mobility is important to have active transportation. Resilience to plan for operational continuity
- Economic – affordability and quality – can everyone afford a high quality of life, we need to create access when looking at social determinants of health. We need complete communities. We need to ensure life cycle costing and future proofing to allow for full-life cycle costing
- Cultural and recreational vitality– access to cultural, recreational and art facilities; sense of belonging to your community social networks and engaged regardless of their background; play for people to relax and engage; learning to grow and develop
- Political – integrated process, collaborative a sense of ownership and stewardship
- Framework on www.dialogueforcommunitywellbeing

-

ALPHA MEETING NOTES - June 8, 2021

Report by D. Graystone

- resolution was passed from the **Grey Bruce Health Unit** regarding the opioid crisis asking the province to support local public health units in providing leadership and coordination to deal with the crisis

- speaker **Dr. Jane Filpott Dean of Faculty of Health Sciences**, Queen's University and Special Advisor Ontario Health Data Platform - spoke about the lack of public health legislation and insufficient investment in public health; lack of incentive to collaborate standardization of date and reporting
- working on the "Ontario Health Data Platform" - which would allow big data analytics to facilitate real-time data, data visualization and modelling; help to build on Federal platform
- attention to data governance ; high performance computing environment; improve capacity with high standards for privacy and security

- Learning Health Systems - speaker **Dean Steini Brown of Dalla Lana School of Public Health** - University of Toronto
- he spoke to avoiding the silo of health care goals to control disease and to build on an integrated health system by consolidating data systems; spoke to importance of maintaining momentum of public health profile

- **Dr. Keiran Moore - new Provincial Medical Officer of Health**- pleased with vaccine rollout - goals are being met; answered question with following AstraZeneca with MRNA vaccines; hoping to have people 12 yrs. and over vaccinated by end of August; research in progress regarding vaccines for those under 12 yrs. of age

- **Legal Expert** - James LeNoury- Employment Lawyer reviewed the accountabilities of Board of Health Governance during pandemic - same as identified in the Health Protection and Promotion Act - Purpose of this Act - organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario; Section 52 (2) may pass by-laws etc.;
- 6 elements required to be effective - **commitment -** should have knowledge, abilities and commitment to fulfil their duties**; acceptance** - must read and make effort to understand applicable background documents and knowing the health unit's business and performance; **planning** - focus on strategic issues by engaging in the strategic planning process and avoid involvement in operational management affairs of the health unit; **communication** - clear and internal and external communication processes and ensure access to relevant timely information, advice and resources; **outcomes** - evaluates its impact in the community by reviewing policies, monitoring progress in achieving strategic goals and undertaking evaluations of itself is, member and MOH; **reporting** - report on activities and outcomes to various stakeholder and in accordance with any legislative requirements; (*are we as a board (APH)continuing with our obligations?)*
- spoke to legal and confidentiality requirements of volunteers to organization
- **vaccine policy in workplace -** employers obligated to have a safe work environment; some are contraindicated for health or religious reasons; employers cannot mandate that all employees be vaccinated but can STRONGLY recommend that they get vaccinated;
- "Caplan v Atas""tort of harrassment" - re: internet communications - victim can proceed against harrassers (serial stalkers/harrassers)

North Shore Health Network

Réseau Santé Rive Nord

Welcome to the 21st Annual General Meeting

June 15, 2021

1900 Hours

Managed Virtually by ZOOM

Blind River Site Boardroom

525 Causley St., Blind River, ON

North Shore Health Network | Réseau Santé Rive Nord

ANNUAL GENERAL MEETING
Managed Virtually by ZOOM

DATE: JUNE 15, 2021 | **TIME:** 7:00 PM | **LOCATION:** Blind River Site Boardroom, 525 Causley St., Blind River, ON

ITEM	TOPIC **Items marked with an asterisk indicate attachments included.*
1.0	**CALL TO ORDER**
2.0	**PROOF OF NOTICE***
3.0	**MINUTES OF ANNUAL GENERAL MEETING -** June 30, 2020*
4.0	**REPORT of any unfinished business from any previous meeting of the Corporation.**
5.0	**REPORTS** ♦ Board Chairperson - Donna Latulippe* ♦ Chief Executive Officer - Richard Joly* ♦ Chief of Staff - Dr. Lenka Snajdrova* ♦ NSHN Foundation* ♦ Auditor – Corey Houle* (Freelandt Caldwell Reilly, LLP) *Audited financial statements are available online.*
6.0	**APPOINTMENT OF AUDITORS**
7.0	**REPORT OF THE NOMINATING COMMITTEE**
8.0	**NEW BUSINESS** ♦ *Nil.*
9.0	**ADJOURNMENT**

NOTICE OF ANNUAL GENERAL MEETING:

Notice of the Annual General Meeting, as noted below, was advertised in The Standard, The Northshore Sentinel, Island Clippings, Local Channel 10 in Blind River, on the digital sign on Causley Street in Blind River, the NSHN Website and on the NSHN Facebook page.

North Shore Health Network Réseau Santé Rive Nord

NOTICE OF ANNUAL GENERAL MEETING

TO BE HELD: Tuesday, June 15, 2021 @ 7:00 pm

Virtual meeting managed by **ZOOM** Video Communications

Everyone is welcome to attend.

To confirm your attendance and receive a ZOOM meeting invitation to the NSHN AGM or for further information, contact

Donna Schwehr-May, Executive Assistant

(705) 356-2265 Ext 2601 or dmay@nshn.care

Report of the Board Chairperson: Donna Latulippe

Well 2020-2021 continued to bring many challenges to NSHN. The pandemic continued to bring huge challenges to all levels of the organization. Another change in leadership occurred causing the board to return to the recruitment process. Ralph Barker retired from the organization. Fortunately before leaving he brought Dave Murray in to prepare a business plan to try to show the Ministry that our funding model was insufficient since the amalgamation had occurred. Dave knew a lot about our organization and when the need arose for an interim CEO our recruiter and I as board chair approached Dave to accept the challenge. He agreed and this was a stroke of luck for our organization since he had built quite a knowledge base of our concerns. He also was able to help us when our long time CFO Jennifer Stanton Smith moved on to a new job and we were fortunate to have Brent Maranzan come on board to help. Dave started by recognizing our greatest asset which is our front line. He started on a list of immediate priorities and set up a list for our new CEO to address. The board continued the recruitment process and after hours of zoom interviews and meetings we welcomed our new CEO Richard Joly. Dave was very supportive of this hire as he felt Richard's positive attitude and his strong desire to move us all forward would serve our organization well. I have spent considerable time planning and discussing issues with Richard and I am confident he is the leader for us. A strategic plan will be moving forward in the fall. I continue to be amazed by the quality of work of our front line at all three sites. Our search continues diligently for doctors. These have been tough times but as always our volunteers, our charitable foundation, our auxiliaries, our board members, our doctors, our frontline and our administration continue to move our organization forward. I will be entering my last year on the board in 2021-2022. I have been proud to work with all of you as we move to our new normal. Keep up the good work.

Sincerely,

Donna Latulippe,
Board Chair

2020—2021 Board of Trustees

Donna Latulippe, Chair

John Frederick, 1st Vice Chair — Alex Solomon, 2nd Vice Chair

Julie Chenard Azzi	Peter Cavanagh	Sharon MacKinnon	Marcel Denis
Jack Cruickshank	Doug Clute	Lucy Ann Trudeau	Chris Astles

Report of the Chief Executive Officer: Richard Joly

2020 / 2021 has once again brought significant change to the North Shore Health Network (NSHN). NSHN welcomed a new VP of Clinical Services & Chief Nursing Executive in May 2020. In December, NSHN saw the retirement of the President & Chief Executive Officer, as well as the resignation of the Chief Financial Officer. The position of President & Chief Executive Officer was filled as an interim until I joined the team on April 5, 2021. The Chief Financial Officer position has also been filled in an interim capacity. Along with the significant change in leadership, the COVID-19 pandemic continued to dominate all facets of NSHN.

COVID had a direct impact on clinical services and NSHN's response in providing patient care. Throughout this year, we have overcome many challenges and continue to meet the needs across our catchment area. This has been possible through the development of a very responsive and close working relationship with Algoma Public Health.

The past year has seen the development of the Blind River and Thessalon Assessment Centers, which service our wide catchment area in providing both asymptomatic and symptomatic COVID Polymerase Chain Reaction (PCR) testing. Mobile outreach clinics have also been established and include participation from the Blind River Benbowopka Treatment Centre, farms and businesses in the Mennonite and Amish Communities. NSHN has proactively developed the NSHN COVID-19 Oximetry Outreach Program through collaborative partnerships. The program is designed to monitor patients with confirmed or probable COVID-19 in their home.

Provincially, Long-Term Care (LTC) homes have faced many challenges over the past year due to the pandemic. Many homes have experienced significant tragedies as did the families of loved ones lost. NSHN is fortunate to have not experienced COVID-related sickness and deaths in our LTC home. Our team, has, and continues to work tirelessly to implement and maintain practices to keep our residents and staff safe. Currently, 91% of LTC workers are fully vaccinated along with a 97% vaccination rate for residents.

Mental Health has come to the forefront during the pandemic with improving quality of care for patients with mental health issues as a focus. We have continued to build relationships and are working on improving transitions for patients who need support from our partners.

In response to COVID-19, the delivery of Physiotherapy outpatient services evolved into a hybrid service delivery model. Approximately 60% of outpatient treatments are in-person, while the rest are done virtually, provided for by phone or by video.

Community Support Services (CSS) is a department within NSHN that provides a range of community-based services that promote and assist people to maintain their independence and quality of life while safely living at home. In response to the COVID-19 pandemic, CSS successfully applied for funding from Algoma District Services Administration Board (ADSAB) and the Ontario Community Support Association (OCSA) to initiate a COVID-19 Community Outreach Program and to increase capacity within the Meals on Wheels Program.

The onset of the pandemic shifted the Emergency Department priorities drastically to look at infection control practices for every type of patient interaction, as well as flow through the department. Volumes in all NSHN Emergency Departments have decreased overall for the year, but acuity and managing the flow of the department with the new practices required has shown the importance of maintaining the lower volumes to provide a safer service and workplace.

In Acute Care, the staff have proven to be extremely dedicated and resilient as they have worked through the variety of changes COVID has brought. Even with this daily uncertainty, the staff and providers have pulled together and re-organized the unit in response. The ability to provide patient and family centered care has been one of the most challenging obstacles. Assuring families remain in the loop about their loved one's care and often being the voice and presence of family during window visits, and participating in virtual visits to hold the tablets while families engaged in some of the most personal and intimate moments, has been a privilege and an area of stress and emotional-strain.

COVID presented many medication challenges, but with proper planning and collaboration with neighbouring hospitals, NSHN was able to manage all shortages.

Report of the Chief Executive Officer: Richard Joly

The Laboratory department and staff have had a challenging year but have proven to be a resilient and dedicated team. The VP of Clinical Services & Chief Nursing Executive and the Medical Imaging Manager stepped in as a team to provide operational leadership and begin preparations for the upcoming Lab Accreditation scheduled for June 14-16, 2021. Recognizing the need for additional subject-matter expertise, LifeLabs was hired to assist with the preparations for accreditation.

The Meditech ONE project kicked off in 2020/2021. NSHN continues to refine its plan to finance the project and is involved in regional initiatives to identify new funding sources to offset expected costs. A Memorandum of Understanding was signed in March 2021 to pursue development of a new shared services corporation to provide Electronic Medical Record (EMR) services to area hospitals.

The Human Resources Department faced exceptional circumstances this year due to COVID and other issues. Our staff ranks swelled from 230 in the previous year to just under 290; with approximately 50 people onboarded during the first wave of the pandemic in a 5 week period alone to support COVID-19 response strategies.

The past year has been an unprecedented one for Environmental Services as former routines have been disrupted significantly by COVID. Soiled laundry services previously contracted out to Algoma Manor is now being transported back to the Blind River site from the Thessalon and Richards Landing-Matthews sites to be processed.

The Maintenance department has basically operated on a priority needed basis to deal with constant requests for modifications or changes in the service model due to COVID. The Richards Landing-Matthews site has had a new radiation heating boiler installed and the removal of asbestos flooring and installation of new flooring project was completed. The Thessalon site saw the completion of a new multi-purpose lounge for the physicians with sleeping accommodations and an adjacent dedicated washroom and shower. The Blind River site had numerous modifications to address COVID concerns and continues to evolve as time goes on. Numerous changes were made on Acute Care and the Emergency Department to enhance negative pressure capabilities in this area and this process still continues as ordered materials arrive. A new Outpatient Clinic was established within the Physiotherapy area and has been used recently to provide COVID vaccinations.

In summary, 2020/2021 was quite a year! There were many challenges faced, however I am very optimistic about the future of NSHN; the strength and dedication of NSHN workers and providers remained steadfast in the commitment to providing safe, high-quality, compassionate health care and presents many future opportunities. Although working in a global pandemic probably wasn't on their bucket list, they have tirelessly served our communities with kindness and compassion. As we look ahead to 2021/2022, NSHN will be embarking on a journey to develop a new strategic plan. We look forward to engaging with our patients, residents, clients, families, partners and communities as we continue to strive towards excellence in the provision of rural health care and service delivery in an integrated model.

Respectfully submitted,

Richard Joly,
President & Chief Executive Officer
North Shore Health Network

Report of the Chief of Staff: Dr. Lenka Snajdrova

As I am writing this report, we are finally seeing the COVID-19 cases coming down below 1000/day in Ontario. However, we all know that we have to maintain ongoing vigilance and preparedness. This is made more difficult while further people are removed from direct patient care and not being confronted by the impact COVID-19 has on affected patients and their families. Times have changed and we have to incorporate infectious disease principles into our everyday practice.

We spent another year facing this common enemy and I would like to recognize the hard work and dedication of our staff devoting long hours to all aspects of patient care. They displayed incredible resourcefulness and commitment while facing significant fiscal and staffing constraints.

I would like to also applaud the fact that, with the diligence of our Occupational Health Department, we were able to contain every COVID-19 case in our facility and prevent any inadvertent spread.

I cannot name all, but I would like to recognize the exceptional clinical leadership and patient centered compass of our CNE, Jennifer Torode. She had been facing never ending challenges and invested an enormous amount of time to an improvement of patient care and our institution as a whole. In addition to the everyday hurdles, she along with Kim Rousselle, manager of the DI department, took on an additional task of leading our laboratory services through an accreditation process.

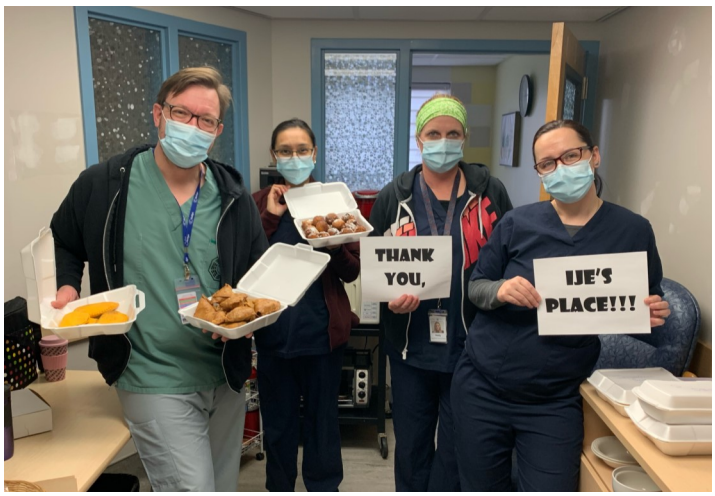
Importantly, I would like to welcome our new CEO, Richard Jolly. He very quickly resolved our year's long dilemma of signage on the ED change room. May this be a sign of effectiveness and pace of progress in our organization.

In the background, we were fortunate to have a dedicated BOT group, under the skilled leadership of Donna Latulippe, investing many hours to settle the significant turmoil our institution went through. The amount of time spent by these volunteers is hard to appreciate from the outside unless you are an integral part of the process.

The past year with COVID-19 demanded flexible thinking while facing unchartered territories as well as underscored the importance of effective communication, information dissemination and ongoing education. While we need to continue to work hard on closing the loops of responsibilities to ensure palpable progress, in order to allow people to flourish, we need to strive to see and nurture the best in each other, and treat each other with understanding and the respect that everyone deserves.

I wish you light at the end of the tunnel, and a safe and prosperous year,

Dr. Lenka Snajdrova
Chief of Staff
North Shore Health Network



Report of the NSHN Foundation

North Shore Health Network FOUNDATION

FONDATION du Réseau Santé Rive Nord

THE YEAR AT A GLANCE

TOTAL REVENUE: $284,869.57

EQUIPMENT FUNDED

Oxygen Concentrators

Richards Landing - Matthews Site $7334
Blind River Site $7407
Golden Birches LTC $3703
Thessalon Site $5555
Acute Care Hospital Beds: $15,507

REVENUE & EXPENSES

MONEY IN

59.4% DONATIONS $127,953
35.3% EVENTS & OTHER $76,062
5.4% INVESTMENTS $11,533

MONEY OUT

EQUIPMENT FUNDED $49,024 37.3%
OPERATING COSTS $45,945 34.9%
FUNDRAISING $36,596 27.8%

GOOD NEWS

$60,000

The NSHN Foundation applied to and was successful in obtaining a grant from the Canadian Medical Association.

Association Médicale Canadienne / Canadian Medical Association

Cameco employees have pledged $19,696 towards building a Safe Room at the Blind River Site

Cameco

Blind River

The Town of Blind River graciously donated $10,000 to fund equipment at the Blind River site.

FUNDRAISING

50/50

An online 50/50 raffle was launched in August of 2020. To date it has generated over $ 47,000, 50% of which has landed back in our communities as prize money.

Tim's Horton's Smile Cookie Campaign raised $8,612 through pre-orders and in-store purchases.

PEOPLE

Katie Whitlock joined the NSHN Foundation in April as the Foundation Coordinator working alongside Cynthia Wilton-Koke

BOARD OF DIRECTORS 2020-2021

- Sue Barlow - Chair
- Marshall Chow - Vice Chair
- Joan Clute
- Ken Gibson
- Doug Clute
- Donna Orlando
- Anne-Marie Gallagher
- Aline Charron

North Shore Health Network / Réseau Santé Rive Nord	**20th ANNUAL GENERAL MEETING MINUTES** **BOARD OF TRUSTEES** **Managed Virtually by ZOOM**

DATE: June 30, 2020	**TIME: 7:00pm**	**LOCATION: Boardroom** **Blind River Site**

Corporate Members Present	Mrs. Donna Latulippe Dr. Lenka Snajdrova, CoS Mr. Ralph Barker, CEO
Corporate Members Present by ZOOM	Mr. Alex Solomon Mr. Guy Clément Mr. Marcel Denis Mr. Chris Astles Mr. Jack Cruickshank Mr. John Frederick Mrs. Mary Ellen Luukkonen, Interim CNE Mrs. Sharon MacKinnon Mr. Peter Cavanagh Mrs. Lucy Ann Trudeau Mrs. Julie Chenard Azzi Mr. Douglas Clute Mrs. J. Torode, CNE **Total Attendance by Corporate Members = 16 / 16 = (100%)** *(*Quorum is a majority of total members = 9)*
Invited Guests Present by ZOOM	Mr. Corey Houle, Auditor, Freelandt Caldwell Reilly LLP
Staff Members Present by ZOOM	Mrs. Jennifer Stanton Smith, CFO Mr. Dan Lewis, DES
Public Present by ZOOM	Five (5) individuals from the community were present
Recorder Present	Mrs. Donna May

1.0 CALL TO ORDER

Mrs. Donna Latulippe, Chair, called the meeting to order at 7:01pm.

2.0 PROOF OF NOTICE

Members were advised that Proof of Notice is included in the 2020 AGM package.

3.0 MINUTES OF ANNUAL MEETING – June 18, 2019

Mrs. Donna Latulippe, Chair, reported that the minutes of the 2019 Annual General Meeting were circulated to all participants on Monday, June 29, 2020 along with the 2020 AGM package.

4.0 REPORT OF ANY UNFINISHED BUSINESS FROM ANY PREVIOUS MEETING OF THE CORPORATION

Nil.

5.0 REPORTS

5.1 Board Chairperson

Mrs. Donna Latulippe presented the report of the Board Chairperson as contained within the 2020 AGM package.

5.2 Chief Executive Officer

Mr. Ralph Barker presented the report of the Chief Executive Officer as contained within the 2020 AGM package.

5.3 Chief of Staff

Dr. Lenka Snajdrova presented the report of the Chief of Staff as contained within the 2020 AGM package.

5.4 NSHN Auxiliary

Mrs. Donna Latulippe presented the report of the NSHN Auxiliary as contained within the 2020 AGM package.

5.5 NSHN Foundation

Mrs. Sue Barlow, Foundation Chair, presented the report of the NSHN Foundation as contained within the 2020 AGM package.

5.6 Auditor – Mr. Corey Houle, Freelandt Caldwell Reilly LLP

Mrs. Donna Latulippe, Chair, introduced Mr. Corey Houle, Auditor from Freelandt Caldwell Reilly LLP to present the audited financial statements to the membership for the year ending March 31, 2020.

Mr. Corey Houle reported that the audit was conducted remotely due to COVID-19 and extended his appreciation to Jennifer Stanton Smith, CFO, and staff for their cooperation and effort during the entire process. The audited statements were presented in detail to the Stewardship Committee at their meeting of May 26, 2020 and approved by the Board of Trustees at their regular meeting held on May 26, 2020.

The Financial Statements for the year ending March 31, 2020 were circulated to all participants on Monday, June 29, 2020 and are also available on the North Shore Health Network's website: www.nshn.care.

6.0 APPOINTMENT OF AUDITORS

MOTION: Mr. J. Frederick / Mr. A. Solomon

THAT the firm of Freelandt Caldwell Reilly LLP Chartered Accountants be appointed as auditors for the North Shore Health Network for the fiscal year 2020/2021.

CARRIED

7.0 REPORT OF THE NOMINATING COMMITTEE

Retirement

Mr. Guy Clément has retired as a member of the NSHN Board of Trustees after fulfilling three (3) consecutive terms of three (3) years each, totaling nine (9) straight years. Mrs. Donna Latulippe extended appreciation to Guy on behalf of the Board of Trustees and NSHN for his commitment of time, support and governance as a Trustee.

Expiration of Term

Terms for the following Trustees have expired this year:

- Mrs. Lucy Ann Trudeau
- Mr. Chris Astles
- Mr. Douglas Clute

Mrs. Lucy Ann Trudeau, Mr. Chris Astles and Mr. Douglas Clute have all confirmed they will remain as Trustees for additional three (3) year terms.

Vacancies

A total of one (1**)** vacancy is available for 2020/2021.

The skills sought by the Nominating Committee included:

- Accounting / Financial Expertise
- Clinical Expertise
- Information Technology

Due to the pressures and constraints of COVID-19, recruitment efforts have been postponed until September 2020.

8.0 NEW BUSINESS

Nil.

9.0 ADJOURNMENT

There being no further business, the meeting concluded at 7:40pm.

_____
Donna Latulippe, Chairperson
Board of Trustees

*dm

North Shore Health Network

Financial Statements

Year ended March 31, 2021

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

The accompanying financial statements of the North Shore Health Network ("NSHN") are the responsibility of NSHN's management and have been prepared in compliance with legislation, and in accordance with Canadian public sector accounting standards for government not-for-profit organizations established by the Public Sector Accounting Board of The Chartered Professional Accountants of Canada. A summary of the significant accounting policies are described in Note 2 to these financial statements. The preparation of the financial statements necessarily involves the use of estimates based on management's judgement, particularly when transactions affecting the current accounting period cannot be finalized with certainty until future periods.

NSHN's management maintains a system of internal controls designed to provide reasonable assurance that assets are safeguarded, transactions are properly authorized and recorded in compliance with legislative and regulatory requirements and reliable financial information is available on a timely basis for preparation of the financial statements. These systems are monitored and evaluated by management.

The Board of Directors meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

The financial statements have been audited by Freelandt Caldwell Reilly LLP, independent external auditors appointed by NSHN. The accompanying Independent Auditor's Report outlines their responsibilities, the scope of their examination and their opinion on NSHN's financial statements.

Donna Latulippe
Chairperson, Board of Trustees

Chief Executive Officer

May 18, 2021
Date

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of the North Shore Health Network

Opinion
We have audited the financial statements of **North Shore Health Network**, which comprise the statement of financial position as at **March 31, 2021**, and the statements of operations, remeasurement gains and losses, changes in net assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the North Shore Health Network as at **March 31, 2021**, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the North Shore Health Network in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the North Shore Health Network's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the North Shore Health Network or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the North Shore Health Network's financial reporting process.

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INDEPENDENT AUDITOR'S REPORT

Auditor's Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the North Shore Health Network's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the North Shore Health Network's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the North Shore Health Network to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

FREELANDT CALDWELL REILLY LLP

Chartered Professional Accountants
Licensed Public Accountants

Espanola, Ontario
May 18, 2021

NORTH SHORE HEALTH NETWORK
Statement of Financial Position
March 31, 2021 with comparative figures for 2020

	2021 $	2020 $
Assets		
Current		
Cash	2,100,344	2,135,447
Accounts receivable	1,846,724	732,918
Inventories	308,191	259,024
Prepaid expenses	97,844	109,257
	4,353,103	3,236,646
Portfolio investments (note 3)	2,425,402	2,254,396
Capital assets (note 4)	13,059,244	13,485,667
Construction in progress	85,766	4,111
	19,923,515	18,980,820
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued liabilities (note 6)	4,054,921	2,619,772
Post-employment benefits obligation (note 7)	913,944	808,929
Loan payable (note 8)	75,000	100,000
Deferred contributions for capital assets (note 9)	7,777,502	8,135,629
	12,821,367	11,664,330
Net Assets		
Invested in capital assets (note 10)	5,367,508	5,354,149
Unrestricted	1,627,357	1,958,632
	6,994,865	7,312,781
Accumulated remeasurement gains	107,283	3,709
Total net assets	7,102,148	7,316,490
	19,923,515	18,980,820

Contingent liabilities (note 12)

Approved on behalf of the Board of Trustees:

Donna Latulippe Trustee

_____ Trustee

The accompanying notes are an integral part of these financial statements.

NORTH SHORE HEALTH NETWORK
Statement of Operations
Year ended March 31, 2021 with comparative figures for 2020

	2021 $	2020 $
Revenues		
Ontario Ministry of Health and Long-Term Care - patient care	13,956,938	13,661,162
Ontario Ministry of Health and Long-Term Care - COVID-19 pandemic non-recurring	3,168,619	-
Other patient revenue	450,992	706,943
Co-payments	285,665	379,494
Preferred accommodations	92,641	321,517
Recoveries and other revenue	2,857,138	2,739,772
Amortization of deferred contributions for non-allowable capital assets	207,226	217,395
	21,019,219	18,026,283
Expenses		
Salaries and wages	11,091,985	9,319,196
Supplies and other expenses	3,904,808	3,106,519
Employee benefits	2,904,112	2,693,891
Medical staff remuneration	2,244,829	1,966,883
Amortization of allowable capital assets	373,983	487,379
Drugs	239,380	259,383
Medical and surgical supplies	162,393	147,189
Bad debts	21,320	22,282
	20,942,810	18,002,722
Excess of revenues over expenses before undernoted items	76,409	23,561
Other Revenues		
Other votes and programs (note 11)	3,212,377	2,600,368
E-Referral project	413,252	571,807
Other recoveries	568,174	481,388
Amortization of deferred contributions for allowable capital assets	355,195	409,199
Gain (loss) on disposal of capital assets	(9,713)	113,658
Realized investments income on portfolio investments	67,570	86,813
	4,606,855	4,263,233
Other Expenses		
Other votes and programs (note 11)	3,304,364	2,779,882
E-Referral project	413,252	571,807
Other salaries and wages	567,927	481,380
Amortization of non-allowable capital assets	556,309	632,538
Post-employment benefits expense (note 7)	159,328	26,974
	5,001,180	4,492,581
Deficiency of revenues over expenses	(317,916)	(205,787)

The accompanying notes are an integral part of these financial statements.

NORTH SHORE HEALTH NETWORK
Statement of Remeasurement Gains and Losses
Year ended March 31, 2021 with comparative figures for 2020

	2021 $	2020 $
Accumulated remeasurement gains, beginning of year	3,709	72,231
Unrealized gains (losses) attributable to portfolio investments	96,779	(34,367)
Amounts reclassified to the Statement of Operations attributable to portfolio investments	6,795	(34,155)
Net remeasurement gains (losses) for the year	103,574	(68,522)
Accumulated remeasurement gains, end of year	107,283	3,709

The accompanying notes are an integral part of these financial statements.

NORTH SHORE HEALTH NETWORK
Statement of Changes in Net Assets
Year Ended March 31, 2021 with comparative figures for 2020

	Invested in capital assets	Unrestricted Hospital Operations	Unrestricted Long-term Care Operations	2021	2020
	$	$	$	$	$
Balance, beginning of year	5,354,149	5,735,247	(3,776,615)	7,312,781	7,518,568
Excess (deficiency) of revenues over expenses	(379,672)	150,840	(89,084)	(317,916)	(205,787)
Changes in net assets invested in capital assets	393,031	(393,031)	-	-	-
Balance, end of year	5,367,508	5,493,056	(3,865,699)	6,994,865	7,312,781

The accompanying notes are an integral part of these financial statements.

NORTH SHORE HEALTH NETWORK
Statement of Cash Flows
Year Ended March 31, 2021 with comparative figures for 2020

	2020 $	2019 $
Operating transactions		
Cash provided by (used for):		
Deficiency of revenues over expenses	(317,916)	(205,787)
Items not involving cash		
Amortization of capital assets	935,982	1,126,582
Gain (loss) on disposal of capital assets	9,713	(113,658)
Amortization of deferred capital contributions related to capital assets	(566,023)	(631,679)
	61,756	175,458
Net change in operational working capital		
Accounts receivable	(1,113,806)	139,019
Inventories	(49,167)	(28,412)
Prepaid expenses	11,413	(14,336)
Accounts payable and accrued liabilities	1,435,149	(398,576)
Post-employment benefits obligation	105,015	(19,001)
	450,360	(145,848)
Capital transactions		
Proceeds on disposal of capital assets	14,777	186,741
Purchase and construction of capital assets	(615,704)	(467,784)
	(600,927)	(281,043)
Financing transactions		
Deferred capital contributions received	207,896	247,849
Loan payable	(25,000)	100,000
	182,896	347,849
Investing transactions		
Change in portfolio investments	(67,432)	(83,312)
Net decrease in cash	(35,103)	(162,354)
Cash, beginning of year	2,135,447	2,297,801
Cash, end of year	2,100,344	2,135,447

The accompanying notes are an integral part of these financial statements.

1. Nature of Organization

The **North Shore Health Network** ("NSHN") is a general hospital under the provisions of the Public Hospitals Act of Ontario.

NSHN is principally involved in providing health care services to its three sites located in the communities of Blind River, Thessalon and Richard's Landing. NSHN is incorporated without share capital under the Corporations Act (Ontario) and is a charitable organization within the meaning of the Income Tax Act (Canada) and accordingly is exempt from income tax.

2. Significant Accounting Policies

The financial statements of NSHN are prepared using Canadian public sector accounting standards, including the PS 4200 series of standard applicable to government not-for-profit organizations, as issued by the Public Sector Accounting Board. The significant policies are detailed as follows:

a) Revenue Recognition

NSHN follows the deferral method of accounting for contributions which include donations and government grants.

Under the Health Insurance Act and Regulations thereto, NSHN is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-Term Care and the North East Local Health Integration Network. Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period. These financial statements reflect agreed arrangements approved by the Ministry with respect to the year ended March 31, 2021.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Externally restricted contributions are recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related capital assets.

Revenue from provincial insurance plan, preferred accommodation and marketed services is recognized in the period in which goods are sold or the service is provided.

b) Contributed Services

A substantial number of volunteers contribute a significant amount of their time each year. Because of the difficulty of determining the fair value, contributed services are not recognized in these financial statements.

2. Significant Accounting Policies (continued)

c) Inventories

Inventories are valued at the lower of cost and current replacement cost.

d) Capital Assets and Amortization

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. When a capital asset no longer contributes to NSHN's ability to provide services, its carrying amount is written down to its estimated realizable value.

Amortization is provided on assets placed into use on the straight-line basis over their estimated useful lives as follows:

Land improvements	10 to 15 years
Buildings	20 to 50 years
Building service equipment	5 to 20 years
Equipment	3 to 20 years

e) Compensated Absences

Compensation expense is accrued for all employees as entitlement to these payments is earned, in accordance with NSHN's benefit plans for vacation and overtime.

f) Use of Estimates

The preparation of financial statements in accordance with public sector accounting standards requires management to make estimates that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from management's best estimates as additional information becomes available in the future. Amounts affected by significant estimates include allowance for uncollectible accounts receivable, estimated useful lives of capital assets and post-employment benefits obligation.

2. Significant Accounting Policies (continued)

g) Retirement and Post-Employment Benefits

NSHN provides retirement and post-employment benefits to certain employee groups. These benefits include pension, health and dental benefits. NSHN has adopted the following policies with respect to accounting for these employee benefits:

i) The costs of post-employment benefits are determined using management`s best estimate of health care costs, employee turnover rates and discount rates. Adjustments to these costs arising from plan amendments and changes in estimates are accounted for in the period of the amendment or change.
ii) The expense related to the multi-employer defined benefit pension plan are the employer`s contributions to the plan in the year.
iii) The discount rate used in the determination of post-employment benefits is equal to NSHN`s internal rate of borrowing.

h) Financial Instruments

NSHN initially measures its financial assets and financial liabilities at fair value adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument.

NSHN subsequently measures its financial assets and financial liabilities at amortized cost using the effective interest rate method, except for investments in equity securities that are quoted in an active market or financial assets or liabilities designated to the fair value category, which are subsequently measured at fair value. Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, at which point they are transferred to the statement of operations.

Financial assets and liabilities measured at amortized cost include cash, accounts receivable and accounts payable and accrued liabilities, and loan payable.

Financial assets measured at fair value include portfolio investments. NSHN has designated its bond portfolio that would otherwise be classified into the amortized cost category, at fair value as NSHN manages and reports performance on the portfolio on a fair value basis.

3. Portfolio Investments

NSHN's portfolio investments consist of GICs, bonds and mutual fund investments, detailed as follows:

	2021 $	2020 $
Cost		
Guaranteed Investment Certificates	1,177,001	1,260,643
Bonds	175,678	176,140
Mutual funds	965,440	813,904
	2,318,119	2,250,687
Market value:		
Guaranteed Investment Certificates	1,177,001	1,260,643
Bonds	179,974	172,252
Mutual funds	1,068,427	821,501
	2,425,402	2,254,396
Unrealized gains	107,283	3,709

NSHN's GICs and bonds bear interest at varying rates between 1.55% and 3.50% per annum with maturity dates between August 2021 and February 2028.

Maturity profile of GICs and bonds held is as follows:

	Within 1 Year	2 to 5 Years	6 to 10 Years	Over 10 Years	Total
Carrying value	224,078	1,029,491	103,406		1,356,975
Percent of Total	16%	76%	8%	0%	100%

Financial instruments that are measured subsequent to initial recognition at fair value are grouped into Levels 1 to 3 based on the degree to which the fair value is observable:

- Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the last bid price;
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices); and
- Level 3 fair value measurements are those derived from valuation techniques that include inputs for these asset or liability that are not based on observable market date (unobservable inputs).

Fair value of NSHN's portfolio investments have been determined using Level 1 measures in the fair value hierarchy.

4. Capital Assets

	2020		2019	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
	$	$	$	$
Land	65,599	-	65,599	-
Land improvements	420,812	420,812	420,812	420,812
Buildings	27,459,065	15,831,486	27,324,794	15,269,571
Equipment	8,159,005	6,792,939	7,878,797	6,513,952
	36,104,481	23,045,237	35,690,002	22,204,335
Net book value		13,059,244		13,485,667

5. Bank Financing

The Royal Bank of Canada has authorized a revolving demand credit facility to a maximum of $200,000 which is unsecured and bears interest at the bank's prime rate of interest plus 0.3% per annum. At March 31, 2021, no amount has been drawn on this credit facility.

6. Accounts Payable and Accrued Liabilities\

Accounts payable and accrued liabilities consist of the following:

	2021	2020
	$	$
Ministry of Health and Long-Term Care	852,057	341,147
Wages and employee benefits	1,765,471	1,514,879
Other accounts payable	913,225	497,776
Other accrued liabilities	524,168	265,970
	4,054,921	2,619,772

7. Post-Employment Benefits

NSHN pays certain benefits on behalf of its retired employees. NSHN recognizes these post-retirement costs in the period in which the employees rendered their services. The accrued post-employment obligation of $913,944 (2020 - $808,929) and the expense for the year ended March 31, 2021, in the amount of $159,328 (2020 - $26,974) were determined using a discount rate of 3.21% (2020 – 3.29%).

Information about NSHN's defined benefit plan is as follows:

	2021	2020
	$	$
Accrued benefit obligation, beginning of year	808,929	827,930
Expense for the period	159,328	26,974
Benefits paid for the period	(54,313)	(45,975)
Accrued benefit obligation, end of year	913,944	808,929

The main assumptions employed for the valuations are as follows:

(a) Interest (discount) rate:

The obligation as at March 31, 2021 for the present value of future liabilities and the expense for the period then ended, were determined using an annual discount rate of 3.21%.

(b) Benefits costs

Future general benefit costs were assumed to increase at 4% per annum.

(c) Demographic factors

Turnover due to resignation, termination or mortality has been estimated at 4% per annum.

8. Loan Payable

The loan payable is due to Cameco Corporation, without interest, and is repayable in full by December 1, 2023.

9. Deferred Contributions for Capital Assets

Deferred contributions for capital assets represent the unamortized amount of donations and grants received for the purchase of capital assets. The amortization of deferred contributions for capital assets is recorded as revenue in the statement of operations using the straight-line method at rates consistent with the assets to which they relate.

	2021 $	2020 $
Balance, beginning of year	8,135,629	8,519,459
Additional contributions received	207,896	247,849
Less amounts amortized to revenue	(566,023)	(631,679)
Balance, end of year	7,777,502	8,135,629

10. Net Assets Invested in Capital Assets

	2021 $	2020 $
a) Net assets invested in capital assets are calculated as follows:		
Capital assets	13,059,244	13,485,667
Construction in progress	85,766	4,111
Amounts financed by deferred capital contributions	(7,777,502)	(8,135,629)
	5,367,508	5,354,149
b) Change in net assets invested in capital assets is calculated as follows:		
Amortization of deferred contributions for capital assets	566,023	631,679
Gain on disposal of capital assets	(9,713)	113,658
Amortization of capital assets	(935,982)	(1,126,582)
	(379,672)	(381,245)
Purchase of capital assets	615,704	467,784
Proceeds on disposal of capital assets	(14,777)	(186,741)
Deferred contributions on capital assets received	(207,896)	(247,849)
	393,031	33,194
Change in net assets invested in capital assets	13,359	(348,051)

11. Other Votes and Programs

	Revenues	Expenses	Surplus (Deficit)
	$	$	$
Long-Term Care (Schedule 1)	2,284,697	2,375,869	(91,172)
Community Support Services	924,080	924,895	(815)
Municipal Taxes	3,600	3,600	-
	3,212,377	3,304,364	(91,987)

12. Contingent Liabilities

The nature of NSHN's activities is such that there is often litigation pending or in prospect at any time. With respect to claims at March 31, 2021, management believes NSHN has valid defenses and appropriate insurance coverage in place. In the event any claims are successful, management believes that such claims are not expected to have a material effect on NSHN's financial position.

13. Pension Plan

Substantially all of the employees of NSHN are members of the Healthcare of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. Plan members will receive benefits based on the length of service and on the average of annualized earnings during the five consecutive years prior to retirement, termination or death that provide the highest earnings.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing plan assets in trust and through the Plan investment policy.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount, together with the amounts contributed by employees, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the plan indicates the Plan is fully funded. Contributions to the Plan made during the year by NSHN on behalf of its employees amounted to $794,976 (2020 - $800,747) and are included in the statement of operations.

At December 31, 2020, the HOOPP had total assets of $191.8 billion (2019 - $180.8 billion) and an accumulated surplus of $24.1 billion (2019 - $20.6 billion).

14. Financial Instruments

NSHN's financial instruments consist of cash, accounts receivable, portfolio investments, accounts payable and accrued liabilities. The nature of the risks to which NSHN may be subject to are as follows:

a) Credit risk

Credit risk is the risk that one party to a financial transaction will fail to discharge a financial obligation and cause the other party to incur a financial loss. NSHN is exposed to this risk relating to its cash, portfolio investments and accounts receivable.

NSHN holds its cash accounts and portfolio investments with large reputable financial institutions, from which management believes the risk of loss due to credit risk to be remote.

NSHN is exposed to credit risk in accounts receivable which includes patient, insurance, government and other receivables. NSHN measures its exposure to credit risk with respect to accounts receivable based on how long the amounts have been outstanding and management's analysis of accounts including managements on-going monitoring of outstanding accounts and collections. In the opinion of management, the credit risk exposure in accounts receivable is considered to be low.

b) Liquidity risk

Liquidity risk is the risk that the company cannot repay its obligations when they become due to its creditors. NSHN is exposed to this risk relating to its accounts payable and accrued liabilities, and loan payable.

NSHN reduces its exposure to liquidity risk by monitoring cash activities and expected outflow through extensive budgeting and maintaining enough cash and investments to repay trade creditors as payables become due. In the opinion of management, the liquidity risk exposure to NSHN is low.

14. Financial Instruments (continued)

c) Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

i) Currency risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. NSHN does not have material transactions or financial instruments denominated in foreign currencies.

ii) Interest rate risk

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flows of financial instruments because of changes in market interest rates. NSHN is exposed to this risk through its interest-bearing investments.

NSHN's GIC and bond portfolio has interest rates and maturities as detailed in note 3 to the financial statements. NSHN does not use derivative instruments to reduce its exposure to interest rate risk. In the opinion of management, the interest rate risk exposure to NSHN is low.

iii) Other price risk

Other price risk is the uncertainty associated with the valuation of financial assets arising from changes in equity markets. NSHN is exposed to this risk through its mutual fund holdings in its investment portfolio.

The maximum exposure to other price risk through NSHN's mutual fund holdings is detailed in note 3 to the financial statements. Management reduces its exposure to other price risk by monitoring the value of its mutual fund holdings on a regular basis. In the opinion of management, the other price risk exposure to NSHN is low.

There have not been significant changes from the previous year in the exposure to all of the above risks or policies, procedures and methods used to measure these risks.

15. North Shore Health Network Auxiliary and Foundation

a) North Shore Health Network Auxiliary Inc.

The North Shore Health Network Auxiliary Inc. is an incorporated entity, whose primary function is to raise funds for the improvement of NSHN.

The net assets of the Auxiliary total $276,390 at March 31, 2020 and are available for use at the discretion of the Auxiliary's Board. The net assets and results from operations of the Auxiliary are not included in the statements of NSHN. Separate financial statements for the Auxiliary are available upon request.

b) North Shore Health Network Foundation

The Foundation is incorporated without share capital under the Corporations Act (Ontario) and is a registered charity under the Income Tax Act (Canada). The North Shore Health Network Foundation raises funds from the community for the benefit of NSHN.

The net assets of the Foundation total $836,320 (2020 - $676,824) and are available for use at the discretion of the Foundation's Board and, in the case of the portion that is restricted, for use of the Board as restricted by the donor's requests. The net assets and results from operation of the Foundation are not included in the statements of NSHN. Separate financial statements for the Foundation are available upon request. Donations from the Foundation to NSHN in the year amounted to $49,024 (2020 - $175,175).

16. COVID-19 Pandemic

The COVID-19 global outbreak was declared a pandemic by the World Health Organization in March 2020. The negative impact of COVID-19 in Canada and on the global economy has been significant. The global pandemic has disrupted economic activities and supply chains resulting in governments worldwide, and in Canada and its provinces, enacting emergency measures to combat the spread of the virus and protect the economy.

These financial statements have been prepared based upon conditions existing at March 31, 2021 and considering those events occurring subsequent to that date, that provide evidence of conditions that existed at that date. Although the disruption from the pandemic is expected to be temporary, given the dynamic nature of these circumstances, the duration and severity of the disruption to NSHN and related financial impact cannot be reasonably estimated at this time. The full potential impact of COVID-19 on NSHN's financial position is not known.

SCHEDULE 1

NORTH SHORE HEALTH NETWORK
Schedule of Long-Term Care Operations
Year Ended March 31, 2021 with comparative figures for 2020

	2021 $	2020 $
Revenues:		
Ontario Ministry of Health and Long-Term Care - operations	1,345,207	1,355,292
Ontario Ministry of Health and Long-Term Care - COVID-19 pandemic non-recurring	444,586	-
Co-payments	424,815	417,116
Preferred accommodations	42,137	49,593
Recoveries and other revenue	24,350	33,134
Amortization of deferred capital contributions	3,602	5,085
	2,284,697	1,860,220
Nursing Expenses		
Salaries and benefits	1,341,796	1,194,763
Supplies and other	57,211	45,980
Program and Support Expenses		
Salaries and benefits	103,421	96,057
Supplies and other	113	841
Accommodation Expenses		
Salaries and benefits	296,703	231,426
Purchased services	290,839	243,927
Supplies and other	117,929	65,699
Food costs	89,642	82,173
Plant operations	72,525	72,203
Amortization of capital assets	5,690	6,665
	2,375,869	2,039,734
Deficiency of revenues over expenses	(91,172)	(179,514)

Ministry of Health

Office of the Deputy Premier
and Minister of Health

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Ontario

June 9, 2021

72-2021-229

MEMORANDUM TO: Board of Health Chairs and Medical Officers of Health

FROM: **Christine Elliott**
Deputy Premier and Minister of Health
Ministry of Health

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

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I am releasing amendments to the Ontario Public Health Standards: Requirements for Programs, Services and Accountability (OPHS) under the *Health Protection and Promotion Act*, in support of important government initiatives including:

- The Ontario Seniors Dental Care Program (OSDCP). This targeted program helps reduce unnecessary trips to the hospital, prevents chronic disease and increases quality of life for seniors with low-income.
- The Consumption and Treatment Services Program supports related inspection and enforcement programs and services.

There will be a follow-up memo from Dr. Williams, Chief Medical Officer of Health, outlining the changes in more detail and providing a copy for your records. The new OPHS is effective immediately and will be made available in English and French through the Ministry of Health's website:

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/.

I would like to express my thanks to you and your staff for your ongoing work in upholding the OPHS and look forward to our continued work together as we modernize and strengthen the public health sector for the benefit of all Ontarians.

Christine Elliott

c: Helen Angus, Deputy Minister
Dr. David Williams, Chief Medical Officer of Health

Report for Council on Algoma Public Health

June 16, 2021

Provided by: Sally Hagman

Algoma Public Health is represented by a combination of eight municipal representatives and seven government appointees. Government appointees have a one year renewable term whereas municipal representatives have a four year term, consistent with their term in municipal office.

Blind River, Township of the North Shore and Spanish are represented by one member on the Algoma Board of Health. There are 34 Boards of Health in the Province. After the 2018 election the mayors of Spanish, Township of the North Shore and Blind River got together to determine who would represent our area. Both Randi Condi and I were interested so we let Spanish Council decide who should represent our area. Randi Condi was chosen as Blind River had been the representative in the previous term. When Randi stepped down in the fall of 2019, I put forth my name again as the Township of the North Shore was without a new mayor. The Township of the North Shore and Spanish agreed to this and I began my term in January 2020.

This has been a rewarding experience as well as an opportunity of learning what the mandate is of public health. In February 2020, I attended the association of Local Public agencies (alPHa) conference in Toronto and met representatives of the public health units across Ontario. I also met Dr. David Williams after he gave his overview of COVID-19 in China. Little did we know at that time what would transpire over the next 16 months!

In January 2021, I was nominated for the position of Chair of the Board for Algoma Public Health. Since that time I have sat on information sessions for the Ontario Medical Association, Ontario Health Team as well as with the thirty four Chairs of Public Health, the Algoma Vaccination Support Council and the local weekly Community Champions zoom calls. Last week I attended the annual alPHa Conference and my notes are contained as a separate document.

The Algoma Board of Health represents communities from Wawa to Spanish. There is also the Finance Committee and the Governance Committee which has representatives from the Board as well as staff. I currently sit on the Board and the Governance Committee. The governance committee reviews and accepts policies which are then sent to the Board for approval. Our meetings are much like Council meetings where we receive our packages the Friday prior to a Board meeting in an on line system similar to Escribe. The meetings take place on the fourth Wednesday of the month at 5 p.m. and usually run about two hours. At these meetings we receive the Medical Officer of Health's report, the financial report and the governance policies that are to be accepted by the Board. The closed portion of the meeting would cover topics similar to Council.

I would encourage Council to go on the Algoma Public Health website to review all of the proactive ways that Public Health works towards excellence in health and prevention of disease. Algoma Public Health is a public health agency committed to improving health and reducing social inequities in health through evidence-informed practice.