



February 23, 2022

BOARD OF HEALTH MEETING

Videoconference

www.algomapublichealth.com

Meeting Book - February 23, 2022, Board of Health Meeting

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15. Adjournment



Board of Health Meeting
AGENDA
February 23, 2022 at 5:00 pm
Video/Teleconference

BOARD MEMBERS

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

APH MEMBERS

Dr. Jennifer Loo - Medical Officer of Health & CEO
Dr. John Tuinema - Associate Medical Officer of Health & Director of Health Protection
Antoniette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Health Promotion & Prevention
Leo Vecchio - Manager of Communications
Liliana Bressan - Research Policy Advisor
Leslie Dunseath - Manager of Accounting Services
Tania Caputo - Board Secretary
Tanya Storozuk - Executive Assistant

Guests: Corina Artuso, Youth Advisor, Public Health Programs, currently assigned to Indigenous Liaison

Indigenous Partners:

- Elizabeth Edgar-Webkamigad, Director of Health and Human Services, Batchewana First Nation
- Renee Rousselle, Community Health Nurse, Batchewana First Nation
- Jessica Grawbarger, Wellness Centre Manager, Garden River First Nation
- Mitch Case, Metis Nation Ontario
- Jennifer McKenzie, Program Director of Comprehensive Primary Care, Maamwesying North Shore Community Health Services
- Leila Macumber, Community Wellness Manager, Kenabutch Health Centre, Serpent River First Nation

Engagement Working Group Staff:

- I. Ekomiak

** Recorded proceedings are available upon request*

1.0 Meeting Called to Order

S. Hagman

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

2.0 Adoption of Agenda

S. Hagman

RESOLUTION

THAT the Board of Health agenda dated February 23, 2022 be approved as presented.

3.0 Delegations / Presentations

*L. Bressan,
C. Artuso &
Indigenous
Partners*

- a. Working Together: Collaborating with Indigenous Partners During COVID-19

4.0 Adoption of Minutes of Previous Meeting

S. Hagman

RESOLUTION

THAT the Board of Health minutes dated January 26, 2022, be approved as presented.

5.0 Business Arising from Minutes

J. Loo

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

J. Loo

- i. MOH Report - February 2022
- ii. Public Health Champion Awards

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for February 2022 be accepted as presented.

b. Finance and Audit

i. Finance and Audit Committee Chair Report

L. Mason

RESOLUTION

THAT the Finance and Audit Committee Chair Report for February 2022 be accepted as presented.

ii. Unaudited Financial Statements ending December 31, 2021

L. Mason

RESOLUTION

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

7.0 New Business/General Business

S. Hagman

- a. Algoma Vaccination Council Update
- b. Staff Appreciation Day

L. Caicco Tett

T. Caputo

8.0 Correspondence

S. Hagman

- a. Letter to the Deputy Premier and Minister of Health from Peterborough Public Health regarding **COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)** dated February 3, 2022.

9.0 Items for Information

S. Hagman

- a. alPHa Information Break
- b. Provincial Appointee update

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, March 9, 2022 @ 5:00 pm

Video Conference

Board of Health Meeting

Wednesday, March 23, 2022 @ 5:00 pm

Video Conference

14.0 Evaluation

S. Hagman

15.0 Adjournment

S. Hagman

RESOLUTION

THAT the Board of Health meeting adjourns.

Working Together: **Collaborating with Indigenous Partners during COVID-19**

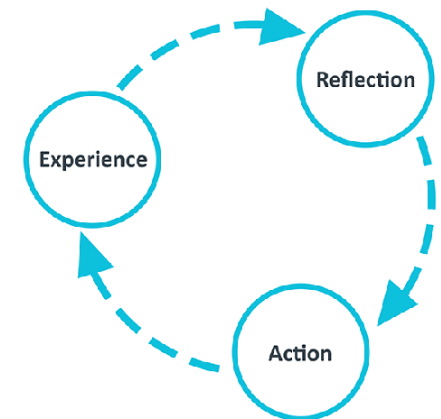
Corina Artuso, Indigenous Liaison during COVID-19 & Youth Engagement Coordinator

Liliana Bressan, Research and Policy Advisor

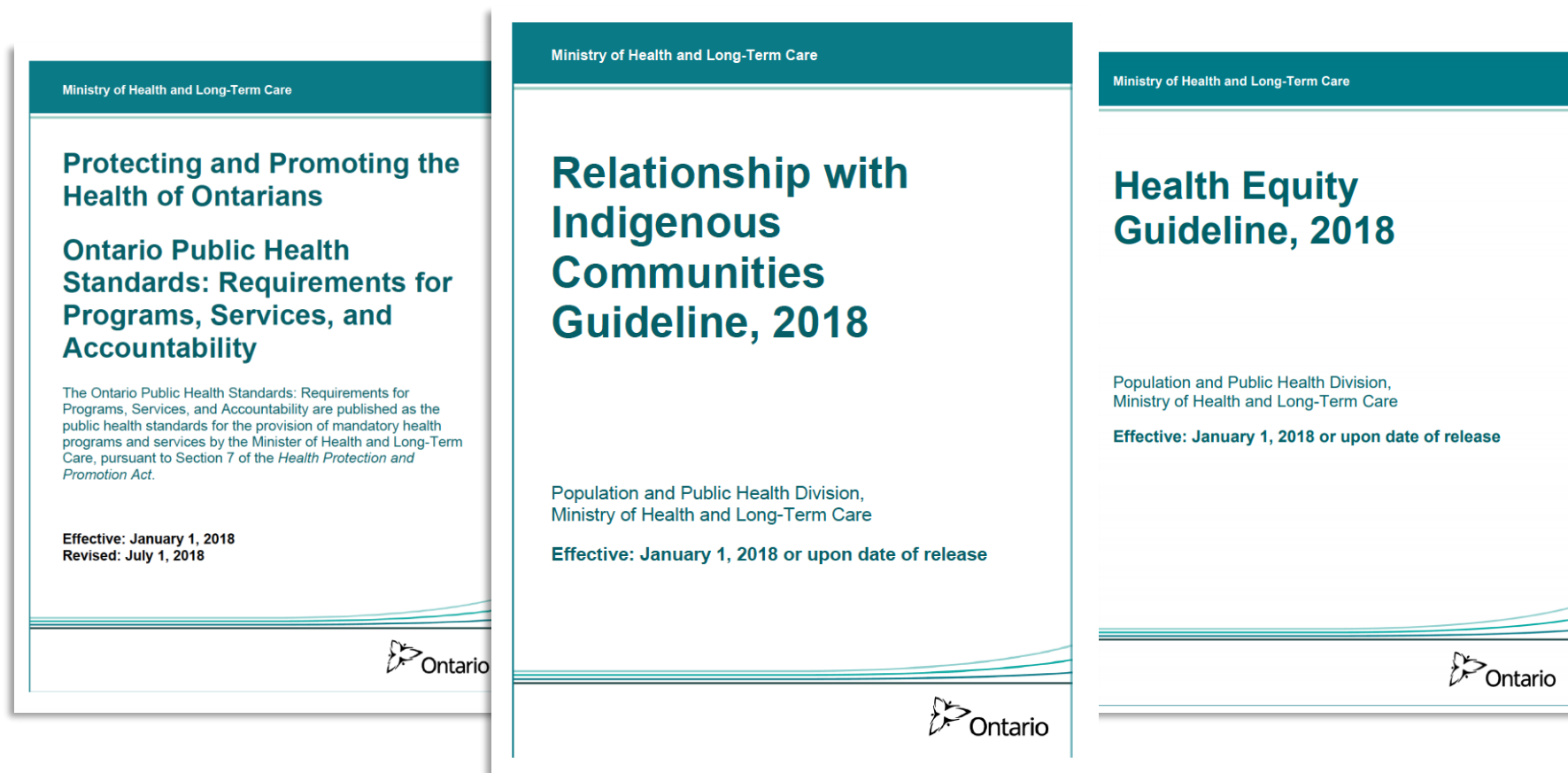
February 23, 2022

Overview

- Ontario public health standards
- Truth and Reconciliation Commission: Calls to action
- Principles for mutually-beneficial relationship building and partnership
- Indigenous partners in Algoma
- Our work together during COVID-19 – immunization and response
- Actions facilitating partnership and lessons learned
- Our internal work as partners
- Shared next steps
- *Sharing of stories and reflections*



Ontario Public Health Standards

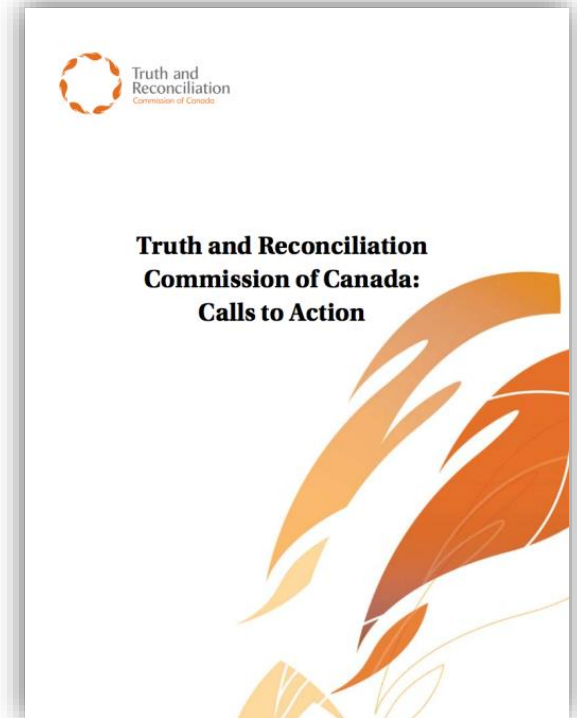


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- Ministry of Health and Long-Term Care. (2018). [Health Equity Guideline, 2018](#).
- Ministry of Health and Long-Term Care. (2018). [Ontario public health standards: Requirements for programs, services, and accountability](#).
- Ministry of Health and Long-Term Care. (2018). [Relationship with Indigenous communities guideline, 2018](#).

Truth and Reconciliation Commission: Calls to Action

- The Truth and Reconciliation Commission of Canada defines reconciliation as “...an ongoing process of establishing and maintaining **respectful relationships**.”¹, p. 16
- Of the 94 Calls to Action², 7 focus on health
- Calls to Action for health align with public health practice



1. Truth and Reconciliation Commission of Canada. (2015). [Honouring the truth, reconciling for the future: A summary of the final report of the Truth and Reconciliation Commission of Canada](#).
2. Truth and Reconciliation Commission of Canada. (2015). [Truth and reconciliation commission of Canada: Calls to action](#).

Principles for Mutually-Beneficial Partnerships

Respect

- Understand, acknowledge and appreciate the history and current context of Indigenous Peoples

Trust

- Foundation to establish and maintain respectful and mutually empowering long-term relationships

Self-Determination

- Acknowledge the inherent rights of Indigenous people to freely determine their own pathways and to make decisions

Commitment

- Tangible and sustainable action to develop and maintain long-term, effective partnerships



First Nation Communities and Partners

- 8 First Nations communities in Algoma
- 7 First Nations communities aligned to APH during COVID-19
 - Sagamok First Nation was aligned with Public Health Sudbury & Districts for COVID-19

North Algoma	Sault Ste. Marie & Area	Central & East Algoma	Elliot Lake & Area
 <p>MICHIPICOTEN FIRST NATION</p>	 <p>BATCHEWANA FIRST NATION</p>	 <p>MISSISSAUGA FIRST NATION</p>	 <p>SAGAMOK ANISHNAWBEK</p>
 <p>Missinabie Cree First Nation</p>	 <p>KETEGAUNSEEBEE GARDEN RIVER First Nation</p>	 <p>THESSALON FIRST NATION A PLACE OF PEACE AND FREEDOM</p>	

- Batchewana First Nation. (2022). [Welcome to Batchewana First Nations.](#)
- Garden River First Nation. (n.d.). [Garden River First Nation: The Creator's garden.](#)
- Missinabie-Cree First Nation. (n.d.). [Missinabie-Cree First Nation.](#)
- Michipicoten First Nation. (n.d.). [Michipicoten First Nation.](#)
- Mississauga First Nation. (2021). [Biindigen-welcome.](#)
- Sagamok Anishnawbek. (2022). [Boozhoo, nindinawemaaganagtok!](#)
- Serpent River First Nation. (2020). [Your Serpent River.](#)
- Thessalon First Nation. (n.d.). [Thessalon First Nation: A place of peace and freedom.](#)

Métis Communities and Partners

- Métis Nation of Ontario - Huron-Superior Regional Métis Community
- Engagement with Métis partners ensured Métis had a voice in vaccine planning and access to COVID-19 vaccines in a timely and culturally safe manner

Sault Ste. Marie & Area

- Historic Sault Ste. Marie Métis Council

Central & East Algoma, Elliot Lake & Area

- North Channel Métis Council

Métis Nation
of Ontario 



Urban Indigenous Partners

- The Indian (Indigenous) Friendship Centre

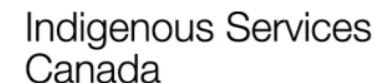
Urban Indigenous include:

- First Nations living outside of First Nations communities in or outside of the Algoma district
- Métis
- Inuit



More Indigenous Partners!

- Maamwesying North Shore Community Health Services Inc.
 - Baawaating Family Health Team
- Métis Nation of Ontario – Healing and Wellness Branch
- Mushkegowuk Tribal Council
- Tungasuvvingat Inuit
- Provincial: Ministry of Health & Ministry of Indigenous Affairs
- Federal: Health Canada – Indigenous Services Canada – First Nation & Inuit Health Branch

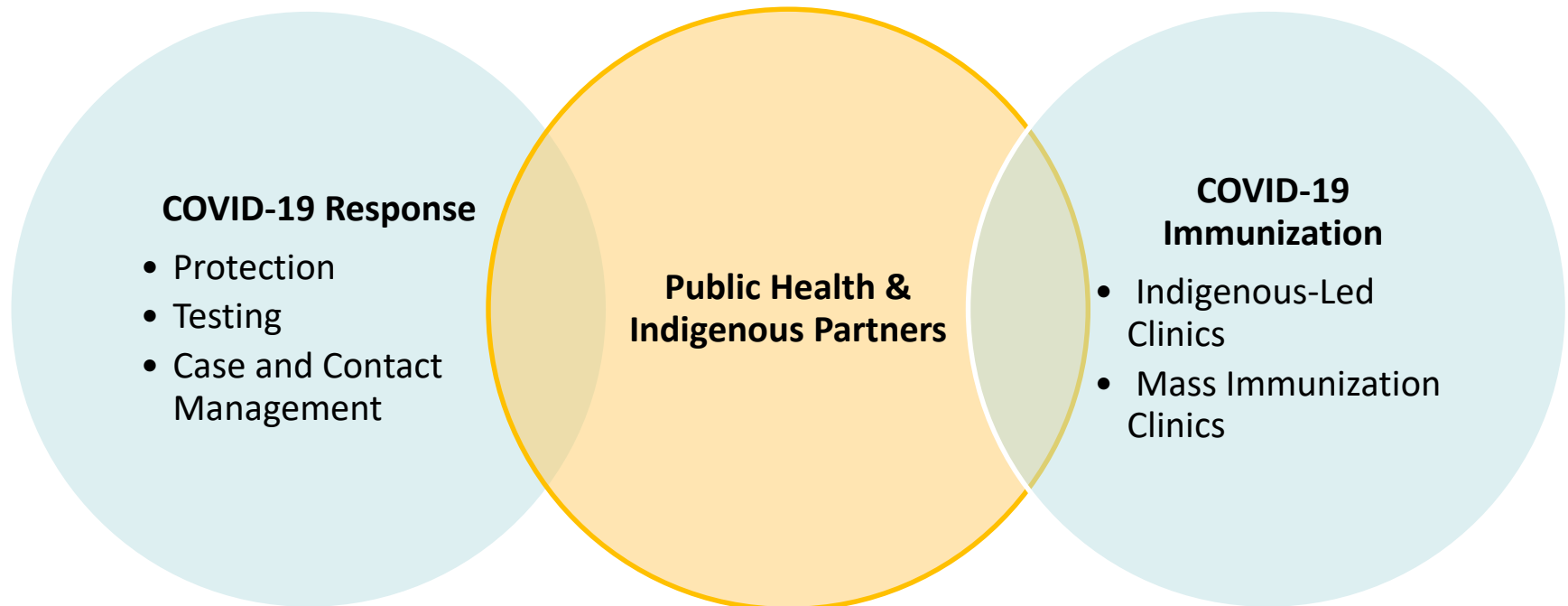


- Government of Canada. (2022). [Indigenous health](#).
- Government of Ontario. (2021). [Ministry of Health](#).
- Government of Ontario. (2021). [Ministry of Indigenous Affairs](#).
- Maamwesying North Shore Community Health Services Inc. (2018). [Maamwesying North Shore Community Health Services: About us](#).
- Metis Nation of Ontario. (2022). [Healing & wellness](#).
- Mushkegowuk Council. (2012). [About](#).
- The Baawaating Family Health Team. (2019). [The Baawaating Family Team Team](#).
- Tungasuvvingat Inuit. (2020). [About TI](#).



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Working Together During COVID-19



Note: This presentation provides a high-level snapshot of our work together during COVID-19. However, each community's approach to COVID-19 has been different and aligned with community needs, preferences, and resources. No community is exactly alike – each is diverse and unique.

COVID-19 Response: Protection and Testing

- First Nations communities developed pandemic plans
- First Nations Chief and Councils **implemented measures to mitigate risk** at the community-level (e.g., lockdowns or slowed re-opening, facility closures, etc.)
- First Nations communities and Urban Indigenous partners conducted **COVID-19 testing**, with the knowledge sharing support of Maamwesying, Sault Area Hospital, and public health
- Partners collectively developed a **positive test reporting form** for communication of cases

Test Reporting Form for COVID-19 Positive

This form is for reporting a COVID-19 positive in those from First Nation, Métis, and Inuit communities, and/or in those who work, live, or volunteer in a highest-risk setting. Please complete and fax to Infectious Diseases Program at 705-541-7309.

Type of Test: ☐ RAT ☐ IDNow ☐ PCR ☐ Other: _____

If a printed result is available, please attach to this form.

Patient Name:	Ontario Health Card:
DOB:	First Nation Community:
Address:	Patient Lives: <input type="checkbox"/> In the First Nation Community (APH fax PHU#) <input type="checkbox"/> Outside of the First Nation Community.
Telephone:	
Date Tested:	Time Tested:
Test Result:	Client Notified of Result: <input type="checkbox"/> Yes <input type="checkbox"/> No
Client sent for PCR testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	COVID Vaccine Doses: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four
Test completed by (name/designation/phone #):	

REASON FOR TESTING:

☐ Symptomatic/asymptomatic person from a First Nation, Métis or Inuit Community or individual traveling to community for work. ☐ High-risk contact. ☐ Surveillance. ☐ Test-to-work. ☐ Other: _____

EXPOSURE RISK:

☐ Travel to _____ from _____ to _____

☐ Close contact with a lab confirmed case of COVID-19.

☐ Close contact with a symptomatic individual with risks, describe: _____

LIVES/WORKS IN A HIGHEST-RISK SETTING (If Applicable, APH will follow-up with case if linked to HR setting):

☐ Retirement home. ☐ Long-term care home. ☐ Elder care lodge. ☐ Hospice. ☐ Home care agency. ☐ Hospital. ☐ Paramedic. ☐ Congregate living settings (e.g. shelter, group home, correctional facility).

Name of facility: _____ Address: _____

SYMPTOMS (If Applicable): Onset date: _____

☐ Fever (over 38 degrees Celsius)

☐ Onset of cough or exacerbation of chronic cough

☐ Shortness of breath

☐ Difficulty breathing

☐ Sore throat

☐ Difficulty swallowing

☐ Decrease or loss of taste or smell

☐ Chills

☐ Other symptoms and clinical history, specify: _____

Date the patient last felt well or asymptomatic: _____

☐ Headache

☐ Unexplained fatigue

☐ Body aches

☐ Nausea/vomiting

☐ Diarrhea/abdominal pain

☐ Pink eye

☐ Runny nose/nasal congestion without other known cause

Has case management been completed by the Community Health Nurse?

☐ YES. If retesting yes, please confirm if the following are done. ☐ All form sections are filled. ☐ Client aware of result. ☐ Guidance on case self-isolation and public health measures provided. ☐ Guidance for notification of household members and close contacts provided.

☐ NO. Select those that apply. ☐ Case management required. ☐ Case lost to follow-up (i.e., unable to contact client after 24 attempts, no contact information, etc.).

Is additional Algoma Public Health follow-up required? **APH FOLLOW-UP COMPLETE (ID Team to Confirm)** ☐ Yes ☐ No

Note: APH will enter all results into CCM and report to PHU#B. If follow-up is requested below, an ID PHU# will report back to CHN.

☐ YES. If retesting yes, please select the support needed. ☐ Case management required. ☐ Case management for client and highest-risk setting follow-up is required. ☐ I have questions about this case.

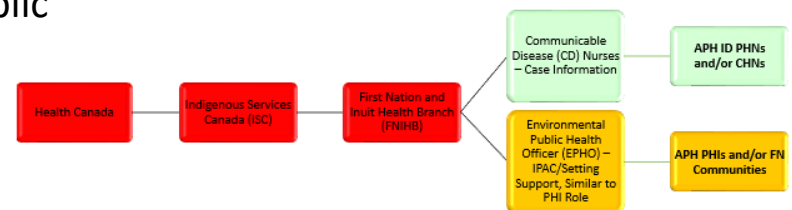
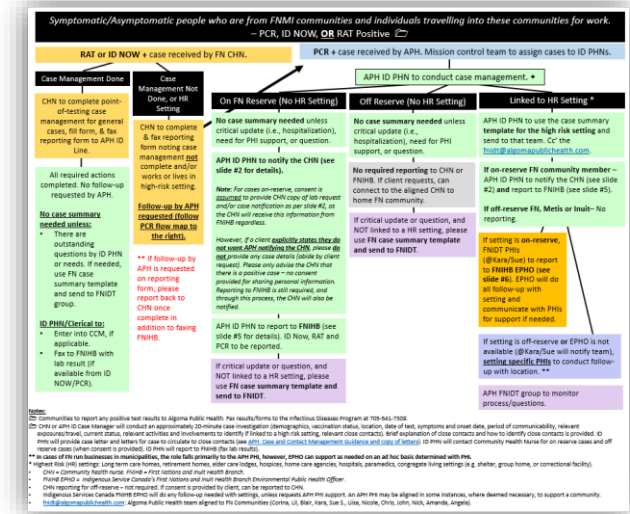
☐ NO. Case management is complete and no other follow-up is required. Case is not linked to a highest risk setting.

Comment/Case Status Note[s]: _____

To contact the APH ID Team: Call Monday-Sunday 830am-430pm: 705-942-4646 ext. 3274. Afterhours: 705-254-6611

COVID-19 Response: Case Management

- Indigenous Peoples remained a priority population, and cases have been kept locally for follow-up
- Case and contact management shifted to **align with the needs and capacity** of each First Nation community and public health
- Public health staff and First Nations Community Health Nurses **worked closely**
- A **comprehensive case management process** was developed with First Nation communities, local public health, and the First Nation & Inuit Health Branch



COVID-19 Vaccine Clinics

1. Indigenous-led and public health supported clinics

- First Nations Community Clinics
 - Indian Friendship Centre Clinic
 - Baawaating Family Health Team
- Partners supported vaccination of all community members aged 5+ and those most vulnerable
 - APH maintained a Public Health Nurse aligned to each community for support

*Indian Friendship Centre,
Algoma Public Health, &
Maamwesying COVID-19
Vaccine Clinic*



248 Indigenous-led COVID-19 vaccine clinics* were hosted from January 1, 2021 to January 31, 2022, with **over 14,000 doses** administered!

* Indigenous-led clinics include clinics led by Indigenous partners with the support of public health, where **10 or more doses were administered** between January 1, 2021 to January 31, 2022. Indigenous-led clinics included: Batchewana First Nation – Batchewana Elder Complex, Garden River Wellness Centre, Kenabutch Health Centre, Maamwesying Northern Clinic (Wawa), Mississauga First Nation – Red Pine Lodge, Rankin Arena, Serpent River First Nation – Geka Wigwam, Baawaating Family Health Team, Indian Friendship Centre, Mississauga Dreamcatcher Complex, and Thessalon First Nation Health Clinic.

• **Photos:** Hopkin, J. (2021, March 11). [Elders, caregivers roll up their sleeves for COVID-19 vaccine at Sault Ste. Marie Indian Friendship Centre.](#) *SooToday*.



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COVID-19 Vaccine Clinics

2. Mass Immunization Clinics across Algoma

- Métis, First Nations, and Urban Indigenous partners involved in clinic planning for GFL
- Opening ceremony held on-site at GFL for clinics across Algoma
- Series of posters created by Métis Nation of Ontario
- First Nations health care workers helped staff MICs across Algoma

Urban Indigenous Population 55+ and Immediate Household Members

COVID-19 Vaccination for Sault Ste. Marie and Area

There will be two clinic locations that will provide access to the COVID-19 vaccine for the urban indigenous population in Sault Ste. Marie and area. Target population for both clinics include: 55+ First Nation, Métis, Inuit individuals and their immediate household members.

Please choose an option to get immunized that best fits in your schedule.

1 COVID-19 Community Vaccine Hub GFL Memorial Gardens

Online: www.algomapublichealth.com/vaccineclinics

Call to book an appointment:
705-541-2332 or Toll-Free 1-800-469-2449
*phone line and website will only be available when clinics are announced.


2 Sault Ste. Marie Indian Friendship Centre and Maamwesying North Shore Community Health Services COVID-19 Vaccine Clinics:

By appointment only.

To be placed on the list please call: 705-256-5634.

Once you are on our list, you will receive a follow-up call to complete your consent and book your appointment as vaccines become available.

Location: 122 East Street- Sault Ste. Marie Indian Friendship Centre





Métis Nation Vaccination Clinic

This COVID-19 Vaccination Clinic is being hosted in the spirit of partnership between Algoma Public Health and the Métis Nation of Ontario

This space is supportive and inclusive of Métis citizens and their culture and historical perspectives

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 **Métis Nation of Ontario**



How did we work together during COVID-19?

Four actions that supported our approach to Indigenous partner-led collaboration through COVID-19 included:

1. The integration of local community context
2. Timely, transparent, and ongoing communication
3. Regular opportunities to gather and engage at all levels
4. Mutual support for expanding and building capacity



Respect

Trust

Self-Determination

Commitment



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1. Integration of Local Community Context

Followed the lead of communities, based on level of support needed or preferred.

- Engaged Indigenous partners early in vaccine planning
- Assessed communities' needs, preferences, and strengths
- Used a tailored approach to ensure Indigenous Peoples remained a priority population
- Redefined roles and responsibilities
- Facilitated knowledge sharing

In-Action Examples:

- Based on First Nation preference, First Nation communities were onboarded with COVax for COVID-19 vaccine documentation
- First Nation communities determined the meaning of highest risk and prioritization for COVID-19 vaccine distribution in their respective communities



Respect

Trust

Self-Determination



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2. Timely and Transparent Communication

- New guidance and directions
- Upfront and honest communication about expectations, intentions, resources and limitations
- Open sharing of community needs, preferences, and challenges as they arose
- Ongoing and non-time limited communication, even during the busiest surges of COVID-19

“At the core of trust is communication.”

- Indigenous Primary Health Care Council



Trust

Respect



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2. Timely and Transparent Communication

In-Action Examples Among Partners:

- Weekly to daily e-mail send outs to all partners with updates
- Community sharing of tools for forecasting resource supply and use
- Collective development of a reporting form for COVID-19 test results
- Collective development of a shared case management process map
- All readily available by phone or e-mail for questions and knowledge sharing

“Emails really helpful. Responds to questions promptly, and brings forward First Nation concerns to Dr. Loo. Takes calls at all times. APH has been and continues to be supportive beyond words.”

– Pandemic Planning Partner Response



Trust

Respect

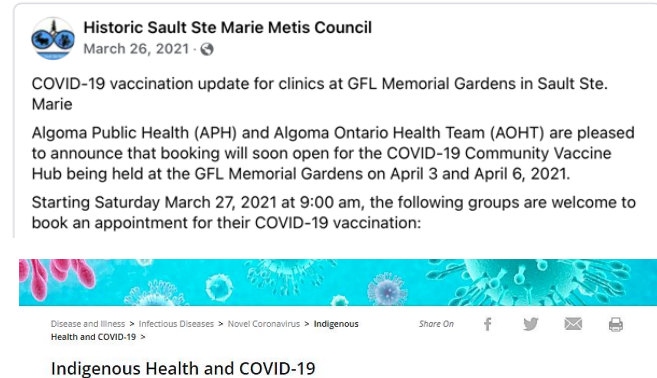
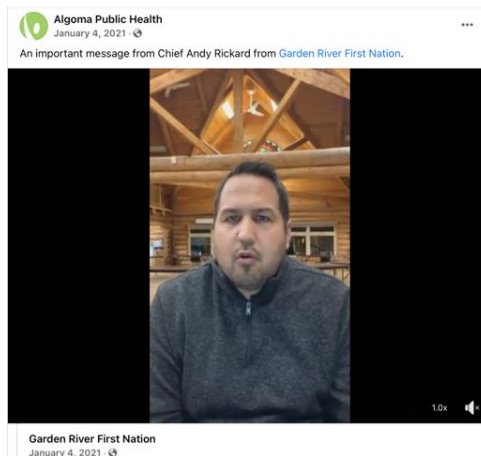


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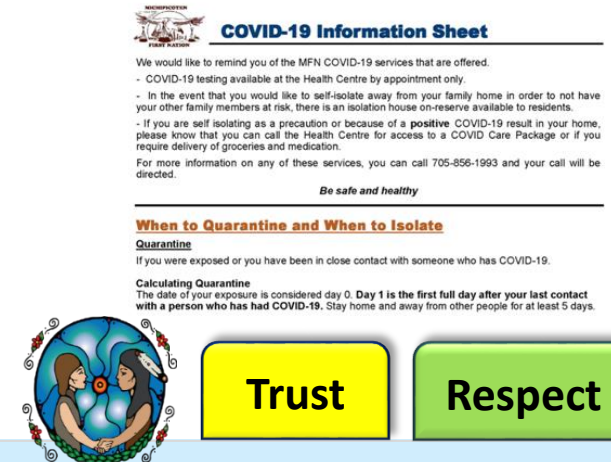
2. Timely and Transparent Communication

In-Action Examples Among Communities:

- Developed key messages and resources
- Shared resources for COVID-19, to be adapted and amplified
- Created an Indigenous Health & COVID-19 webpage with culture-based resources



Algoma Public Health is located within the territories of 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.



3. Opportunities to Gather and Engage at all Levels

In Action Examples:

- Weekly to biweekly **Maamwesying-led** Task Group and Sub-Working Group meetings with aligned First Nations
 - **Over 30** Maamwesying Task Group meetings were held from January 2021 - January 2022.
- Weekly to biweekly APH-led vaccine planning partner sub-region meetings
 - **Over 150** sub-region meetings were held from January 2021- January 2022.
- As-needed 1:1 meetings with communities and APH team members

“Maamwesying meetings have been crucial. This forum is vital.”

– Pandemic Planning Partner Response

“Appreciate Dr. Loo being present. Top voice from APH is meaningful. Affirms everyone needs to be in the know.”

– Pandemic Planning Partner Response



Trust

Commitment



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4. Mutual Support for Expanding Capacity

- Sharing of staff and resources, as needed
- Sharing of knowledge and experience
- Provision of client supports by Indigenous partners (e.g., isolation kits, essential goods)

In Action Examples:

- First Nation communities provided **community-community support** to minimize vaccine wastage, and **community-APH support** for staffing mass immunization clinics
- Several First Nation communities took leading roles in case and contact management during the Fall 2021 surge



Trust

Self-Determination

Commitment



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Challenges and Lessons Learned

The 8 main challenges and lessons learned focused on the importance of:

1. Communication
2. Coordination
3. Shared pandemic plans
4. Mutual support for sustaining health sector capacity
5. Prioritization of local needs and preferences
6. Routine 1:1 connection between public health and each First Nation community
7. Information synthesis
8. Peer-to-peer support

National Day for Truth and Reconciliation



Meaning of Orange Shirt Day

In June 2021, the federal government passed legislation to make **Orange Shirt Day**, which takes place on September 30th, a **National Day for Truth and Reconciliation**. This day provides all Canadians an opportunity to recognize and commemorate the legacy of residential schools.

All Canadians are encouraged to partake in quiet reflection or a community event to recognize and learn about the on-going effects of colonization and residential schools.

On Orange Shirt Day, we recognize the 150,000 Indigenous children who endured the residential schooling system, impacts on their families, and trauma from the residential schooling system that continues to be felt today.

Taking Action Together

On September 30th, wear an orange item of clothing in the spirit of Reconciliation and to stand in solidarity with Survivors and all those impacted by residential schools.



This year, Algoma Public Health purchased orange shirts from The Family Tree (Garden River) for all staff and Board of Health members.

All Board of Health and staff members are welcome to pick-up their orange shirt at the office on Tuesday, September 28th or afterwards.

Shirts have been delivered to the district offices for pick-up. In Sault Ste. Marie, shirts can be picked-up from Stores.

Upon picking up your Orange Shirt, please consider completing an **Orange Shirt Day Pledge** to share how you commit to the shared goal of Reconciliation.

Make a Pledge Here:

<https://ohimkt.com/OrangeShirtDayPledge>

All pledges will be collected anonymously over the next few weeks and shared in a word map with staff.



The Role of Public Health in Reconciliation

Relationships are the foundation of successful collaboration between public health and Indigenous communities to achieve and maintain good health for all. The **Truth and Reconciliation Commission** of Canada defines Reconciliation as "...an ongoing process of establishing and maintaining respectful relationships."

The findings and **Calls to Action from the Truth and Reconciliation Commission** have prompted agencies, such as the **Ontario Public Health Association** to encourage Boards of Health and public health staff to form a deeper understanding of Indigenous history and culture, and prioritize cultural competency training. The **Relationship with Indigenous Communities Guideline, 2018** emphasizes the importance of engaging with



Indigenous Engagement Working Group Newsletter



Last Month's Top 3 Highlights: Reflect & Revisit

- **Reflect on the [Algoma Public Health Land Acknowledgement](#)**, learn from FAQs, and find meaningful ways to integrate it into meetings or your daily work routine.
- **Revisit the Orange Shirt Day pledge** – it is still open! Although Orange Shirt Day has passed, it is important that we continue learning about the impact of colonization and residential schools, and maintain commitment to Truth and Reconciliation. Consider sharing how you commit to the shared goal of Reconciliation. Click [HERE](#) to make a pledge. A word map will be shared in the next newsletter.
- **Revisit the [Relationship with Indigenous Communities Guideline, 2018](#)**. This document emphasizes the importance of engaging with Indigenous communities to foster meaningful relationships and collaborative partnerships to work towards decreasing health inequities. It also provides the fundamentals to form meaningful relationships that come from a place of Trust, Mutual Respect, Understanding, and Reciprocity.

Staff Spotlights: Reflections & Actions

Reflection by Cheri Beletto, Clerical, Elliot Lake Office:

This year, it made my heart so happy to see so many people wearing orange shirts. It hits home for me in a different way than some. I have two sons that are Ojibway as well as a grandson (5 yrs. old). I look at my grandson and think: he could have been taken from us at this age to attend the residential school. I cannot imagine what my children or grandson would have endured and just the fact of not seeing them grow and learn for myself is heartbreaking to think about.

The children of residential schools mattered. Their lives matter. A lot of kids never made it home. We need to continue to honour their lives and keep the conversation going to prevent this type of cultural genocide from ever happening again. We're still seeing the negative impact and the longstanding effect of the schools and I really hope someday we can see the cycle of the trauma end.

The Blind River Office acknowledged Orange Shirt Day, together!



Monthly Indigenous Awareness Day

October 4th was the **National Day of Action for Missing and Murdered Indigenous Women and Girls (MMIWG)**.



On the National Day of Action for MMIWG, we honour the lives of missing and murdered Indigenous women, girls, and gender diverse peoples by creating change and committing to ending the violence that disproportionately affects Indigenous communities.¹ This day honours the lives and legacies of the victims and survivors, the women, girls and 2SLGBTQ+ loved ones impacted by this tragic and on-going violence.² We also show support for grieving families who have lost a loved one in their family or community.¹

On October 4th, vigils were held across Ontario to raise awareness, reflect on the tragedy that continues to impact many communities, foster a space of healing and support for families, and stand in solidarity with Indigenous peoples.²

New Related Resource!

In May 2021, the Ontario Government announced a strategy in response to the **[Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#)** conducted from 2016-2019.

1. Ontario Government (OHT) [Ontario media the National Day of Action for Missing and Murdered Indigenous Women and Girls](#)
2. [Missing and Murdered Indigenous Women, Girls and 2SLGBTQ+ people](#)

Our work as a partner.
Our commitment to the shared goal of Reconciliation.



Building Internal Capacity and Cultural Awareness

- 3 Indigenous Engagement Working Group Meetings
- 2 Indigenous Engagement Awareness Newsletters
- 10 Reflective Practice Sessions led by Ingrid Ekomiak and 1 Debrief Session
- Agency-wide recognition of July 1st with the recovery of children's remains and unmarked graves
- Revision and renewal of our Land Acknowledgement on September 22nd
- Agency-wide recognition of Orange Shirt Day on September 30th

Algoma Public Health
July 1, 2021 - 🌐

July 1, 2021 is going to be different.

With the continued recovery of children's remains and unmarked graves at former residential school sites across Canada, we as a country, need to acknowledge the continued colonial impacts on First Nations, Métis and Inuit individuals, families, and communities. We all need to take action to address the Truth and Reconciliation Calls to Action together.

This Canada Day, we encourage everyone to listen to the calling of Chief Cadmus Delorme of Cowessess First Nation to review the Calls to Actions in the Final Report of the Truth and Reconciliation Commission of Canada and the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.

All people living in Canada must stand together with mutual respect and reflect on what we need to do to create a country where all children, including Indigenous children, can grow up healthy, happy, safe, and proud of who they are.

📺 Chief Cadmus Delorme of Cowessess First Nation
<https://www.youtube.com/watch?v=wstQUMi8kYo>

📄 Final Report of the Truth and Reconciliation Commission of Canada
<http://www.trc.ca/about-us/trc-findings.html>

📄 Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls
<https://www.mniwg-ffada.ca/final-report/>



Land Acknowledgement

We acknowledge the land on which we are gathered is in the traditional territories of the Anishnaabeg (aw-nish-naw-bek).

Algoma Public Health delivers services and programs within some of the Robinson-Huron Treaty, Robinson-Superior Treaty, and Treaty 9 territories, specifically within the traditional territories of the Michipicoten, Missanabie-Cree, Batchewana, Garden River, Thessalon, Mississauga, Serpent River, and Sagamok First Nations.

Algoma Public Health also delivers services and programs within the traditional territory of the Huron-Superior Regional Métis Community, represented by the Historic Sault Ste. Marie Métis Council and the North Channel Métis Council as part of the Métis Nation of Ontario.

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 commit to the shared goal of Reconciliation.



Respect



Algoma
PUBLIC HEALTH
Santé publique Algoma

Shared Next Steps

- Reflect, assess, and **strengthen our relationships** and partnerships
- Identify ways to sustain meaningful and resilient partnerships beyond COVID-19
- Explore community needs and shared priorities for program-level action with Indigenous partners
- Renew service agreements and **commit to further opportunities for *working together***
- Share knowledge and learn from Indigenous partners to develop culturally-safe ways to support community health and wellbeing
- Build internal capacity and understanding of Indigenous history, presence, and rights to work towards true Reconciliation

Our path forward starts with...



**Our stories.
Our reflections.
Our continued commitment.**



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Chi-miigwech. Maarsii. Naqumik. Thank you.



Algoma
PUBLIC HEALTH
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February 23, 2022

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

Throughout February 2022, APH has continued to respond to the Omicron wave in Algoma communities. At the time of writing, APH teams are supporting the management of over 600 active cases in high risk settings, as well as outbreaks in seven high risk institutional settings. Monitoring of absenteeism in child care and school settings continues, as does the support of these settings and other workplaces from an infection prevention and control standpoint.

With the provincial announcement of further loosening of restrictions beginning February 17, 2022, as well as the ending of proof of vaccine requirements as early as March 1, 2022, APH continues to support local businesses and community organizations to keep any remaining preventive measures in place, such as masking, screening and staying home when ill. At the time of writing, Algoma pandemic indicators such as incidence, percent positivity, and rates of hospital and ICU admissions have stabilized but are not yet experiencing the rapid declines observed in southern Ontario. As such, ongoing use of preventive measures and a gradual, cautious approach to reopening will be needed locally, during what is still a time period of high community transmission, to avoid a resurgence of cases that stresses local health care capacity and to continue to protect our most vulnerable community members.

COVID-19 Immunization Update

As of February 17, 2022, 255,515 total doses of COVID-19 vaccine have been administered to Algoma residents. Of all eligible Algoma residents aged 5 years or over, over 88% have received at least one dose of a COVID-19 vaccine, and over 84% have received two doses. Furthermore, of all eligible adults 18+ in Algoma, about 60% have received a 3rd booster dose. When considering the total Algoma population, 80%, or over 95,000 residents, have received at least two, if not three doses of vaccine and are well-protected from severe disease from COVID-19, including from the Omicron variant. About 18,000 Algoma residents remain unimmunized with any dose of COVID-19 vaccine, of which about 13,000 are currently eligible for immunization based on age.

APH and community immunization partners have continued to provide third dose boosters to all eligible adults 18 and over, first and second doses to children aged 5 to 11 years, and are actively preparing to provide third dose boosters to youth aged 12-17, who have just become eligible for the booster on February 18, 2022. At the time of writing, 59% of Algoma children aged 5 to 11 have received at least one dose of COVID-19 vaccine, and 80% of Algoma youth aged 12-17 have received two doses.

Finance and Audit Committee

Chair's Report February 2022

At the February 9, 2022, the Committee reviewed the unaudited Financial Statements ending December 31, 2021, and recommends their approval to the Board.

The Committee also reviewed the Finance and Audit Committee's Terms of Reference as required for the first meeting. No changes were proposed.

The yearly end-of-year audit is proceeding, and information will be given to the Board when it is concluded.

Discussion topics included:

- the APH Finance department responsibility flow-chart,
- an organized review of fee schedules for the organization as a whole, but specifically the By-law 06-01 Sewage Systems,
- and a review of potential deadlines/renewals for contracts or items that may need to be addressed this year due to recent changes to the organization. Committee members will bring forward items to be reviewed for the April meeting.

Full minutes will be available once approved by the Committee.

Next meeting is Wednesday, April 13, 2022.

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

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Algoma Public Health
Statement of Operations
December 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	\$ 3,808,379	\$ 3,808,378	\$ 1	\$ 3,808,378	0%	100%
Provincial Grants - Cost Shared Funding	8,713,103	8,708,100	5,003	8,708,100	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	5,459,363	5,409,386	49,977	5,409,386	1%	101%
Provincial Grants - Mitigation Funding	1,037,800	1,037,800	-	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	444,805	418,330	26,475	418,330	6%	106%
Total Public Health Revenue	\$ 19,463,450	\$ 19,381,994	\$ 81,456	\$ 19,381,994	0%	100%
Expenditures						
Public Health Cost Shared	\$ 16,438,120	\$ 17,561,208	\$ 1,123,088	\$ 17,561,209	-6%	94%
Public Health 100% Prov. Funded Programs	1,755,007	1,820,786	65,779	1,820,786	-4%	96%
Total Public Health Programs Expenditures	\$ 18,193,127	\$ 19,381,994	\$ 1,188,867	\$ 19,381,995	-6%	94%
Total Rev. over Exp. Public Health	\$ 1,270,322	\$ 0	\$ 1,270,322	\$ 0		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 801,011	801,011	-	1,068,011	0%	100%
Expenditures	765,005	801,558	(36,553)	1,068,011	-5%	95%
Excess of Rev. over Exp.	36,006	(547)	36,553	-		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 1,243,198	1,370,119	126,921	1,883,241	-9%	91%
Expenditures	854,847	979,287	(124,440)	1,883,241	-13%	87%
Excess of Rev. over Fiscal Funded	388,351	390,832	(2,481)	-		

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	\$ 1,541,590	\$ 1,544,809	\$ (3,219)	\$ 2,059,744	0%	100%
Municipal, Federal, and Other Funding	114,447	85,835	28,612	114,447	33%	133%
Other Bill for Service Programs	0	0	-	-		
Total Community Health Revenue	\$ 1,656,037	\$ 1,630,644	\$ 25,393	\$ 2,174,191	2%	102%
Expenditures						
Brighter Futures for Children	88,602	85,835	(2,767)	114,447	3%	103%
Infant Development	463,099	483,763	20,664	644,317	-4%	96%
Preschool Speech and Languages	408,423	491,524	83,101	733,971	-17%	83%
Nurse Practitioner	124,088	122,115	(1,973)	162,153	2%	102%
Stay on Your Feet	28,193	75,000	46,807	100,000	-62%	38%
Rent Supplements CMH	265,061	314,477	49,416	419,303	-16%	84%
Bill for Service Programs	10,554	0	(10,554)	(0)		
Misc Fiscal	-	-	-	-	#DIV/0!	#DIV/0!
Total Fiscal Community Health Programs	\$ 1,388,020	\$ 1,572,714	\$ 184,694	\$ 2,174,191	-12%	88%
Total Rev. over Exp. Fiscal Community Health	\$ 268,018	\$ 57,930	\$ 210,087	\$ -		

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 Twelve Months Ending December 31, 2021

(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Bgt. to Act. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ Annual Budget 2021	Comparison Prior Year:		
							YTD Actual 2020	YTD BGT 2020	Variance 2020
Levies Sault Ste Marie	2,683,388	2,683,388	0	2,683,388	0%	100%	2,507,837	2,507,837	0
Levies District	1,124,992	1,124,992	0	1,124,992	0%	100%	1,051,395	1,051,395	0
Total Levies	3,808,380	3,808,380	0	3,808,380	0%	100%	3,559,232	3,559,232	0
MOH Public Health Funding	8,712,804	8,708,100	4,704	8,708,100	0%	100%	6,747,005	6,307,085	439,920
MOH Funding Needle Exchange	0	0	0	0	0%	0%	(4,633)	64,700	(69,333)
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	24,600	24,600	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	769,900	769,900	0
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	339,200	180,480	158,720
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	30,375	121,512	(91,137)
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	15,500	15,500	(0)
MOH Funding Infection Control	0	0	0	0	0%	0%	178,135	312,408	(134,273)
MOH Funding Diabetes	0	0	0	0	0%	0%	105,000	150,000	(45,000)
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	303,520	433,600	(130,080)
MOH Funding Harm Reduction	0	0	0	0	0%	0%	150,000	150,000	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	27,175	108,700	(81,525)
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	17,400	69,600	(52,200)
Total Public Health Cost Shared Funding	8,712,804	8,708,100	4,704	8,708,100	0%	100%	8,703,177	8,708,085	(4,908)
MOH Funding - MOH / AMOH Top Up	209,017	152,086	56,931	152,086	37%	137%	156,890	152,086	4,804
MOH Funding Northern Ontario Fruits & Veg.	117,400	117,400	0	117,400	0%	100%	117,400	117,400	0
MOH Funding Unorganized	530,400	530,400	0	530,400	0%	100%	530,400	530,400	0
MOH Senior Dental	922,900	922,900	0	922,900	0%	100%	671,520	697,900	(26,380)
MOH Funding Indigenous Communities	98,000	98,000	0	98,000	0%	100%	98,000	98,000	0
One Time Funding (Pandemic Pay)							143,600	143,600	0
OTF COVID-19 extraordinary costs mass imm	3,588,600	3,588,600	0	3,588,600	0%	100%	310,000	310,000	0
Total Public Health 100% Prov. Funded	5,466,317	5,409,386	56,931	5,409,386	1%	101%	2,027,810	2,049,386	(21,576)
Total Public Health Mitigation Funding	1,037,800	1,037,800	0	1,037,800	0%	100%	1,037,800	1,037,800	0
Recoveries from Programs	28,014	27,530	484	28,010	2%	100%	28,183	27,530	653
Program Fees	110,968	105,800	5,168	105,320	5%	105%	185,890	201,284	(15,394)
Land Control Fees	268,515	160,000	108,515	160,000	68%	168%	206,872	160,000	46,872
Program Fees Immunization	4,875	50,000	(45,125)	45,000	-90%	11%	37,757	115,000	(77,243)
HPV Vaccine Program	2,100	9,500	(7,401)	12,500	-78%	17%	1,768	12,500	(10,732)
Influenza Program	19,485	23,500	(4,015)	25,000	-17%	78%	16,600	25,000	(8,400)
Meningococcal C Program	366	7,000	(6,635)	7,500	-95%	5%	519	7,500	(6,982)
Interest Revenue	14,302	20,000	(5,698)	20,000	-28%	72%	19,997	40,000	(20,003)
Other Revenues	(10,477)	15,000	(25,477)	15,000	-170%	-70%	5,541	32,000	(26,459)
Total Fees and Recoveries	438,148	418,330	19,818	418,330	5%	105%	503,127	620,814	(117,687)
Total Public Health Revenue Annual	19,463,449	19,381,996	81,453	19,381,996	0%	100%	15,831,146	15,975,317	(144,171)
Public Health Fiscal April 2021 - March 2022									
Vaccine Refrigerators	5,558	5,550	8	7,400	0%	75%			
Infection Prevention and Control Hub	651,994	729,602	(77,608)	1,060,000	-11%	62%			
Practicum	14,997	15,001	(4)	20,000	0%	75%			
School Nurses Initiative	524,130	524,125	5	700,000	0%	75%			
Sr Dental Capital Upgrades	46,519	95,841	(49,322)	95,841	-51%	49%			
Total Provincial Grants Fiscal	1,243,198	1,370,119	(126,921)	1,883,241	-10%	66%	0	0	0

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

For Twelve Months Ending December 31, 2021

(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Act. to Bgt. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ Budget 2021	Comparison Prior Year:		
							YTD Actual 2020	YTD BGT 2020	Variance 2020
Salaries & Wages	10,697,575	11,771,802	1,074,226	11,771,802	-9%	91%	\$ 9,523,270	\$ 9,813,034	\$ 289,764
Benefits	2,439,691	2,605,536	165,845	2,605,536	-6%	94%	2,225,203	2,264,828	39,625
Travel	143,484	172,909	29,425	172,909	-17%	83%	103,453	191,000	87,547
Program	1,437,289	1,332,190	(105,099)	1,332,190	8%	108%	642,120	733,713	91,593
Office	62,620	57,040	(5,580)	57,040	10%	110%	46,451	71,200	24,749
Computer Services	819,963	959,676	139,712	959,676	-15%	85%	839,734	872,843	33,109
Telecommunications	365,098	421,200	56,102	421,200	-13%	87%	290,550	300,257	9,707
Program Promotion	88,987	83,035	(5,952)	83,035	7%	107%	39,197	118,068	78,871
Professional Development	35,817	75,500	39,683	75,500	-53%	47%	16,360	135,500	119,140
Facilities Expenses	1,402,213	1,236,365	(165,848)	1,236,365	13%	113%	873,597	842,437	(31,160)
Fees & Insurance	322,148	305,300	(16,848)	305,300	6%	106%	251,994	253,880	1,886
Debt Management	460,854	460,900	46	460,900	0%	100%	460,899	460,900	1
Recoveries	(82,613)	(99,459)	(16,846)	(99,459)	-17%	83%	(135,109)	(82,343)	52,765
	\$ 18,193,127	\$ 19,381,994	\$ 1,188,867	\$ 19,381,994	-6%	94%	\$ 15,177,718	\$ 15,975,317	\$ 797,599

Reporting Period

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

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

APH received the 2021 Amending Agreement from the province identifying the approved funding from the province for 2021 for public health. The Ministry of Health has approved one-time funding to support eligible COVID-19 extraordinary costs in the amount of \$3,588,600 year to date, based on our second quarter Ministry submission of actual and forecasted costs for the 2021 year. They will continue to work with APH to monitor and track more detailed and accurate requirements and spending for COVID-19 through in-year financial reports and make any adjustments to funding, as required. Management has taken the conservative approach and adjusted the 2021 budget to reflect actual approved funding.

As of December 31, 2021, Public Health calendar programs are reporting a \$1,270K positive variance driven by a \$1,189K positive variance in expenditures and a \$81K positive variance in revenues.

Public Health Revenue (see page 2)

Overall, Public Health calendar revenues are reporting a \$81K positive variance to budget. Notable variances contributing to this are as follows:

- \$109K positive variance associated with higher than budgeted land control fees
- \$63K negative variance associated with reduced recoveries and fees collected through our regular immunization programs (non-COVID 19 related)
- \$57K positive variance associated with the MOH/AMOH top up program which is higher than budgeted due to the formal appointment of our MOH and addition of new AMOH

Algoma Public Health has formally been approved for an additional \$225K in one time funding for the Ontario Senior Dental program for the 2021-2022 year to aid in ongoing expenses required for denture services in our aging population. The Senior Dental program 2021-2022 budget has been updated to reflect these dollars.

Mitigation funding from the province will continue for the 2022-2023 fiscal year.

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

Public Health Expenses (see page 3)

Salary & Wages

There is a \$1,074K positive variance associated with Salary & Wages driven by position vacancies throughout the year.

Benefits

There is a \$166K positive variance associated with Benefits, also tied to position vacancies.

Travel

There is a \$29K 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.

Programs

There is a \$105K negative variance associated with Programs. Largely driven by supplies, purchased services and third party professional service fees for ongoing requirements in the COVID 19 Mass Immunization program.

Computer Services

There is a \$140K positive variance associated with computer services. This is due to delayed hiring of IT support staff and software implementation.

Professional Development

There is a \$40K positive variance for Professional Development. At this time there has been limited spending for professional development, as staff availability is extremely tight and limited opportunities for professional development due to COVID-19.

Facilities Expense

There is a \$166K negative variance associated with facilities expenses which is driven by increased janitorial and security requirements associated with COVID 19 response and needs.

Program Recoveries

There is a \$17K negative variance associated with program recoveries which is driven by costs we normally would recoup from several community mental health programs which were removed in early 2021.

COVID-19 Expenses***COVID-19 Response***

This program includes case and contact management as well as supporting the information phone lines. December YTD expenses were \$5.1M. The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances would be working in their assigned public health programs.

COVID-19 Mass Immunization

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. December YTD expenses were \$4.1M.

Financial Position - Balance Sheet (see page 6)

APH's liquidity position continues to be stable and the bank has been reconciled as of December 31, 2021. Cash includes \$1.40M in short-term investments. Further funding associated with COVID 19 extraordinary expenses will be provided and will be determined based on Q3 & Q4 forecasted submissions to the province.

Long-term debt of \$4.47 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. \$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 December 2021	December 2021	December 2020
Assets		
Current		
Cash & Investments	\$ 6,326,974	\$ 3,906,995
Accounts Receivable	516,091	935,870
Receivable from Municipalities	114,469	69,618
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	<u>6,957,534</u>	<u>4,912,483</u>
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	2,145,844	1,660,232
Payable to Gov't of Ont/Municipalities	377,079	1,673,441
Deferred Revenue	550,066	286,418
Employee Future Benefit Obligations	3,117,450	3,117,450
Term Loan	4,466,918	4,466,918
<i>Subtotal Current Liabilities</i>	<u>10,657,356</u>	<u>11,204,458</u>
Net Debt	(3,699,822)	(6,291,975)
Non-Financial Assets:		
Building	22,867,230	22,867,230
Furniture & Fixtures	1,998,117	1,998,117
Leasehold Improvements	1,572,807	1,572,807
IT	3,252,107	3,252,107
Automobile	40,113	40,113
Accumulated Depreciation	-11,199,609	(11,199,609)
<i>Subtotal Non-Financial Assets</i>	<u>18,530,764</u>	<u>18,530,764</u>
Accumulated Surplus	<u><u>14,830,942</u></u>	<u><u>12,238,789</u></u>

February 11, 2022

The Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@ontario.ca

Re: Enhancing Uptake of Third COVID-19 Vaccine Doses and the Proof of Vaccination Record

Dear Minister Elliott:

At its meeting on February 9, 2022, the Board of Health for Peterborough Public Health (PPH) resolved to write to you regarding opportunities to improve uptake of third doses and consideration of updating Proof of Vaccination requirement to include third doses for those eligible.

There is increasing evidence that immunity can wane over time and that a third, or booster dose of the COVID-19 vaccine provides greater protection against severe outcomes due to COVID-19. This has led to all levels of government recommending a third, or booster dose to help restore and maintain protection against severe illness, complication or death due to COVID-19.¹ In Ontario, residents aged 18 and over are eligible to receive a third, or booster dose of the COVID-19 vaccine. Vaccination provides greater protection against severe illness and complications from COVID-19 and reduces the risk of hospitalization and strain on the health care system.

Evidence from IC-ES in Ontario has demonstrated increased vaccine effectiveness against symptomatic Omicron infection from no protection greater than 180 days after two doses, to 61% after a third dose.² This enhanced protection against infection provides evidence that third doses would be impactful in the prevention of community transmission and protect people from transmission of COVID-19 in non-essential settings where proof of vaccination is required.

In Peterborough and across the province, administration rates of third doses of COVID vaccine have slowed substantially and as of February 3, 2022, provincial coverage sits at 54.2%.³ During the second last week of December, 2021, in Ontario, more than a million doses were administered however this had decreased to 335,753 doses during the fourth week of January, 2022.⁴ Last week, there was only a 2.1% increase in 3rd vaccination rates from the previous week.⁵

Rates of vaccination amongst the most vulnerable groups, including those over the age of 50, have not yet attained rates achieved for second doses. In the PPH region they range from about 34% among those 18-29 and 82% among those 70 years and older.

Every effort should be made to continue to increase third, or booster dose coverage among the eligible population. These strategies include continued work to make vaccination more equitable and accessible by providing vaccination in convenient locations and through walk-in modalities. Additionally, as more vaccine becomes available supporting the choice of vaccination for individuals may improve uptake.

Recent experiences, both in Ontario and in other jurisdictions, have shown that vaccine policies, including proof of vaccination requirements, lead to higher vaccine uptake and therefore higher vaccination coverage overall. Requiring a 3rd dose for a valid proof of vaccination to access non-essential services is one of the most important policy levers that has been proven to work and should be pursued to continue to improve vaccine uptake and protect our communities.

We sincerely thank you for the consideration and your continued support in our vaccination rollout strategies.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

¹ https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_third_dose_recommendations.pdf

² Buchans, S. et al. Effectiveness of COVID-19 vaccines against Omicron or Delta symptomatic infection and severe outcomes. Accessed on February 3, 2022: <https://www.medrxiv.org/content/10.1101/2021.12.30.21268565v2>.

³ <https://covid19-sciencetable.ca/ontario-dashboard/>. Accessed February 3, 2022.

⁴ <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=vaccine>

⁵ <https://covid19-sciencetable.ca/ontario-dashboard/> Accessed on February 3, 2022.

From: [allhealthunits](#) on behalf of [Loretta Ryan](#)
To: [All Health Units](#)
Cc: [Board@lists.alphaweb.org](#)
Subject: [allhealthunits] alPha Information Break - February 2022
Date: Wednesday, February 16, 2022 2:53:08 PM
Attachments: [image003.png](#)
[image004.png](#)

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PLEASE ROUTE TO:

All Board of Health Members

All Members of Regional Health & Social Service Committees

All Senior Public Health Managers



February 16th, 2022

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

Winter Symposium and Section Meetings

Public Health Resilience - Friday, February 25th, 2022

Have you registered yet for the **Association of Local Public Health Agencies (alPHA) Winter Symposium, Public Health Resilience** that is taking place on February 25th?

We have an exciting line-up of speakers for this online event that includes the Hon. Christine Elliott (Deputy Premier and Minister of Health), Jamie McGarvey (President, AMO), Dr. Theresa Tam, (Chief Public Health Officer of Canada), Dr. Kieran Moore (Chief Medical Officer of Health), Colleen Geiger (President and CEO (acting), Public Health Ontario), Dr. Brian Schwartz (Vice President, Public Health Ontario), Dr. Christopher Simpson (Executive Vice-President, Medical, Ontario Health), Dr. Sara Allin (Associate Professor, DLSPH) and more.

Please visit [www.alphaweb.org](#) and click on the symposium banner or [click here](#) for direct access to registration, the latest program information, and other materials. **The closing date to register is Friday, February 18th at 5 pm.** Please note you must be an alPha member to participate in the Symposium or Section meetings. Refunds will not be processed after February 18th.

alPha would like to thank the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous support.

COVID-19 Update

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

[Visit the Ministry of Health's page on guidance for the health sector](#)
[View the Ministry's website on the status of COVID-19 cases](#)
[Go to Public Health Ontario's COVID-19 website](#)
[Visit the Public Health Agency of Canada's COVID-19 website](#)
[alPha's recent COVID-19 related submissions can be found here](#)

alPHA Representatives in Action!

Thank you to Dr. Charles Gardner for speaking on behalf of alPha's Council of Ontario Medical Officers of Health and participating in a series of CBC radio interviews on the morning of February 15th with stations in Sudbury, London, Thunder Bay, Windsor, Kitchener and *Ontario Morning* (Muskoka, Barrie, Peterborough, Kingston) regarding Ontario moving to the next phase of reopening.

alPHA would like to thank Dr. Robert Kyle for delivering a deputation to the Standing Committee on Finance and Economic Affairs that was part of the government's Pre-Budget consultations on January 25th, 2022. Links to the Deputation and submission can be found [here](#). He also represented alPHA at the invitation of the Minister of Finance at a discussion that was held in advance of the 2022 Ontario Budget on Friday, January 28th.

alPHA would also like to thank Trudy Sachowski for representing alPHA at the ROMA 2022 conference on January 25th, 2022. The panel 'Taking a Pulse Check on Northern and Rural Health' focussed on healthcare as a major topic of concern for the people of Ontario, especially in rural and northern areas. Trudy spoke from a public health perspective about the challenges and opportunities including ideas as to how these solutions might be sustained over the long-term.

alPHA Correspondence

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

[alPHA Letter - 2022 Pre-Budget Submission, January 19, 2022](#)

[alPHA Speaking Notes – Pre-Budget, Jan 19, 2022](#)

In case you missed it, here is alPHA's most recent position paper:

[alPHA Report: PH Resilience 2022](#)

[alPHA Report: PH Resilience 2022 Executive Summary](#)

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

Boards of Health: Shared Resources

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

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

PHO Resources

- [Report on Patterns of Medication and Health care Use among People who Died of an Opioid-Related Toxicity During the COVID-19 Pandemic in Ontario](#)
- COVID-19 Variants of Concern (VOCs)
 - [COVID-19 Omicron \(B.1.1.529\) Variant of Concern and Communicability...What We Know So Far](#)
- COVID-19 Vaccines
 - [Neighbourhood COVID-19 Incidence and Vaccination Rates, October 17, 2021 to December 4, 2021](#)
 - [Myocarditis and Pericarditis Following Vaccination with COVID-19 mRNA Vaccines in Ontario: December 13, 2020 to November 21, 2021](#)
- Healthcare Resources
 - [Frequently Asked Questions on Interim IPAC Recommendations for Use of PPE in Health Care](#)

[Settings](#)

- [Infection Prevention and Control Practice Considerations for Pharmacies Conducting Symptomatic Testing](#)
- [Cohorting Strategies to Facilitate Bed Flow in Acute Care Settings](#)
- Other PHO Resources
 - [Best Practices for Conducting In- and After Action Reviews as part of Public Health Emergency Management](#)
 - [What's on the plate? Exploring dietary intakes in Ontario in relation to the 2019 Canada's Food Guide](#)

Upcoming PHO Events

- February 16 | [Enhancing Engagement : Advanced Skills in virtual home visiting](#)

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

Upcoming DLSPH Events, Courses and Webinars

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

Upcoming events include:

- February 16, 2022 [It Takes a Riot: Black Histories, Black Futures, and Community organizing](#)
- February 17, 2022 [Fellowship in Global Journalism Open House](#)
- February 17, 2022 [Household food insecurity in Canada, Part 2: public policy responses and solutions](#)
- February 17, 2022 [Breast Health for Black Women](#)
- February 18, 2022 [Application of Optimization and Simulation Techniques in Resource Allocation and Dispatch Decisions at Ornge](#)
- February 18, 2022 [OEHS Seminar: Work and Health Risks Faced by Digital Platform Drivers During COVID-19](#)
- February 22, 2022 [Temerty Centre Speaker Series: Dr. Stephen Friend](#)
- February 23-25, 2022 [Toronto Workshop on Reproducibility](#)
- February 24, 2022 [Addressing Anti-Black Racism at the Intersections: Stories, Advocacy and Actions](#)
- February 24, 2022 [PM 2.5: What it Is and Why it Matters](#)
- February 24, 2022 [ADBCC celebrates Black History Month 2022 with author CANUTE LAWRENCE](#)
- February 25, 2022 [Roundtable: "Sick humour: social behavioural research on humor and living with HIV"](#)
- February 25, 2022 [Canada's COP26 Health Programme Commitment – Adaptation and Resilience](#)
- February 25, 2022 [Canada's COP26 Health Programme Commitment – Adaptation and Resilience](#)
- February 28, 2022 [CVPD Seminar – Salma Sheikh-Mohamed](#)
- February 28, 2022 [R Workshop: Taking ggplot2 beyond single plots: Maximizing information transfer](#)
- March 2, 2022 [Canada's COP26 Health Programme Commitment – Climate Positive Care](#)

News Releases

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

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Take Care,

Loretta

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