



April 27, 2022

BOARD OF HEALTH MEETING

Videoconference

www.algomapublichealth.com

Meeting Book - April 27, 2022 Board of Health Meeting

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Board of Health Meeting

AGENDA

April 27, 2022 at 5:00 pm

Video/Teleconference

BOARD MEMBERS

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

APH MEMBERS

Dr. John Tuinema - Acting Medical Officer of Health
Antionette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Health Promotion & Prevention
Chris Spooner - Acting Director of Health Protection
Leo Vecchio - Manager of Communications
Leslie Dunseath - Manager of Accounting Services
Liliana Bressan - Manager of Effective Public Health Practice
Dr. Emil Prikryl - Public Health and Preventive Medicine Resident
Tania Caputo - Board Secretary
Tanya Storozuk - Executive Assistant

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 April 27, 2022 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 minutes dated March 23, 2022 be approved as presented.

5.0 Business Arising from Minutes

S. Hagman

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

J. Tuinema

i. MOH Report - April 2022

RESOLUTION

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

b. Finance and Audit

L. Mason

i. Finance and Audit Committee Chair Report

RESOLUTION

THAT the Finance and Audit Committee Chair Report for April 13, 2021 be accepted as presented.

ii. Draft Audited Financial Statements for the period ending December 31, 2021.

L. Mason /

RESOLUTION

L. Dunseath

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

iii. Unaudited Financial Statements for the period ending February 28, 2022.

L. Mason /

RESOLUTION

L. Dunseath

THAT the Board of Health approves the Unaudited Financial Statements for the period ending February 28, 2022, as presented.

7.0 New Business/General Business

a. Algoma Vaccination Council Update - Hear from the Difference Makers

L. Caicco Tett

<https://www.youtube.com/watch?v=tllfHaCsxoM>

b. BOH Meeting Evaluation Summary - Jan to Mar, 2022

S. Hagman

8.0 Correspondence

S. Hagman

- a. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Windsor-Essex County Health Unit regarding **Health and Racial Equity: Denouncing Acts and Symbols of Hate** dated March 30, 2022.
- b. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Windsor-Essex County Health Unit regarding **Ontario Regulation 116/20, Work Deployment Measures for Boards of Health** dated March 30, 2022.
- c. Email to all Health Units from Haliburton, Kawartha, Pine Ridge District Health Unit regarding **OPHA's statement against displays of racism, anti-Semitism and discrimination** dated March 30, 2022.
- e. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Peterborough Public Health regarding **Health and Racial Equity: Denouncing Acts and Symbols of Hate** dated April 8, 2022.

9.0 Items for Information

S. Hagman

- a. **alPHA 2022 AGM Notice and Package**
 - i. **2022 alPHA - Call for Board of Health Nominations**
 - ii. **2022 alPHA - Fitness Challenge**
 - iii. **alPHA Information Break - April 2022**
 - iv. **alPHA Elections Primer**

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 the in-camera meeting.

13.0 Announcements / Next Committee Meetings:

S. Hagman

Governance Committee Meeting

Wednesday May 11, 2022 @ 5:00 pm

Video Conference

Board of Health Meeting

Wednesday, May 25, 2022 @ 5:00 pm

Video Conference

14.0 Evaluation

S. Hagman

15.0 Adjournment

S. Hagman

RESOLUTION

THAT the Board of Health meeting adjourns.



Algoma
PUBLIC HEALTH
Santé publique Algoma

April 27, 2022

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. John Tuinema and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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APH AT-A-GLANCE

COVID-19 Pandemic Response in Algoma

The number of high-risk cases in Algoma continues to be at a plateau, but there are early signs of a reduction in cases. We may see an increase in recorded cases due to expanded testing eligibility, but this has not yet occurred and would likely not represent an actual increase in the amount of infections in our communities. Hospitalizations remain low relative to our plateau in cases. Our situation varies significantly from the rest of the province, particularly when compared with Southern Ontario. We have fortunately not seen the high peaks of COVID cases seen elsewhere, but we have yet to see a significant reduction as well.

We are currently changing our strategy regarding case and contact management based on new guidance and our local epidemiology, needs, and capacity. The focus remains on high-risk settings but will have an increased focus on surveillance and outbreak detection. This will allow our staff to use their expertise more effectively to help protect those at highest risk.

COVID-19 immunization efforts continue. On April 7, eligibility for fourth doses of COVID-19 vaccine expanded to include individuals 60 years of age and over, as well as First Nation, Metis, and Inuit individuals and their non-Indigenous household members who are 18 and over. Fourth doses are offered to these individuals at a recommended interval of five months after receiving their last booster and provides an extra layer of protection against COVID-19.

In Algoma, 7.1% of residents have received a 4th dose of COVID-19 vaccine. We expect to see an increase in fourth dose coverage in May, as Algoma residents will then be reaching the five month recommended interval since their third dose. In anticipation of this, APH has increased vaccination clinics for the month of May and are currently planning for upcoming months.

COVID-19 Pandemic Recovery

APH has continued work on recovery planning and implementation. The above-mentioned changes to case and contact management will help return more employees to their core work. The Recovery Task Force meets regularly as we plan for recovery and renewal of important public health functions.

In some ways, recovery can be just as difficult as the initial response to an emergency. We are still working out many details, but want to keep the agency updated as plans develop. In order to accomplish this, we have created an internal communication plan consisting of bi-weekly updates from the Acting MOH, as well as a Virtual Town Hall meeting for all APH employees in early May. The Town Hall will focus on accomplishments throughout the pandemic, an update on recovery, and an opportunity to ask senior leadership questions in an open forum.

PROGRAM HIGHLIGHT

Topic: Corporate Services Update

From: Antoniette Tomie, Director of Corporate Services & Corporate Leadership Team

Organizational Requirement, Good Governance and Management Practices Domain¹:

- Boards of health are held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units. By adhering to these practices, boards of health are able to improve the quality and effectiveness of programs and services, prioritize the allocation of resources, improve efficiency, and strive for resiliency in their organizational culture.

Requirements¹ addressed in this report:

- The board of health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.
- The board of health shall ensure that the medical officer of health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management.

Key Messages

- Health and safety, recruitment, and professional development continue to be a priority in 2022.
- There are anticipated process improvements with the implementation of the enterprise resource planning and accounting software.
- As part of COVID-19 recovery, internal capacity building for privacy and management of client personal health information will remain a corporate-led action item.

Supporting COVID-19 response and immunization, while sustaining corporate functions

Over the last two years of the COVID-19 pandemic, the majority of employees in the corporate services division filled significant roles in COVID-19 response and immunization at Algoma Public Health (APH). These roles included COVID-19 vaccine inventory, vaccine transportation and storage, administrative leadership at COVID-19 mass immunization clinics, and recruitment of numerous COVID-19-specific positions, all of which were fulfilled while continuing core corporate functions.

This report provides a summary of key highlights in human resources, accounting, and privacy functions over the past year, as well as some next steps for the corporate division for 2022.

Human resources: Leveling up health and safety, use of technology, and recruitment

Keeping our workplace safe has remained a top priority for Human Resources (HR) as the COVID-19 pandemic, ministry guidance, and evidence on best practices evolved. This year, HR continues to revisit and revise the COVID-19 health and safety plan ("the plan"), as guided by available evidence and input from employees and the Joint Health and Safety Committee. The plan continues to assist APH in

¹ Ministry of Health and Long-Term Care. (2021). [Ontario public health standards: Requirements for programs, services and accountability. Protecting and promoting the health of Ontarians.](#)

ensuring that employees and others, including visitors, contractors, students, and clients visiting APH, understand how we are mitigating and managing the risks of COVID-19 in the workplace.

With consideration of lessons learned from the pandemic, we now have more tools and controls at our disposal to reduce the risks of COVID-19 in the workplace as we transition to COVID-19 recovery in 2022 and beyond. Some examples of these tools and controls that we have incorporated into the plan have included the:

- Review of office ventilation systems and related improvements, such as the replacement and upgrading of filters;
- Installation of barriers in reception areas and portable barriers for use in mobile and community clinic environments;
- Option of curbside pick-up for supplies and resources required by clients and community partners, as feasible.
- Reinforcement of the importance of and increased diligence in disinfection and sanitation practices.
- Addition and updating of various policies, including the COVID-19 immunization and masking policies.
- Enhanced promotion of routine hand hygiene practice for employees and the public.

The Joint Health and Safety Committee continues to (a) assess risks in the workplace, (b) regularly communicate health and safety messages to employees, and (c) review and revise policies, procedures and work instructions to ensure alignment with current public health guidance.

Technology has also played a significant role in our day-to-day work, even more so during the pandemic. Employees who were able to work from home were provided with the necessary tools to seamlessly do their job remotely. The HR Management System, a web based application, allowed employees to:

- Populate detailed timesheets, including tracking hours dedicated to COVID-19 work;
- Complete a daily COVID-19 self-screening questionnaire before commencing work each day;
- Remain engaged and informed of new policies, required training, health and safety tips, agency changes, and a variety of other self-help information via regularly posted updates.

Alongside the leveling up of our health and safety policies and procedures and use of technology, the HR team conducted another mass hiring towards the end of 2021, with upwards of twenty (20) new employees hired as casual immunizers and clinical administrative supports to assist at immunization clinics. In addition, throughout 2021, the HR team also on-boarded forty-one (41) volunteers to assist with various tasks within APH, and this generous support by volunteers has continued into 2022.

Recruitment continues to be a high priority for the HR department. The 2022 budget included fifteen (15) new positions, and at time of writing this report, ten (10) positions have been awarded with employees already on-boarded. As mandated within the *Ontario Public Health Standards* as part of *Good Governance and Management Practices*¹, the HR team has started preliminary work on a human resources strategy, which will include a focus on employee well-being and engagement. The strategy will be presented to the Board of Health late 2022/early 2023.

Accounting services: Integrating a new enterprise resource planning and accounting software

In the summer of 2021, APH issued a request for proposal to secure a new provider for our enterprise resource planning and accounting software. Upon a review of submissions, the Oracle NetSuite program

was selected based on a comparison of factors such as cost, functionality, and suitability for our agency. In late 2021, APH commenced planning and information sessions with the external implementation team to prepare for the transition from our current system to Oracle NetSuite. Since the initial meetings, the APH team, alongside the external implementation team, have met on a weekly basis to review the host of system capabilities, needs, and wants of our agency, as well as conduct internal process reviews to determine how best to customize the system to suit our needs.

As of April 2022, we are nearing the completion of migrating data from our old system into the new system, and are in the process of building the appropriate management reports required by APH for reporting purposes. The next phase of system implementation includes role-based training and an all-encompassing sandbox trial of all functions to be completed in a test environment by all users. Internal quality analysis tests will then be completed, along with user acceptance testing prior to migrating into the full production environment. The 'go live' date for this new system is anticipated to be mid-2022. Benefits expected from the new system implementation include, but are not limited to:

- General process improvements;
- Increased role efficiencies, by reducing or limiting some manual-centered work;
- Increased ease of use and access, with the transition to a more electronic-based system; and
- More user-friendly and reliable reporting.

Privacy: Building internal capacity and updating privacy-related resources

As a Health Information Custodian in Ontario, APH must abide by the *Personal Health Information Protection Act* (PHIPA)² and the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA)³ regarding the collection, retention, use, disclosure, and disposal of personal information in our custody or control.

APH's Manager of Support Services also has the designation of Privacy Officer, and their role is to:

- Facilitate compliance with PHIPA and MFIPPA;
- Ensure that all employees are informed of their duties under PHIPA and MFIPPA;
- Respond to inquiries from the public regarding privacy of records;
- Respond to requests of an individual for access to or correction of a record; and
- Receive and respond to complaints from the public about alleged contraventions.

In October 2021, APH's Privacy Officer completed Health Privacy Officer training. As part of APH's recovery strategy, we will continue to build internal privacy capacity, through the provision of opportunities to enhance employees' knowledge and understanding of PHIPA and MFIPPA, such as through additional training in key areas of access, use, and safeguards of personal health information.

APH's privacy statement will also be reviewed, and updating will occur to APH's website and other means of privacy communication to clients and community partners. The goal is for our employees and clients to be knowledgeable of clients' rights concerning their personal health information.

² Government of Ontario. (2021). [Personal health information protection act, 2004, S.O. 2004, Sched. A.](#)

³ Government of Ontario. (2021). [Municipal freedom of information and protection of privacy act, R.S.O. 1990, c. M.56.](#)

Finance and Audit Committee

Chair's Report April 2022

At the April 13, 2022, the Committee received some clarification details regarding the MOH/CEO top-up. After reviewing the unaudited Financial Statements ending February 28, 2028, the F&A Committee recommends their approval to the Board.

The Committee also reviewed the Finance and Audit department personnel structure as well as the general APH Organizational structure to update the understanding of the chart flow after recent changes.

The annual end-of-year KPMG audit for 2021 has concluded, and we have received and reviewed the results. The Finance and Audit Committee recommends that the Board accept and approve the 2021 KPMG Audit Report as presented.

A plan to begin the Workforce Recovery was presented and discussed. The plan would begin to support the wellness, leadership renewal and competency development. The Finance and Audit Committee recommends that the Board approve and accept the Workforce recovery: Employee wellness and competency development plan as presented.

On-going discussion topics included:

- an organized review of fee schedules for the organization as a while to make sure they are valid for present conditions,
- a review of potential deadlines/renewals for contracts or items that may need to be address between this meeting and the next meeting was presented. This will be a practice incorporated into each meeting.

Full minutes will be available to Board once approved by the Committee.

Next meeting is Wednesday, June 8, 2022.

Financial Statements of

ALGOMA PUBLIC HEALTH

Year ended December 31, 2021

DRAFT
FOR DISCUSSION

ALGOMA PUBLIC HEALTH

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Year ended December 31, 2021

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INDEPENDENT AUDITORS' REPORT

Opinion

We have audited the accompanying financial statements of Algoma Public Health (the "Board"), which comprise:

- the statement of financial position as at December 31, 2021
- the statement of operations and accumulated surplus for the year then ended
- the statement of change in net debt for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Board as at December 31, 2021, and its results of operations, its changes in net debt 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 "***Auditors' Responsibilities for the Audit of the Financial Statements***" section of our report.

We are independent of the Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other 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 Board'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 Board or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Board's financial reporting process.

Auditors' Responsibility 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 auditors' 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 the 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 Board's internal control.



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- 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 Board's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' 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 auditors' report. However, future events or conditions may cause the Board 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 represents the underlying transactions and events in a manner that achieves fair presentation.
- 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.

Chartered Professional Accountants, Licensed Public Accountants

Sault Ste. Marie, Ontario

ALGOMA PUBLIC HEALTH

Statement of Financial Position

December 31, 2021, with comparative information for 2020

	2021	2020
Financial assets		
Cash	\$ 5,968,595	\$ 3,906,995
Accounts receivable	623,371	935,870
Receivable from participating municipalities	35,481	69,618
	<u>6,627,447</u>	<u>4,912,483</u>
Financial liabilities		
Accounts payable and accrued liabilities	1,837,340	1,660,233
Payable to the Province of Ontario	1,414,828	1,673,441
Deferred revenue (note 4)	550,066	286,418
Employee future benefit obligations (note 5)	2,829,539	3,117,450
Term loans (note 9)	4,089,091	4,466,918
	<u>10,720,864</u>	<u>11,204,460</u>
Net debt	(4,093,417)	(6,291,977)
Non-financial assets		
Tangible capital assets (note 6)	17,957,226	18,530,766
Contingencies (note 10)		
Commitments (note 12)		
Accumulated surplus (note 7)	<u>\$ 13,863,809</u>	<u>\$ 12,238,789</u>

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Operations and Accumulated Surplus

Year ended December 31, 2021, with comparative information for 2020

	2021	2020
Revenue:		
Municipal levy - public health	\$ 3,808,379	\$ 3,559,233
Provincial grants:		
Public health	16,937,862	11,305,754
Community health	3,567,500	6,628,663
Fees, other grants and recovery of expenditures	682,041	812,915
	24,995,782	22,306,565
Expenses (note 13):		
Public Health Programs (Schedule 1)	19,105,190	15,129,859
Community Health Programs (Schedule 2)		
Healthy Babies and Children	943,046	1,074,945
Child Benefits Ontario Works	-	6,125
Nurse Practitioner	162,156	159,482
CMH Transformational Supportive Housing	19,931	95,748
CMH/ASH Supportive Housing	33,427	31,857
Stay on Your Feet	60,718	90,857
Community Alcohol and Drug Assessment	111,549	647,539
Remedial Measures	-	12,993
CHPI	626	4,294
Community Mental Health Housing	-	34,585
Community Mental Health	944,722	3,184,222
Garden River CADAP Program	71,858	287,316
Infant Development	648,182	498,920
CMH 1150 Units	50,046	49,220
Brighter Futures for Children	114,508	141,067
Preschool Speech and Languages Initiative	22,418	28,689
PSL Communication Development	606,216	605,204
Employee future benefits	(287,911)	207,255
Interest on long-term debt	84,112	91,032
Amortization of tangible capital assets	679,968	830,996
	23,370,762	23,212,205
Operating surplus (deficit)	1,625,020	(905,640)
Accumulated surplus, beginning of year	12,238,789	13,144,429
Accumulated surplus, end of year	\$ 13,863,809	\$ 12,238,789

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Change in Net Debt

Year ended December 31, 2021, with comparative information for 2020

	2021	2020
Operating surplus (deficit)	\$ 1,625,020	\$ (905,640)
Additions to tangible capital assets	(106,428)	(60,669)
Amortization of tangible capital assets	679,968	830,996
	2,198,560	(135,313)
Net debt, beginning of year	(6,291,977)	(6,156,664)
Net debt, end of year	\$ (4,093,417)	\$ (6,291,977)

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Cash Flows

Year ended December 31, 2021, with comparative information for 2020

	2021	2020
Cash provided by (used in):		
Operating activities:		
Operating surplus (deficit)	\$ 1,625,020	\$ (905,640)
Items not involving cash:		
Amortization of tangible capital assets	679,968	830,996
Employee future benefit obligations	(287,911)	207,255
	2,017,077	132,611
Change in non-cash working capital:		
Decrease (increase) in accounts receivable	312,499	(502,456)
Decrease in receivable from participating municipalities	34,137	5,358
Increase in accounts payable and accrued liabilities	177,107	80,788
(Decrease) increase in payable to the Province of Ontario	(258,613)	1,159,079
Increase in deferred revenue	263,648	5,166
	2,545,855	880,546
Financing activities:		
Repayment of principal on term loans	(377,827)	(369,866)
Capital activities:		
Additions to tangible capital assets	(106,428)	(60,669)
Increase in cash	2,061,600	450,011
Cash, beginning of year	3,906,995	3,456,984
Cash, end of year	\$ 5,968,595	\$ 3,906,995

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2021

The Board of Health for the District of Algoma operating as Algoma Public Health (the "Board") is governed by a public health board as mandated by the Health Protection and Promotion Act for the purpose of promoting and protecting public health.

1. Significant accounting policies:

The financial statements are prepared in accordance with the Canadian generally accepted accounting principles for government organizations as recommended by the Public Sector Accounting Board ("PSAB") of the Chartered Professional Accountants of Canada. Significant aspects of the accounting policies adopted by the Board are as follows:

(a) Basis of accounting:

Revenue and expenses are reported on the accrual basis of accounting.

The accrual basis of accounting recognizes revenue as they are earned and measurable. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(b) Revenue recognition:

The operations of the Board are funded by the Province of Ontario, levies to participating municipalities and user fees. Funding amounts not received at year end are recorded as receivable. Funding amounts in excess of actual expenditures incurred during the year are repayable and are reflected as liabilities.

Certain programs of the Board operate on a March 31 fiscal year. Revenues received in excess of expenditures incurred at December 31 are deferred on the statement of financial position until related expenditures are incurred or upon final settlement.

(c) Prior years' funding adjustments:

The Ministry of Health and Long-Term Care undertakes financial reviews of the Board's operations from time to time, based on the Board's submissions of annual settlement forms. Adjustments to the financial statements, if any, a result of these reviews are accounted for in the period when notification is received from the Ministry.

(d) Non-financial assets:

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2021

1. Significant accounting policies (continued):

(e) Tangible capital assets:

Tangible capital assets are recorded at cost which includes amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, of the tangible capital assets are amortized on a straight-line basis over the following number of years:

Asset	Years
Building	40
Leasehold improvements	10
Furniture and equipment	10
Vehicle	4
Computer equipment	3

Annual amortization is charged in the year of acquisition and in the year of disposal. Assets under construction are not amortized until the asset is available for productive use.

(f) Employee future benefit obligations:

The Board sponsors a defined benefit life and health care plan for all employees who retire from active service with an unreduced OMERS pension. The Board accrues its obligations under the defined benefit plan as the employees render the services necessary to earn these retirement benefits. The cost of future benefits earned by employees is actuarially determined using the projected benefit method prorated on service and incorporates management's best estimates with respect to mortality and termination rates, retirement age and expected inflation rate with respect to employee benefit costs.

Actuarial gains (losses) on the accrued benefit obligation arise from the differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation.

(g) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Significant items subject to estimates and assumptions include the carrying amount of tangible capital assets, valuation allowances for accounts receivables and obligations related to employee future benefits. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the year in which they become known.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2021

2. Participating municipalities:

The participating municipalities are as follows:

City of Sault Ste. Marie
City of Elliot Lake
Town of Blind River
Town of Bruce Mines
Town of Thessalon
Town of Spanish
Municipality of Wawa
Municipality of Huron Shores
Village of Hilton Beach
Township of Dubreuilville
Township of Hilton
Township of Jocelyn
Township of Johnson
Township of Laird
Township of Macdonald, Meredith & Aberdeen Additional
Township of North Shore
Township of Plummer and Plummer Additional
Township of Prince
Township of St. Joseph
Township of Tarbutt & Tarbutt Additional
Township of White River
Certain unincorporated areas in the District of Algoma

3. Credit facility:

The Board has an authorized line of credit available in the amount of \$500,000. The credit facility bears interest at prime + 0.75% and is unsecured. At December 31, 2021, \$Nil (2020 - \$Nil) was outstanding under the facility.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2021

4. Deferred revenue:

The Board operates several additional programs funded by the Ministry of Health and Long-Term Care. Excess funding received for these programs or programs funded for a program year which differs from the Health Unit's fiscal year is deferred in the accounts until the related costs and final settlements are determined. Certain unspent funding has been approved for carryover to address COVID-19 related cost pressures in subsequent years.

A summary of the year's activity relating to those programs is as follows:

	2021	2020
Deferred revenue, beginning of year	\$ 286,418	\$ 281,252
Additional funding deferred during the year	272,322	11,240
Funding recognized as revenue in the year	(8,674)	(6,074)
Deferred revenue, end of year	\$ 550,066	\$ 286,418

5. Employee future benefits:

(a) Pension agreements:

The Board makes contributions to the Ontario Municipal Employees Retirement Fund ("OMERS"), which is a multi-employer plan, on behalf of 165 (2020 - 193) members of its staff. The plan is a multi-employer, defined-benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay. The multi-employer plan is valued on a current market basis for all plan assets.

The Board's contributions to OMERS equal those made by the employees. The amount contributed was \$1,197,134 (2020 - \$1,397,106) for current service and is included as an expense on the Statement of Operations and Accumulated Surplus. No pension liability for this type of plan is included in the Board's financial statements.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2021

5. Employee future benefits (continued):

(b) Employee future benefit obligations:

Employee future benefit obligations are future liabilities of the Board to its employees and retirees for benefits earned but not taken as at December 31, 2021. The liabilities will be recovered from future revenues and consist of the following:

	2020	2021
Post-retirement benefits (i)	\$ 1,122,131	\$ 1,209,932
Non-vested sick leave (ii)	483,808	523,929
Accrued vacation pay (iii)	1,223,600	1,383,589
	\$ 2,829,539	\$ 3,117,450

(i) Post-retirement benefits:

The post-retirement benefit liability is based on an actuarial valuation performed by the Board's actuaries. The date of the most recent actuarial valuation of the post-retirement benefit plan is December 31, 2021. The significant actuarial assumptions adopted in estimating the Board's liability are as follows:

- Discount Rate 2.9%
- Health Care Trend Rate 4.0% to 6.5%

Information about the Board's future obligations with respect to these costs is as follows:

	2021	2020
Accrued benefit obligations, beginning of year	\$ 1,209,932	\$ 1,194,626
Current service cost	66,721	57,747
Interest cost	27,417	32,113
Benefits paid	(64,589)	(60,237)
Amortization of actuarial gains	(5,300)	(14,317)
Divested members	(112,050)	-
Accrued benefit obligations, end of year	\$ 1,122,131	\$ 1,209,932

(ii) Non-vested sick leave:

Accumulated sick leave credits refers to the balance of unused sick leave credits which accrue to employees each month. Unused sick days are banked and may be used in the future if sick leave is beyond their yearly entitlement. No cash payments are made for unused sick time upon leaving the Board's employment.

(iii) Accrued vacation pay:

Accrued vacation pay represents the liability for vacation entitlements earned by employees but not taken as at December 31.

ALGOMA PUBLIC HEALTH

Notes to Consolidated Financial Statements

Year ended December 31, 2021

6. Tangible capital assets:

Cost	Balance at December 31, 2020	Additions	Transfers & (Disposals)	Balance at December 31, 2021
Building	\$ 22,867,230	67,520	-	22,934,750
Leasehold improvements	1,572,805	10,359	-	1,583,164
Furniture and equipment	2,058,788	28,549	-	2,087,337
Vehicle	40,113	-	-	40,113
Computer equipment	3,252,107	-	-	3,252,107
Total	\$ 29,791,043	106,428	-	29,897,471
Accumulated Amortization	Balance at December 31, 2020	Disposals	Amortization expense	Balance at December 31, 2021
Building	\$ 5,113,808	-	545,725	5,659,533
Leasehold improvements	895,881	-	106,457	1,002,338
Furniture and equipment	1,962,407	-	25,094	1,987,501
Vehicle	40,113	-	-	40,113
Computer equipment	3,248,068	-	2,692	3,250,760
Total	\$ 11,260,277	-	679,968	11,940,245
	Net book value, December 31, 2020			Net book value, December 31, 2021
Building	\$ 17,753,422			17,275,217
Leasehold improvements	676,924			580,826
Furniture and equipment	96,381			99,836
Vehicle	-			-
Computer equipment	4,039			1,347
Total	\$ 18,530,766			17,957,226

ALGOMA PUBLIC HEALTH

Notes to Consolidated Financial Statements

Year ended December 31, 2021

6. Tangible capital assets (continued):

Cost	Balance at December 31, 2019	Additions	Transfers & (Disposals)	Balance at December 31, 2020
Building	\$ 22,867,230	-	-	22,867,230
Leasehold improvements	1,572,805	-	-	1,572,805
Furniture and equipment	1,998,119	60,669	-	2,058,788
Vehicle	40,113	-	-	40,113
Computer equipment	3,252,107	-	-	3,252,107
Total	\$ 29,730,374	60,669	-	29,791,043
Accumulated Amortization	Balance at December 31, 2019	Disposals	Amortization expense	Balance at December 31, 2020
Building	\$ 4,568,824	-	544,984	5,113,808
Leasehold improvements	789,943	-	105,938	895,881
Furniture and equipment	1,785,026	-	177,381	1,962,407
Vehicle	40,112	-	1	40,113
Computer equipment	3,245,376	-	2,692	3,248,068
Total	\$ 10,429,281	-	830,996	11,260,277
	Net book value, December 31, 2019			Net book value, December 31, 2020
Building	\$ 18,298,406			17,753,422
Leasehold improvements	782,862			676,924
Furniture and equipment	213,093			96,381
Vehicle	1			-
Computer equipment	6,731			4,039
Total	\$ 19,301,093			18,530,766

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2021

7. Accumulated surplus:

Accumulated surplus is comprised of:

	2021	2020
Invested in tangible capital assets	\$ 17,957,226	\$ 18,530,766
Reserve fund (note 8)	1,405,894	1,152,894
Operating	1,419,319	139,496
Unfunded:		
Employee future benefits	(2,829,539)	(3,117,450)
Term loans	(4,089,091)	(4,466,917)
	<u>\$ 13,863,809</u>	<u>\$ 12,238,789</u>

8. Reserve fund:

The Board has set aside a reserve fund for specific purposes to be approved by the Board.

	2021	2020
Balance, beginning of year	\$ 1,152,894	\$ 1,145,116
Additions to reserve fund	250,000	–
Investment Income	3,000	7,778
Balance, end of year	<u>\$ 1,405,894</u>	<u>\$ 1,152,894</u>

The reserve fund has been placed in a premium investment account and is included in cash on the statement of financial position. Interest is earned on daily balances and paid monthly at tiered annual rates from 0.25% to 0.45%.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2021

9. Term loans:

	2021	2020
Term loan #1	\$ 3,850,154	\$ 4,205,903
Term loan #2	238,967	261,015
	<u>\$ 4,089,091</u>	<u>\$ 4,466,918</u>

Principal payment due on the term loans is as follows:

Year	Annual payments
2021	\$ 384,585
2022	392,152
2023	399,867
2024	407,735
2025	415,757
Thereafter	2,088,995

Term loan #1 is a non-revolving loan bearing interest of 1.80%. The loan is repayable in blended monthly interest and principal payments of \$36,164 and matures on September 1, 2031. Security is in the form of a first charge over the Board's building.

Term loan #2 bears interest of 1.80%. The loan is repayable in monthly interest and principal payments of \$2,244. The loan is due on September 1, 2031. Security is in the form of a second charge over the Board's building.

Interest paid in the year is \$84,735 (2020 - \$91,032).

10. Contingencies:

The Board is periodically subject to legal claims or employee grievances. In the opinion of management, the ultimate resolution of any current claims or grievances would not have a material effect on the financial position (or results of operations) of the Board and any claims would not exceed the current insurance coverage. Accordingly, no provisions for losses has been reflected in the accounts of the Board for these amounts. Settlements, if any, resulting in a cost to the Board will be accounted for in the period the amounts can be determined.

11. Segmented Information:

The Board provides a wide range of services to citizens of the District of Algoma. For management reporting purposes, the Board's operations and activities are organized and reported by programs. Programs were created for the purposes of recording specific activities to attain certain objectives in accordance with special regulations, restrictions or limitations. Public health services are provided by programs and their activities are reported in these funds. Certain programs have been separately disclosed in Schedule 2 – Expenditures – Community Health Programs.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2021

12. Commitments:

The Board is committed to minimum annual lease payments under various operating leases as follows:

Year	Annual payments
2022	\$ 189,627
2023	195,064
2024	196,104
2025	165,411
2026	83,225

The annual lease payments are exclusive of maintenance and other operating costs.

13. Expenses by object:

	2021	2020
Salaries and benefits	\$ 17,257,884	\$ 18,074,368
Materials and supplies	5,432,910	4,306,841
Amortization	679,968	830,996
	\$ 23,370,762	\$ 23,212,205

ALGOMA PUBLIC HEALTH

Statement of Revenue and Expenses – Public Health Programs

Schedule 1

Year ended December 31, 2021, with comparative information for 2020

	2021 Budget	2021 Total	2020 Total
Revenue:			
Provincial grant	\$ 15,155,286	\$ 16,937,862	\$ 11,305,754
Levies	3,808,378	3,808,379	3,559,233
Recoveries	418,330	516,087	516,087
	19,381,994	21,262,328	15,381,074
Expenses:			
Salaries and wages	11,682,438	11,741,572	9,903,137
Benefits	2,603,801	2,504,303	2,234,355
Accounting and audit	20,000	26,610	9,345
Equipment	949,676	854,505	268,964
Insurance	135,000	157,523	135,109
Occupancy and renovations	1,236,365	1,340,131	861,630
Office supplies	57,040	33,382	25,646
Other	-	-	45,010
Professional development	96,500	75,136	46,491
Program promotion	61,500	83,712	41,080
Program supplies	447,631	755,324	439,658
Program administration (recovery)	(48,459)	(41,015)	(135,109)
Purchase professional services	942,231	1,065,359	860,539
Telephone and telecommunications	421,200	365,098	290,551
Travel	165,623	143,550	103,453
	18,770,546	19,105,190	15,129,859
Excess of revenue over expenses before the undernoted	611,448	2,157,138	251,215
Interest on long-term debt	-	84,112	91,032
Amortization	-	679,968	830,996
Excess (deficiency) of revenue over expenses	\$ 611,448	\$ 1,393,058	\$ (670,813)

ALGOMA PUBLIC HEALTH

Schedule 2

Expenditures - Community Health Programs

Year ended December 31, 2021, with comparative information for 2020

	Healthy Babies and Children	Nurse Practitioner	Stay on Your Feet	Garden River CADAP Program	Infant Development	Brighter Futures for Children	CHPI
	\$	\$	\$	\$	\$	\$	\$
Salaries and employee benefits:							
Salaries	686,885	107,413	36,003	53,225	421,723	36,559	-
Employee benefits	220,435	25,409	8,716	12,944	92,161	15,451	-
	907,320	132,822	44,719	66,169	513,884	52,010	-
Equipment	3,600	-	-	-	4,000	-	-
Occupancy and renovations	-	8,400	-	-	51,749	4,800	-
Office supplies	-	4,986	-	-	750	-	-
Insurance	-	1,200	-	-	-	-	-
Audit fees	3,121	-	-	-	3,121	-	-
Professional development	6,956	-	-	-	4,412	-	-
Program administration	-	-	-	5,648	42,610	-	-
Program promotion	-	-	-	-	-	-	-
Program supplies	5,174	2,748	15,999	-	12,433	57,698	626
Purchased professional services	6,000	7,200	-	-	-	-	-
Telephone and telecommunications	8,916	4,800	-	41	9,382	-	-
Travel	1,959	-	-	-	5,841	-	-
	35,726	29,334	15,999	5,689	134,298	62,498	626
Total expenditures	943,046	162,156	60,718	71,858	648,182	114,508	626

ALGOMA PUBLIC HEALTH

Schedule 2

Expenditures - Community Health Programs (continued)

Year ended December 31, 2021, with comparative information for 2020

	Preschool Speech and Languages Initiative	PSL Communication Development	Community Alcohol and Drug Assessment	Community Mental Health	CMH Transformational Supportive Housing	CMH/ASH Supportive Housing	CMH 1150 Units	2021 Total	2020 Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$
Salaries and employee benefits:									
Salaries	10,310	265,285	74,717	473,120	30,480	-	-	2,195,720	5,193,550
Employee benefits	1,837	68,830	20,535	123,511	-	-	-	589,829	1,215,868
	12,147	334,115	95,252	596,631	30,480	-	-	2,785,549	6,409,418
Supplies and services:									
Equipment	-	1,800	-	-	-	-	-	9,400	27,275
Occupancy and renovations	-	1,800	11,138	299,127	(17,485)	33,427	50,046	443,002	488,932
Office supplies	-	2,400	500	1,250	-	-	-	9,886	19,854
Insurance	-	-	-	-	-	-	-	1,200	1,200
Audit fees	-	3,121	-	6,914	-	-	-	16,277	23,895
Professional development	-	643	-	-	-	-	-	12,011	28,451
Program administration	-	18,975	2,601	8,678	3,700	-	-	82,212	97,670
Program promotion	-	-	-	-	-	-	-	-	2,000
Program supplies	-	11,982	-	5,279	3,236	-	-	115,175	175,776
Purchased professional services	-	228,260	1,200	4,035	-	-	-	246,695	97,324
Telephone and telecommunications	-	2,400	858	10,556	-	-	-	36,953	94,079
Travel	10,271	720	-	12,252	-	-	-	31,043	158,604
	10,271	272,101	16,297	348,091	(10,549)	33,427	50,046	1,003,854	1,215,060
Total expenditures	22,418	606,216	111,549	944,722	19,931	33,427	50,046	3,789,403	7,624,478

ALGOMA PUBLIC HEALTH

Summary of Public Health Programs for Settlement to the Province of Ontario

Schedule 3

Year ended December 31, 2021, with comparative information for 2020

	2021	2020
	Total	Total
Revenues:		
Public Health Funding	\$ 8,548,931	\$ 6,183,788
Levies	3,808,379	3,559,223
One Time Funding Mitigation	1,037,800	1,037,800
Healthy Smiles	64,158	769,900
Sr. Dental	878,523	682,017
Unorganized	530,400	530,400
One Time Funding COVID-19 Extraordinary Costs	-	385,100
Social Determinants of Health	32,676	339,200
Smoke Free Ontario	30,294	275,270
Recoveries from Programs	175,901	274,368
Land Control	271,640	206,872
MOH and AMOH Compensation	176,088	179,525
Infection Control	12,968	155,610
Harm Reduction	12,201	150,000
Northern Ontario Fruits and Vegetables	117,400	117,400
Diabetes Strategy	8,750	105,000
Unorganized - Indigenous Communities	98,000	98,000
One Time Funding COVID-19 School Nurses	476,558	86,650
Chief Nursing Officer	-	30,375
Interest	17,302	27,775
Vector Bourne Disease	-	27,175
Haines Food Safety	2,050	24,600
One Time Funding COVID-19 CCM software	7,984	23,500
Infection Control Nurse	-	22,525
SFO Youth Engagement	-	20,000
Funding Safe Water	-	17,400
Funding Safe Water Enhanced Safe Water	1,292	15,500
One Time Funding PHI Practicum Student	17,491	10,000
Other	(8,960)	7,073
One Time Funding Mass Immunization	3,458,435	6,954
One Time Funding COVID-19 Pandemic Pay	-	6,298
SFO - Prosecution	-	4,250
SFO E- Cigarettes	-	4,000
One Time Funding Sr. Dental Start Up	46,519	2,159
Needle Exchange Program Initiative	24	(4,633)
One Time Funding Infection Prevention and Control Hub	809,353	-
One Time Funding Vaccine Fridges	7,281	-
	20,639,437	15,381,074
Expenditures: (including capital items)		
Public Health Mandatory Programs	12,568,069	13,007,647
100% Provincial Funded Unorganized	530,400	530,400
100% Provincial Funded Sr. Dental	878,523	682,017
One Time Funding COVID-19 Extraordinary Costs	-	385,100
Land Control	112,003	145,910
100% Funded MOH and AMOH Compensation	176,088	179,525
100% Funded Northern Ontario Fruits and Vegetables	117,400	117,400
100% Funded Indigenous Communities	98,000	98,000
One Time Funding COVID-19 School Nurses	476,558	86,650
One Time Funding COVID-19 CCM software	-	23,500
One Time Funding PHI Practicum Student	17,491	10,000
One Time Funding Mass Immunization	3,458,435	6,954
One Time Funding COVID-19 Pandemic Pay	-	6,298
One Time Funding Sr. Dental Start Up	46,519	2,159
One Time Funding Vaccine Fridges	7,281	-
One Time Funding Infection Prevention and Control Hub	809,353	-
	19,296,120	15,281,560
Excess of revenues over expenditures, before undernoted	1,343,318	99,514
Prior year mitigation funding adjustment	563,226	-
Excess of revenues over expenditures	\$ 1,906,544	\$ 99,514

**Algoma Public Health
(Unaudited) Financial Statements February 28, 2022**

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Algoma Public Health
Statement of Operations
February 2022
(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	\$ 1,047,304	\$ 1,047,304	\$ (0)	\$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	1,451,352	1,451,350	2	8,708,100	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	264,214	318,833	(54,620)	5,313,000	-17%	83%
Provincial Grants - Mitigation Funding	172,968	172,966	2	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	29,819	33,104	(3,285)	379,075	-10%	90%
Total Public Health Revenue	\$ 2,965,657	\$ 3,023,557	\$ (57,901)	\$ 19,627,191	-2%	98%
Expenditures						
Public Health Cost Shared	\$ 2,587,314	\$ 2,930,716	\$ 343,402	\$ 17,772,296	-12%	88%
Public Health 100% Prov. Funded Programs	221,501	309,149	87,648	1,854,895	-28%	72%
Total Public Health Programs Expenditures	\$ 2,808,815	\$ 3,239,866	\$ 431,050	\$ 19,627,191	-13%	87%
Total Rev. over Exp. Public Health	\$ 156,841	\$ (216,308)	\$ 373,150	\$ 1		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 990,576	979,011	(11,565)	1,068,011	1%	101%
Expenditures	799,337	979,193	(179,856)	1,068,011	-18%	82%
Excess of Rev. over Exp.	191,239	(182)	191,421	-		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 1,711,350	1,741,267	29,917	1,883,241	-2%	98%
Expenditures	1,002,443	1,502,987	(500,544)	1,883,241	-33%	67%
Excess of Rev. over Fiscal Funded	708,906	238,280	470,626	-		

Community Health Programs (Non Public Health)

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

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 1,869,368	\$ 1,871,432	\$ (2,064)	\$ 2,059,744	0%	100%
Municipal, Federal, and Other Funding	114,447	104,910	9,537	120,769	9%	109%
Other Bill for Service Programs	25,445	0	25,445	-	#DIV/0!	#DIV/0!
Total Community Health Revenue	\$ 2,009,260	\$ 1,976,342	\$ 32,918	\$ 2,180,513	2%	102%
Expenditures						
Brighter Futures for Children	100,492	104,909	4,417	120,769	-4%	96%
Infant Development	561,019	590,799	29,780	644,317	-5%	95%
Preschool Speech and Languages	494,974	600,262	105,289	733,971	-18%	82%
Nurse Practitioner	146,612	148,807	2,195	162,153	-1%	99%
Stay on Your Feet	28,594	91,667	63,073	100,000	-69%	31%
Rent Supplements CMH	329,461	384,361	54,900	419,303	-14%	86%
Bill for Service Programs	10,669	0	(10,669)	(0)	#DIV/0!	#DIV/0!
Misc Fiscal	-	-	-	-	#DIV/0!	#DIV/0!
Total Fiscal Community Health Programs	\$ 1,671,821	\$ 1,920,806	\$ 248,985	\$ 2,180,513	-13%	87%
Total Rev. over Exp. Fiscal Community Health	\$ 337,439	\$ 55,537	\$ 281,903	\$ (0)		

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

Algoma Public Health
Revenue Statement

For Two Months Ending February 28, 2022

(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Bgt. to Act. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ Annual Budget 2022	Comparison Prior Year:		
							YTD Actual 2021	YTD BGT 2021	Variance 2021
Levies Sault Ste Marie	737,931	737,931	(0)	2,951,725	0%	25%	670,847	670,847	0
Levies District	309,373	309,373	0	1,237,491	0%	25%	281,248	281,248	0
Total Levies	1,047,304	1,047,304	(0)	4,189,216	0%	25%	952,095	952,095	0
MOH Public Health Funding	1,451,352	1,451,352	0	8,708,100	0%	17%	1,451,356	1,451,352	4
MOH Funding Needle Exchange	0	0	0	0	0%	0%	0	0	0
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	0	0	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	0	0	0
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	0	0	0
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	0	0	0
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	0	0	0
MOH Funding Infection Control	0	0	0	0	0%	0%	0	0	0
MOH Funding Diabetes	0	0	0	0	0%	0%	0	0	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	0	0	0
MOH Funding Harm Reduction	0	0	0	0	0%	0%	0	0	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	0	0	0
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	0	0	0
Total Public Health Cost Shared Funding	1,451,352	1,451,352	0	8,708,100	0%	17%	1,451,356	1,451,352	4
MOH Funding - MOH / AMOH Top Up	30,552	31,550	(998)	189,300	-3%	16%	56,525	25,346	31,179
MOH Funding Northern Ontario Fruits & Veg.	19,568	19,567	1	117,400	0%	17%	19,568	19,567	1
MOH Funding Unorganized	88,400	88,400	0	530,400	0%	17%	88,400	88,400	0
MOH Senior Dental	116,316	162,983	(46,667)	977,900	-29%	12%	112,696	116,317	(3,621)
MOH Funding Indigenous Communities	16,332	16,333	(1)	98,000	0%	17%	16,332	16,332	0
One Time Funding (Pandemic Pay)							0	0	0
OTF COVID-19 extraordinary costs mass imm	(6,954)	0	(6,954)	3,400,000	#DIV/0!	0%	(6,954)	0	(6,954)
Total Public Health 100% Prov. Funded	264,214	318,833	(54,619)	5,313,000	-17%	5%	286,567	265,961	20,606
Total Public Health Mitigation Funding	172,968	172,968	0	1,037,800	0%	17%	172,968	172,968	0
Recoveries from Programs	1,760	1,667	93	11,625	6%	15%	1,760	1,680	80
Program Fees	14,806	8,605	6,201	50,000	72%	30%	27,773	24,676	3,098
Land Control Fees	5,950	10,000	(4,050)	183,000	-41%	3%	2,550	10,000	(7,450)
Program Fees Immunization	1,695	8,332	(6,637)	50,000	-80%	3%	1,748	8,332	(6,584)
HPV Vaccine Program	0	0	0	9,500	#DIV/0!	0%	0	0	0
Influenza Program	0	0	0	23,500	#DIV/0!	0%	0	0	0
Meningococcal C Program	0	0	0	7,000	#DIV/0!	0%	0	0	0
Interest Revenue	3,608	3,334	274	20,000	8%	18%	952	3,300	(2,348)
Other Revenues	2,000	1,167	833	24,450	71%	8%	0	0	0
Total Fees and Recoveries	29,819	33,104	(3,285)	379,075	-10%	8%	34,784	47,988	(13,204)
Total Public Health Revenue Annual	2,965,657	3,023,562	(57,905)	19,627,191	-2%	15%	2,897,770	2,890,364	7,406
Public Health Fiscal April 2021 - March 2022									
Vaccine Refrigerators	6,794	6,782	12	7,400	0%	92%			
Infection Prevention and Control Hub	998,326	978,934	19,392	1,060,000	2%	94%			
Practicum	18,329	18,335	(6)	20,000	0%	92%			
School Nurses Initiative	641,382	641,375	7	700,000	0%	92%			
Sr Dental Capital Upgrades	46,519	95,841	(49,322)	95,841	-51%	49%			
Total Provincial Grants Fiscal	1,711,350	1,741,267	(29,917)	1,883,241	-2%	91%	0	0	0

Algoma Public Health

Expense Statement- Public Health

For Two Months Ending February 28, 2022

(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ Budget 2022	Comparison Prior Year:		
							YTD Actual 2021	YTD BGT 2021	Variance 2021
Salaries & Wages	1,732,611	1,992,847	260,236	11,957,080	-13%	14%	\$ 1,429,692	\$ 1,918,802	\$ 489,110
Benefits	421,420	461,584	40,164	2,769,505	-9%	15%	375,701	395,326	19,625
Travel	13,130	34,133	21,003	204,798	-62%	6%	8,675	26,818	18,143
Program	126,431	212,952	86,521	1,277,709	-41%	10%	71,695	131,909	60,214
Office	3,973	11,233	7,261	67,400	-65%	6%	10,895	13,230	2,335
Computer Services	122,557	144,432	21,876	866,598	-15%	14%	138,448	168,767	30,319
Telecommunications	53,116	56,666	3,550	339,996	-6%	16%	22,677	52,533	29,856
Program Promotion	14,062	16,233	2,172	97,400	-13%	14%	5,644	9,629	3,984
Professional Development	1,975	14,357	12,381	86,141	-86%	2%	2,872	10,500	7,628
Facilities Expenses	234,261	199,640	(34,621)	1,197,843	17%	20%	143,699	143,062	(637)
Fees & Insurance	13,543	24,050	10,507	332,300	-44%	4%	17,750	19,883	2,133
Debt Management	76,237	76,237	0	457,421	0%	17%	76,816	76,816	(0)
Recoveries	(4,500)	(4,500)	0	(27,000)	0%	17%	(33,960)	(23,120)	10,840
	\$ 2,808,815	\$ 3,239,864	\$ 431,049	\$ 19,627,191	-13%	14%	\$ 2,270,605	\$ 2,944,155	\$ 673,550

Notes to Financial Statements – February 2022

Reporting Period

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

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of February 28, 2022, Public Health calendar programs are reporting a \$373K positive variance driven by a \$431K positive variance in expenditures and a \$58K negative variance in revenues.

Our Healthy Babies Healthy Children and Stay on Your Feet fiscal programs continue to report surpluses based on staff vacancies and re-deployment of work to the COVID programs throughout the fiscal year. We expect these surpluses to continue throughout the remainder of the fiscal year to end of March 2022. Also of particular note, any surplus amounts associated with the Infant Development and Preschool Speech programs as at the end of the fiscal year will be used for wrap up costs associated with these programs - acknowledging that these programs will no longer be offered through APH as of March 31, 2022.

Our Public Health Fiscal programs are reporting a surplus of \$708K at February 28, 2022, of which \$513K is driven by our IPAC Hub One Time Funded program. We have been given formal notice that we will be able to carry over \$500K of this funding into the 2022-23 year.

Public Health Revenue (see page 2)

Overall, our Public Health revenues are on budget for 2022. Of note, is a \$47K negative variance associated with the Ontario Senior Dental program. This is based on the fact that the 2022 Public Health budget approved by the Board assumed a \$280K increase in costs & revenues associated with this program – for which approval has not yet been provided by the Province. If approval is provided for these requested funds, a mid-year catch up payment would be expected.

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

Notes Continued...

The province has confirmed that one time extraordinary cost reimbursement for the COVID 19 programs will continue through 2022, with approval and on-going funding to be based off of our Annual Service Plan and quarterly submissions to the province. No payments have been made to date in 2022.

The COVID-19: School-Focused Nurses Initiative has been extended to December 31, 2022.

Public Health Expenses (see page 3)

Salary & Wages

There is a \$260K positive variance associated with Salary & Wages driven by position vacancies at the beginning of the year, as also noted throughout the course of 2021. Recruitment efforts are ongoing.

Benefits

There is a \$40K positive variance associated with Benefits, also tied to position vacancies.

Travel

There is a \$21K positive variance associated with Travel expenses. This is a result of APH employees continuing to work virtually as opposed to travelling throughout the district or attending meetings outside of the district.

Programs

There is a \$86K positive variance associated with Programs. This is largely driven by the continued focus of our staff redeployment to COVID 19 immunization and response programs in January, preventing our regular mandatory programming to be operating a regular capacity.

Computer Services

Computer services for 2022 are over-budgeted based on the true cost of IT projects coming in significantly below expected/budgeted costs.

Professional Development

There is a \$12K 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 \$35K negative variance associated with facilities expenses which is driven by continued increased janitorial and security requirements associated with COVID 19 response and needs.

Notes Continued...

COVID-19 Expenses

COVID-19 Response

This program includes case and contact management as well as supporting the information phone lines. February YTD expenses were \$842K. 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. February YTD expenses were \$456K.

Financial Position - Balance Sheet

APH's liquidity position continues to be stable and the bank has been reconciled as of February 28, 2022. Cash includes \$1.40M in short-term investments.

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.

Please note that similar to previous years, the Balance Sheet as of February 28, 2022 (page 7) is not included as APH is currently completing year-end audit requirements. Once the 2021 annual audited financial statements are completed, the comparative balance sheet will be updated and provided.

BOH Monthly Meeting Evaluation Summary - January to March 2022

MEETING MONTH	The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.	The MOH/CEO report was informative, timely and relevant to my governance role.	Overall, the Board meeting was conducted in an active and responsible manner.	Overall, the meeting allowed me to seek clarification and provide input into issues.	The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.	COMMENTS
JANUARY 75% participation	3 Somewhat Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	No Presentation	
	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree		
	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree		Great meeting as usual. Thank you to all.
	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	3 Somewhat Agree		I thought the meeting went well.
	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree		
	4 Strongly Agree	4 Strongly Agree	3 Somewhat Agree	4 Strongly Agree		
FEBRUARY Presentation: Indigenous Engagement 67% participation	4 Strongly Agree	3 Somewhat Agree	4 Strongly Agree	3 Somewhat Agree	4 Strongly Agree	The presentation was extremely well done. It made me proud to be an APH Board member to see how relations have improved with our Indigenous partners. Thank you for all your hard work.
	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	Indiginous presentation well done and appropriate materialsa little long
	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	
	4 Strongly Agree	3 Somewhat Agree	4 Strongly Agree	4 Strongly Agree	3 Somewhat Agree	Presentation was well over an hour long. Would have been better as two smaller presentations with more time for discussions. Something that long at the beginning of the meeting limits discussion I think because there is a full agenda left to cover
	4 Strongly Agree	3 Somewhat Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	
	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	The feature presentation was very informative and it was really great to hear from our Indigenous partners in their own words.
MARCH Presentation : COVID Response update 24% participation	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	Good meeting. Well done.
	4 Strongly Agree	3 Somewhat Agree	4 Strongly Agree	4 Strongly Agree	3 Somewhat Agree	
	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	4 Strongly Agree	

March 30, 2022

The Honourable Christine Elliott
Minister of Health and Deputy Premier
Ministry of Health
College Park 5th Floor, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Elliott:

Letter of Support – Health and Racial Equity: Denouncing Acts and Symbols of Hate

On March 24, 2022 at a regular meeting of the Windsor-Essex County Board of Health, the Board considered a letter from Sudbury & Districts Public Health to Dr. Paul Roumeliotis, President of alPHA, encouraging other Ontario Boards of Health and the Association of Local Public Health Agencies (alPHA), to endorse the January 31, 2022 statement of the Ontario Public Health Association **Denouncing Acts and Symbols of Hate**.

The following motion was passed:

Motion: That the WECHU Board of Health support the letter from Sudbury & Districts Public Health to Dr. Paul Roumeliotis, President, Association of Local Public Health Agencies (alPHA), endorsing the January 31, 2022 statement of the Ontario Public Health Association Denouncing Acts and Symbols of Hate

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Windsor-Essex County Board of Health

c: Nicole Dupuis, CEO, WECHU
Loretta Ryan, Executive Director, alPHA
Ontario Boards of Health
Doug Ford, Premier of Ontario
Parm Gill, Minister of Citizenship and Multiculturalism
Sean Fraser, Minister of immigration, Refugee and Citizenship, Government of Canada

February 23, 2022

VIA ELECTRONIC MAIL

Dr. Paul Roumeliotis
President
Association of Local Public Health Agencies
480 University Avenue, Suite 300
Toronto, ON M5G 1V2

Dear Dr. Roumeliotis:

Re: Health and Racial Equity: Denouncing Acts and Symbols of Hate

At its meeting on February 17, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #08-22:

WHEREAS the reduction of health inequities is a goal of Ontario's public health programs and services as set out in the Ontario Public Health Standards (OPHS), health equity is a Foundational Standard of the OPHS, and programs and services must be implemented in accordance with the Health Equity Guideline which includes the requirement to apply anti racist, anti-oppressive, and culturally safe approaches to public health practice; and

WHEREAS the Vision of the Board of Health for Public Health Sudbury & Districts, Healthier communities for all, is further guided by its Mission and Strategic Plan, both of which prioritize action in support of health equity; and

WHEREAS the Board of Health for Public Health Sudbury & Districts is a leader among Ontario local public health agencies in their longstanding commitment to health and racial equity, including notably, the September 2019 endorsement of the Racial Equity Action Framework for Improved Health Equity; and

WHEREAS recent events in Ontario have included public displays of racism, anti-Semitism and discrimination, all detrimental to optimal health for all and prompting the Ontario Public Health Association (OPHA) on January 31, 2022, to issue the following statement:

While the right to protest is a fundamental element of our democracy, OPHA is disturbed by the hate filled racist and white supremacist symbols and messages flowing from the demonstrations in Ottawa. We denounce all forms of hate, bigotry, racism, antisemitism, and discrimination. Acts and

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

34 rue Birch Street
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais

1.866.522.9200

phsd.ca



symbols of hate are unwelcome and should not be tolerated. Silence is not acceptable. We urge political leaders from all levels & parties to speak out against such hate and racism, and to promote the importance of vaccines and other public health measures that are protecting all of us, especially the most vulnerable, against illness, hospitalization, & death. Change can only happen when we stand up and speak out. Let's work together to build a society that values diversity, inclusion, and optimal health for all.

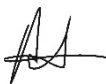
THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the January 31, 2022, statement of the OPHA; and

FURTHER THAT the Board of Health encourage other Ontario boards of health and the Association of Local Public Health Agencies to do the same; and

FURTHER THAT that this resolution be shared with all boards of health, the Association of Local Public Health Agencies, area Honorable Members of Parliament and Provincial Parliament, the Ontario Public Health Association, the Association Municipalities of Ontario (AMO), among other stakeholders.

A reduction of health inequities is a goal of Ontario's public health programs and services as set out in the OPHS. Both alPHA and local Boards of Health have a long-standing history of supporting various health equity measures (e.g., food security, Truth and Reconciliation Commission calls to action, living wage, low-income dental, use of a health equity lens, national pharmacare, extending the Ontario Pregnancy and Breastfeeding Nutritional Allowance). Thanks to efforts like these, public health addresses the social determinants of health and promotes health equity. There is still work to be done. Recent events in Ontario have included public displays of racism, anti-Semitism and discrimination, all detrimental to optimal health for all. In supporting health for all, it is important that public health not remain silent and instead state that acts and symbols of hate are unwelcome and should not be tolerated. Thank you for your consideration of this important matter.

Sincerely,



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

cc: All Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pageen Walsh, Executive Director, Ontario Public Health Association
Jamie McGarvey, President, Association of Municipalities Ontario
Jamie West, Member of Provincial Parliament, Sudbury
France G  linas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Paul Lefebvre, Member of Parliament, Sudbury
Marc Serr  , Member of Parliament, Nickel Belt
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing

March 30, 2022

The Honourable Christine Elliott
Minister of Health and Deputy Premier
Ministry of Health
College Park 5th Floor, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Elliott:

Letter of Support – Ontario Regulation 116/20, Work Deployment Measures for Boards of Health

On March 24, 2022 at a regular meeting of the Windsor-Essex County Board of Health, the Board considered a letter from Cynthia St. John, President of the Association of Ontario Public Health Business Administrators (AOPHBA) to Dr. Kieran Moore, CMOH, requesting that Dr. Moore consider extending **Ontario Regulation 116/20 Work Deployment Measures for Boards of Health for the duration of public health units' response to the COVID-19 pandemic**. The following motion was passed:

Motion: That the WECHU Board of Health support the letter from the AOPHBA to the CMOH, Dr. Kieran Moore, requesting that Work Deployment Measures for Boards of Health be extended for the duration of public health units' response to the COVID-19 pandemic.
CARRIED

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Windsor-Essex County Board of Health

c: Nicole Dupuis, CEO, WECHU
Loretta Ryan, Executive Director, alPHa
Ontario Boards of Health
Dr. Kieran, Moore, CMOH
Doug Ford, Premier of Ontario

Sent via email to: Kieran.moore1@ontario.ca

February 9, 2022

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health

RE: Ontario Regulation 116/20, Work Deployment Measures for Boards of Health

Dear Dr. Moore,

On behalf of the Association of Ontario Public Health Business Administrators (AOPHBA), I am writing to you concerning the Ontario Regulation 116/20, Work Deployment Measures for Boards of Health.

This Regulation, in place since April 2020, has proven invaluable in ensuring that public health units (PHUs) are able to effectively respond to the COVID-19 pandemic. Since April 2020, public health work has evolved and changed rapidly in response to both local and provincial directions and demands in areas such as case and contact management, outbreak management in our most vulnerable settings, the development and implementation of the vaccination program, and the continued support and leadership provided to community partners including businesses, municipalities, schools, health related agencies, etc.

It is the opinion of the Association Executive that public health units' continued response to the COVID-19 pandemic will be significantly negatively impacted if PHUs do not have the flexibility necessary to deploy staff how and where needed. PHUs have one or more unions within their employ and many of our members have noted that the restrictions of the various collective agreements often do not allow redeployment of PHU staff to different roles or different areas within the PHU, nor assignment of work on weekends, evenings, and holidays, all of which have been critical to vaccine clinics. The flexibility that this Ontario Regulation provides is critical to our ability to continue to plan and execute both local and provincial directives in line with our mandate, for the balance of 2022.

We respectfully ask that you consider extending Ontario Regulation 116/20 Work Deployment Measures for Boards of Health for the duration of public health units' response to the COVID-19 pandemic.

Sincerely,



Cynthia St. John
President
Association of Ontario Public Health Business Administrators (AOPHBA)

c. Brent Feeney, Manager, Funding and Oversight, Office of the CMOH, Ministry of Health
Teresa Bendo, Secretary, AOPHBA
Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alpha)

From: [allhealthunits](#) on behalf of [Elizabeth Dickson](#)
Subject: [allhealthunits] HKPRDHU Board of Health motion in support of OPHA statement against displays of racism, anti-Semitism and discrimination, & Sudbury & Districts Public Health's statement about public health not remaining silent
Date: Wednesday, March 30, 2022 12:03:22 PM

This email originated outside of Algoma Public Health. Do not open attachments or click links unless you recognize the sender and know the content is safe.

Good afternoon,

At its meeting held on March 17, 2022, our Board of Health passed the follow motion in support of OPHA's statement against displays of racism, anti-Semitism and discrimination (tweets dated January 31, 2022), and Sudbury & Districts Public Health's statement about public health not remaining silent.

Moved by Mr. Crate
THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit endorse the Ontario Public Health Association's statement posted January 31, 2022; and
FURTHER THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit endorse Sudbury & Districts Public Health's statement that, "It is important that public health not remain silent and instead state that acts and symbols of hate are unwelcome and should not be tolerated"; and
FURTHER THAT other Ontario boards of health and the Association for Local Public Health Agencies do the same; and
FURTHER THAT these motions be shared with all boards of health, the Association of Local Public Health Agencies, area Members of Parliament and Provincial Parliament, the Ontario Public Health Association, and the Association for Municipalities of Ontario.

Seconded by Mr. Henderson

(OPHA statement posted on social media January 31, 2022)

If you have any questions, I would happy to answer them.

Take care,
Liz

Elizabeth Dickson (*she/her*)
Executive Assistant, Office of the Medical Officer of Health and Board of Health
Haliburton, Kawartha, Pine Ridge District Health Unit
200 Rose Glen Road
Port Hope, ON L1A 3V6
1-866-888-4577 x1466

Here are our values: Trust Engagement Accountability Leadership The information in this email is intended solely for the addressee(s) named and is confidential. If you have received

this communication in error, please advise the sender by email, and delete or destroy all copies of this message.

April 8, 2022

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

Re: Health and Racial Equity: Denouncing Acts and Symbols of Hate

Dear Minister Elliott:

At its meeting on March 9, 2022, the Board of Health for Peterborough Public Health (PPH) considered correspondence from Sudbury & Districts Public Health (enclosed), and passed the following motion:

That the Board of Health for Peterborough Public Health:

- *receive the letter dated February 23, 2022 from Sudbury & Districts Public Health for information;*
- *endorse the position from Sudbury & Districts, and the supporting statement from the Ontario Public Health Association dated January 31, 2022 given that PPH sees hate and discrimination as critical determinants of health requiring public health support and attention;*
- *commits to working internally and in our region on an on-going basis to actively counter hatred and discrimination; and,*
- *communicate this support by writing to the Association of Local Public Health Agencies, with copies to Health with copies to the Association of Municipalities Ontario, the Ontario Public Health Association, local MPs and MPPs, and Ontario Boards of Health.*

The PPH Board of Health fully supports the above recommendation, and thanks you for your consideration.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Association of Local Public Health Agencies
Association of Municipalities of Ontario
Ontario Public Health Association
Local MPs and MPPs
Ontario Boards of Health

CALL FOR BOARD OF HEALTH NOMINATIONS 2022-2024 alPHa BOARD OF DIRECTORS



*alPHa is accepting nominations for **three** Board of Health representatives to fill positions on its Board of Directors from the following regions and for the following terms:*

<ol style="list-style-type: none"> 1. East 2. Central West 3. South West 	}	2-year term each (June 2022 to June 2024)
--	---	--

See the attached appendix for boards of health in each of these regions.

Each position will fill a seat on the Boards of Health Section Executive Committee and a seat on the alPHa Board of Directors. If you are an active member of a Board of Health/Regional Health Committee who is interested in running for a seat, please consider standing for nomination.

Qualifications:

- Active member of an Ontario Board of Health (or regional public health committee) that is a member organization of alPHa.
- Knowledge and skills in the areas of not-for-profit governance: policy, finance, programs and human resources.
- Previous volunteer leadership experience in a not-for-profit is an asset but not a requirement.
- Strong commitment to public health and the work of the organization.

An election to determine the representatives will be held at the Boards of Health Section Meeting on June 14, 2022, at the alPHa Annual Conference. All nominees must be present.

Nominations close 4:30 PM, Friday, May 27, 2022.

Serving on the alPHa Board is an important opportunity for you to:

- Play a part in making alPHa a stronger leadership organization for public health agencies in Ontario.
- Represent your colleagues at the provincial level.
- Participate in discussion reflecting common concerns of public health agency management across the province.
- Expand your contacts and strengthen relationships with Medical Officers of Health, Public Health Unit senior staff and board of health members and lend your expertise to the development of alPHa position papers and official response to issues affecting all public health agencies.
- Participate on provincial ad hoc or advisory committees.

Continued

Duties of a Director:

- Make decisions in the best interest of the Association's long and short-term goals, objectives, priorities, and initiatives using a thorough understanding of alPha's Constitution, Strategic Plan, policies, and procedures, including the Code of Conduct.
- Prepare for, attend and actively participate in Board meetings and the Annual General Meeting.
- Approve Strategic Plan, Annual Budget, and Annual Report.
- Review and approve major contracts and grants.
- Complete tasks as assigned by the President and the Executive Committee.
- Provide written and verbal reports, as appropriate.
- Participate on ad hoc committees and sub-committees, as appropriate.
- Provide input and consultation to the alPha President and Executive Director, as needed.
- Hire and evaluate the Association's Executive Director.
- Serve as a public figure and spokesperson for the Association, as appropriate.

How is the alPha Board structured?

- There are 22 directors on the alPha Board.
 - 7 from the Boards of Health Section.
 - 7 from the Council of Ontario Medical Officers of Health (COMOH).
 - 1 from each of the 7 Affiliate Organizations of alPha.
 - 1 from the Ontario Public Health Association Board of Directors.
- There are three (3) committees of the alPha Board: Executive Committee, Boards of Health Section Executive, and COMOH Executive.

What is the Boards of Health Section Executive Committee of alPha?

- This is a committee of the alPha Board of Directors comprising seven (7) *Board of Health representatives*.
- It includes a Chair and Vice-Chair who are chosen by the Section Executive members; and
- Members of the Section Executive attend all alPha Board meetings and participate in teleconferences throughout the year.

How long is the term on the Boards of Health Section Executive/alPha Board of Directors?

- A full term is two (2) years with no limit to the number of consecutive terms.
- Mid-term appointments will be for less than two years.

What is the time commitment for a Section Executive member/Director of alPha?

- alPha Board meetings are held four (4) times a year; a fifth and final meeting is held at the June *Annual Conference*.
- Boards of Health Section Executive Committee teleconferences are held five (5) times throughout the year.
- The Chair of the Boards of Health Section Executive participates on alPha Executive Committee teleconferences that are held five (5) to ten (10) times a year. Other ad hoc meetings may be held.

Are my expenses as a Director of the alPha Board covered?

- Any travel expenses incurred by an alPha Director during Association meetings are *not* covered by the Association but are the responsibility of the Director's sponsoring health unit.

How do I stand for consideration for appointment to the alPHA Board of Directors?

- Submit a completed Form of Nomination and Consent along with a biography of your suitability for candidacy (maximum 200 words) and a copy of the motion from your Board of Health supporting your nomination to alPHA by **May 27, 2022**.
- All nominees are required to attend and participate in the alPHA Boards of Health Section Executive Elections on June 14, 2022.

Who should I contact if I have questions on any of the above?

- Loretta Ryan, alPHA, 416-595-0006 ex. 222, email: loretta@alphaweb.org

Appendix to Nomination and Consent Form – alPHA Board of Directors 2022-2024

Central West Region

Boards of health in this region include:

Brant
Haldimand-Norfolk
Halton
Hamilton
Niagara
Waterloo
Wellington-Dufferin-Guelph

East Region

Boards of health in this region include:

Eastern Ontario
Hastings Prince Edward
Kingston Frontenac Lennox & Addington
Leeds Grenville & Lanark
Ottawa
Renfrew

South West Region

Boards of health in this region include:

Chatham-Kent
Grey Bruce
Huron Perth
Lambton
Middlesex-London
Southwestern
Windsor-Essex

_____, a Member of the Board of Health of
(Please print nominee's name)

_____, is HEREBY NOMINATED
(Please print health unit name)

as a candidate for election to the alPHA Board of Directors for the following Boards of Health Section Executive seat from (*choose one using the list of Board of Health Vacancies on previous pages*):

- ☐ East (2-year term)
- ☐ Central West (2-year term)
- ☐ South West Region (2-year term)

SPONSORED BY:

1) _____
(Signature of a Member of the Board of Health)

2) _____
(Signature of a Member of the Board of Health)

Date: _____

I, _____, HEREBY CONSENT to my nomination
(Signature of nominee)

and agree to serve as a **Director of the alPHA Board** if appointed.

Date: _____

IMPORTANT:

1. Nominations close **4:30 PM, May 27, 2022**, and must be submitted to alPHA by this deadline.
2. A **biography** of the nominee outlining their suitability for candidacy, as well as a **motion passed by the sponsoring Board of Health** (i.e. record of a motion from the Clerk/Secretary of the Board of Health) must also be submitted along with this nomination form on separate pages by the deadline.

There is a 200-word limit for the biography. Links may be included in the biography but not attachments. Candidates are encouraged to include a photo.

3. Email the completed form, biography and copy of Board motion, to Loretta Ryan at loretta@alphaweb.org.

2022 **alPHa** FITNESS CHALLENGE

alPHa

Association of Local
PUBLIC HEALTH
Agencies



alPHa is once again holding the Boards of Health and Public Health Unit Fitness Challenge. The challenge to our members is to engage in physical activity for at least 30 minutes during the month of May.

Participate and share it on Twitter. Don't forget to include in your tweet: a picture, @PHAgencies and hashtag #PublicHealthLeaders. We'll profile your Fitness Challenge activities at the alPHa Conference that is taking place June 14, 2022.



The physical activity is to be completed at anytime during the month of May. Any physical activity of a 30-minute duration is encouraged. Be creative and have fun!

READY - Decide on an activity.

SET - Participation of a minimum of 30 minutes of physical activity.

GO - Post your tweets with pictures and include: @PHAgencies and #PublicHealthLeaders

Easy Tips to Get Active!

At Home - Work in the garden or mow the grass. Using a riding mower doesn't count! Rake leaves, prune, and dig. Go out for a short walk before breakfast, after dinner or both! Start with 5-10 minutes and work up to 30 minutes.

At Work - Many of us have sedentary jobs. If you can, use active transportation to get to and from your workplace. Go for a walk at lunchtime. Incorporate these activities into your work day. Start with short walks and work up to longer trips.

At Play - Play and recreation are important for good health. Look for opportunities to be active and have fun at the same time: Plan activities that include physical activity (hiking, backpacking, swimming, etc.). Do your favorite physical activities and regularly go walking, jogging, bicycling or wheeling.

From: [allhealthunits](#) on behalf of [Loretta Ryan](#)
To: ["All Health Units"](#)
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] alPHa Information Break - April 2022
Date: Friday, April 8, 2022 4:22:23 PM
Attachments: [image003.png](#)
[image004.png](#)

This email originated outside of Algoma Public Health. Do not open attachments or click links unless you recognize the sender and know the content is safe.

PLEASE ROUTE TO:

All Board of Health Members

All Members of Regional Health & Social Service Committees

All Senior Public Health Managers



April 8th, 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.

-

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](#)

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alPHa Elections Primer

Last month, we released the [alPHA 2022 Elections Primer](#) with great success. The document is meant to encourage provincial election candidates to acknowledge the role public health plays in protecting Ontarians, particularly in response to COVID-19. All 34 local public health units have played a vital role on the frontlines and remain essential to the province's health and economic recovery. The elections primer was based on alPHA's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response*. Read the [report](#) and [executive summary](#) along with alPHA's updated ["What is Public Health?" brochure](#).

We would like to acknowledge and thank Dr. Charles Gardner and the staff at Simcoe Muskoka District Health Unit for their work on the Elections Primer.

-

alPHA Conference and Annual General Meeting June 14, 2021 - 8:00 AM-4:00 PM (ET)

alPHA's 2022 Annual Conference is taking place on June 14th and will continue the conversation on the critical role of local public health in the province's Public Health System. Highlights include alPHA's Annual General Meeting, consideration of Resolutions, Plenary Sessions with guest speakers, Section Meetings, and the presentation of the 2022 Distinguished Service Awards. The event is co-hosted by alPHA and the Eastern Ontario Health Unit, with generous support from the University of Toronto's Dalla Lana School of Public Health.

We have an exciting line-up of conference speakers including Matt Anderson (President & CEO, Ontario Health), Dr. Kieran Moore (Chief Medical Officer of Health), Dr. Ross Upshur (Professor, DLSPH), and speakers from Public Health Ontario. alPHA's President, Dr. Paul Roumeliotis, is the Conference Chair.

Our thanks to the Eastern Ontario Health Unit for co-hosting the event and to the University of Toronto's Dalla Lana School of Public Health for their generous support.

Please click here for the [June 2022 alPHA AGM Notice and Package](#) or click on the links below for the individual documents.

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- [Notice for the 2022 alPHA Annual General Meeting](#)
- [Call for 2022 alPHA Resolutions](#)
- [Call for 2022 alPHA Distinguished Service Awards](#)
- [Call for Board of Health Nominations](#)

Pre-Conference Workshop with Tim Arnold June 13, 2021 – 1 PM-4:00 PM (ET)

alPHA is pleased to announce that a pre-conference workshop is being held on June 13th from 1 p.m. to 4 p.m. at no additional cost to Conference participants. For those of you who attended the Winter Symposium, where Tim Arnold was a speaker, you will know that his talk at lunchtime briefly addressed how to be more resilient, embrace change and manage expectations. This is an opportunity for alPHA members to take a deeper dive into these subjects. The workshop has three main components: The Secret to Sustainability - *Care for Others AND Care for Yourself*, Outsmarting Change - *Embrace Change AND Preserve Stability*, and The High-Performance Paradox - *Have Expectations AND Extend Grace*. Please note you must be a conference registrant to participate in the workshop.

The [Preliminary Program](#), [Pre-Conference Workshop poster](#), [Conference poster](#), [Conference Sponsorship package](#), and [alPHA Fitness Challenge](#) are now available. Registration is coming soon. Stay tuned!

Request for Photos

Do you have a photo showing alPHA members in action that we can share with attendees at the Annual Conference and Annual General Meeting? We want to profile the key role public health is playing in keeping Ontarians healthy and safe. Please send your images to: info@alphaweb.org

alPHA Fitness Challenge

The alPHA Fitness Challenge is back, and it is coming up fast! And it is as easy as one, two, three!

All members are encouraged to engage in fitness activities that are at least 30 minutes in length during the month of May. You can participate and share pictures on Twitter by tagging [@PHAgenies](#) #PublicHealthLeaders. Photos will be profiled during the June 14th Conference.

The Fitness Challenge flyer can be found [here](#).

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Canadian Public Health Association's 2022 Canadian Public Health Week Webinars

CPHA's 2022 Canadian Public Health Week webinars can now be accessed on CPHA's YouTube Channel. You can view these whether you attended the webinars or not. The video descriptions below include links to the presentations. alPHA would like to thank Dr. Charles Gardner for speaking on behalf of the association at the April 6th webinar.

A Vision to Transform Canada's Public Health System

Due to extenuating circumstances, Dr. Tam was unavailable for this presentation. CPHA will make every effort to reschedule the webinar soon and all registrants will be notified.

[Our Planet, Our Health, Our Public Health Responsibility](#) April 5th

Hosted by the Public Health Association of British Columbia

[The impact of COVID-19 on public health: Comparing experiences & sharing recommendations for the future](#) April 6th

Co-hosted by the Ontario Public Health Association and the Association of Local Public Health Agencies.

[Advocacy for income as a social determinant of health: Lessons learned from the Basic Income and Decent Work movements](#) April 7th

Hosted by the Manitoba Public Health Association

Thank you to alPHA members who participated the inaugural Canadian Public Health Week activities. alPHA looks forward to participating in future years. We will continue to share information about these and other events via email, the alPHA newsletter and on alPHA's Twitter account [@PHAgenies](#).

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Ontario COVID-19 Science Advisory Table transitioning to Public Health Ontario

Earlier this month, the Ontario COVID-19 Science Advisory Table moved from the University of Toronto's Dalla Lana School of Public Health [to Public Health Ontario on a permanent basis](#). The move will continue to ensure the Table's effectiveness while also providing credible and independent scientific and technical advice for the government and the general public.

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](#)

The 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 you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org for posting in the appropriate library.

Resources available on the alPHA website include:

- [Orientation Manual for Board of Health](#)
- [Review of Board of Health Liability \(PowerPoint presentation\)](#)
- [Governance Toolkit](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)

PHO Courses

PHO offers online educational courses in a variety of topics – from health promotion to infection prevention and control. They're convenient, too – you can [access](#) these courses anytime, anywhere. Visit the course catalogue, where you will find enrolment information and a list of courses along with their descriptions and system requirements, as well as information for downloading courses.

Upcoming PHO Events

Using the Canadian Institute for Health Information's Measuring Health Inequalities Toolkit to Advance Health Equity
Measuring What Counts in the Midst of the COVID-19 Pandemic: A tool for Equity

alPHA continues to be an active partner in the Ontario Public Health Convention (TOPHC) and we are pleased to tell you that virtual spring workshops are happening this spring! Access engaging speakers through these interactive events including networking and rich, relevant content that will energize our post-pandemic delivery of public health services.

Using the Canadian Institute for Health Information's Measuring Health Inequalities Toolkit to Advance Health Equity

Date: April 13, 2022

Time: 10:00 a.m. – 12:00 p.m. ET,

Optional Continued Conversation session 12 – 12:30 p.m. ET

Cost: General ticket: \$50 + fees & taxes

To register, click [here](#).

Measuring What Counts in the Midst of the COVID-19 Pandemic: A tool for Equity

Date: May 4, 2022

Time: 10:00 a.m. – 12:00 p.m. ET,
Optional Continued Conversation session 12 – 12:30 p.m. ET
Cost: General ticket: \$50 + fees & taxes
Location: Zoom – a link will be emailed to you after registration
To register, click [here](#).

Space is limited. Don't miss out on this exciting learning and engagement opportunity!

PHO has more exciting TOPHC events planned. Stay tuned for more information about additional TOPHC Workshops and TOPHC 2023 by checking the [TOPHC website](#) or following PHO on Twitter [@TOPHCtweets](#).

Upcoming DLSPH Events and Webinars

- April 12, 2022 [Webinar: The employment quality of persons with disabilities: Findings from a national survey](#)
- April 19, 2022 [Health Inc.: Corporations, capitalism, and commercial determinants of health](#)
- April 20, 2022 [Conversations in Data Science: Framework for Responsible Machine Learning](#)
- April 21, 2022 [Jim Ruderman Lecture on Leadership and Innovation](#)
- April 29, 2022 [Virtual Hereditary Cancer Series](#)
- May 2, 2022 [CVPD Seminar – Dr. Segun Ogundele](#)
- May 4, 2022 [Data Science Interdisciplinary Research Cluster Symposium – 2022](#)
- May 16, 2022 [CVPD Seminar – Dr. Anushka Ataullahjan](#)

News Releases

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

Association of Local Public Health Agencies
480 University Avenue, Suite 300 | Toronto ON | M5G 1V2
416-595-0006 | www.alphaweb.org | info@alphaweb.org



Take Care,

Loretta

Loretta Ryan, CAE, RPP
Executive Director

Association of Local Public Health Agencies (alPHA)

480 University Avenue, Suite 300
Toronto, ON M5G 1V2
Tel: 416-595-0006 ext. 222

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

March 24, 2022

Dear alPHa Members and Partners in Public Health,

Re. alPHa Elections Primer for 2022

On behalf of the alPHa Board of Directors, I am pleased to announce and provide you with alPHa's [2022 Elections Primer](#), which we anticipate will be a useful resource in our various engagements with candidates and other stakeholders during this year's provincial and municipal elections.

Our emphasis during the provincial election campaign period and post-election period will be that local public health has clearly demonstrated its considerable value as the backbone of Ontario's pandemic response, and to remind potential decision makers of its enduring value once such an emergency has abated.

We will accomplish this by reminding our audiences that the principal consequence of our extraordinary pandemic response efforts over the past two years has been a near-total redeployment of resources that has resulted in a suspension of a significant proportion of the mandatory Ontario Public Health Standards (OPHS) programs and services.

Resuming these activities will entail clearing a two-year backlog and addressing a variety of direct and indirect population health impacts that were aggravated by the pandemic. We also expect managing COVID-19 to become part of our routine for the foreseeable future. This will require a commitment to sustained and sufficient public health resources and to a stable public health structure that remains embedded in local communities.

Other resources we will draw from in our efforts include alPHa's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response* [Report](#) and its [Executive Summary](#) (from which much of the Elections Primer was derived) as well as alPHa's updated "What is Public Health" [brochure](#). Each of these documents is interlinked and, taken together, effectively illustrate who we are, what we do, and why it matters.

By putting public health and the work it does at the forefront, it is hoped candidates will be mindful and consider these objectives in their respective election platforms. We hope you will join us and make use of this information as we advocate for a strong, sustainable, resilient, and locally based public health system for Ontario.

Sincerely,



Dr. Paul Roumeliotis,
President



Dr. Charles Gardner,
Chair, Council of Ontario
Medical Officers of Health



Wess Garrod,
Chair, Boards of Health
Section

PUBLIC HEALTH MATTERS

Providing Leadership in
Public Health Management

alPHa

Association of Local
PUBLIC HEALTH
Agencies


www.alphaweb.org

A PUBLIC HEALTH PRIMER FOR 2022 ELECTION CANDIDATES

Public health champions health for all. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

OUR ASK

Candidates acknowledge that local public health has been the backbone of Ontario's successful response to the pandemic and remains essential to the province's health and economic recovery, which will require sustained and sufficient resources and a stable structure embedded in local communities.

 **7,139,930**
**INDIVIDUALS VACCINATED
WITH 3 DOSES IN ONTARIO
AS OF MARCH 22, 2022**
Source: [Government of Ontario](#)

1,140,865
**CONFIRMED COVID-19
CASES IN ONTARIO
AS OF MARCH 21, 2022**
Source: [Public Health Ontario](#)



PUBLIC HEALTH RESPONSE

Ontario's 34 local public health agencies are the front line of the COVID-19 response.

Public health professionals are responsible for the following:

CASE AND CONTACT MANAGEMENT:

Identify and isolate cases.

DATA ANALYSIS:

Identify sources of infection and patterns of transmission.

OUTBREAK CONTROL:

Protect vulnerable populations in higher risk settings.

PUBLIC HEALTH MEASURES:

Implement and enforce measures to slow the spread of COVID-19.

ADVICE TO GOVERNMENT:

Provide expert input to inform government actions in the fight against COVID-19.

ADVICE TO THE PUBLIC:

Provide and reinforce expert advice to empower the public in the fight against COVID-19.

VACCINATION EFFORTS:

Lead the distribution and administration of COVID-19 vaccines in all Ontario communities.



Population
Health
Assessment



Health
Equity



Effective Public
Health Practice



Emergency
Management



Chronic Disease
Prevention and
Well-Being



Food
Safety



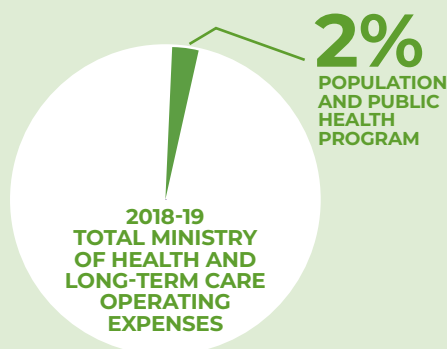
Healthy
Environments

RETURN ON INVESTMENT

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy.

According to the 2018-19 (former) Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was **\$1.267 billion**, or about **2%** of the total Ministry operating expenses.

This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.



IMPACT ON RESOURCES



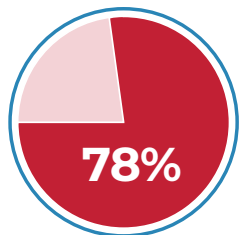
The COVID-19 response **pre-empted most activities** mandated by the Ontario Public Health Standards.

Suspension of routine public health programs and services is our equivalent of the health care system's "surgical backlog." We must resume these while we maintain an effective COVID-19 response.



The COVID-19 pandemic magnified existing **health inequities**. This will put additional demands on Public Health resources to address them in the future.

Each of Ontario's 34 local public health agencies had to **divert on average 78%** of all available resources to the COVID-19 response.



A measurable uptick in **substance use** (e.g., alcohol and opioids), **mental health issues**, and factors that contribute to chronic diseases will put further demands on public health resources in the future.

Source: alPHa Report: [Public Health Resilience in Ontario - Executive Summary](#)

Source: alPHa Report: [Public Health Resilience in Ontario - Report](#)

Please visit: www.alphaweb.org



Healthy Growth and Development



Immunization



Infectious and Communicable Diseases Prevention and Control



Oral Health



Safe Water



School Health



Substance Use and Injury Prevention