



May 25, 2022

BOARD OF HEALTH MEETING

Videoconference

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Meeting Book - May 25, 2022, Board of Health Meeting

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Board of Health Meeting

AGENDA

May 25, 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 & CEO
Antionette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Health Promotion & Prevention
Chris Spooney - 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

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- | | |
|--|------------------|
| 1.0 Meeting Called to Order | <i>S. Hagman</i> |
| a. Land Acknowledgment | |
| b. Declaration of Conflict of Interest | |
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| 2.0 Adoption of Agenda | <i>S. Hagman</i> |
| RESOLUTION | |
| THAT the Board of Health agenda dated May 25, 2022 be approved as presented. | |
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| 3.0 Delegations / Presentations | <i>S. Hagman</i> |
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 | |
| 4.0 Adoption of Minutes of Previous Meeting | <i>S. Hagman</i> |
| RESOLUTION | |
| THAT the Board of Health minutes dated April 27, 2022 be approved as presented. | |
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 | |
| 5.0 Business Arising from Minutes | <i>S. Hagman</i> |
|
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| 6.0 Reports to the Board | |
| a. Medical Officer of Health and Chief Executive Officer Reports | |
| <i>J. Tuinema</i> | |
| i. MOH Report - May 2022 | |
| RESOLUTION | |
| THAT the report of the Medical Officer of Health and CEO for May 2022 be accepted as presented. | |
|
 | |
| b. Finance and Audit | |
|
 | |
| iii. Unaudited Financial Statements for the period ending March 31, 2022. | |
| <i>L. Dunseath</i> | |
| RESOLUTION | |
| THAT the Board of Health approves the Unaudited Financial Statements for the period ending March 31, 2022, as presented. | |

c. **Governance**

i. **Governance Committee Chair Report**

D. Graystone

RESOLUTION

THAT the Governance Committee Chair Report for May 2022 be accepted as presented.

ii. **Policy #02-05-060 Meetings and Access to Information**

D. Graystone

RESOLUTION

THAT the Board of Health has reviewed and approves **Policy #02-05-060 Meetings and Access to Information**, as presented.

iii. **Policy #02-05-075 - Election of Chair, Vice-Chair or Committee Members**

D. Graystone

RESOLUTION

THAT the Board of Health has reviewed and approves **Policy #02-05-075 - Election of Chair, Vice-Chair or Committee Members**, as presented.

7.0 New Business/General Business

a. **Algoma Vaccination Council Update**

L. Caicco Tett

b. **Indigenous Engagement Training**

D. Graystone

8.0 Correspondence

S. Hagman

- a. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Simcoe Muskoka District Health Unit regarding **Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide** dated March 16, 2022.
- b. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Windsor-Essex County Health Unit regarding **Letter of Support – Ontario Regulation 116/20, Work Deployment Measures for Boards of Health** dated March 30, 2022.
- c. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Grey Bruce Public Health regarding **Mental Health and the Opioid Crisis** dated April 29, 2022.
- d. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Peterborough Public Health regarding **Extension of Ontario Regulation 116/20, Work Deployment Measures of Boards of Health** dated May 2, 2022.
- e. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Peterborough Public Health regarding **Provincial Opioid Crisis Response** dated May 2, 2022.

9.0 Items for Information

S. Hagman

a. **alPHa Information Break**

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

Finance & Audit Committee

Wednesday, June 8, 2022 @ 5:00 pm

Video Conference

Board of Health Meeting

Wednesday, June 22, 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
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May 25, 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 has dropped dramatically since the last Board of Health update. Our case rates are at their lowest point since the beginning of the omicron surge and continue to drop. Hospitalizations continue to remain low. Our new case and contact management approach is in its third week of implementation and has been a success in maintaining an effective response with less intensive individual case management and an increased focus on high-risk outbreaks.

COVID-19 vaccination efforts continue and we are still maintaining clinics while working with local partners to ensure there is widespread availability. As of May 19th, 2022, over 76% of individuals 50+ in Algoma have received three doses of COVID-19 vaccine, and over 22% of those aged 60+ in Algoma have received 4 doses. We will likely see an increase in booster dose uptake shortly, as more people become eligible for fourth doses throughout May.

Treatments for COVID-19 infection continue to grow in availability. Treatment is delivered by our healthcare partners and is helping to minimize the rates of severe outcomes related to COVID-19 (e.g. hospitalizations and deaths). New innovations such as pre-exposure prophylaxis for those at very high-risk or who are unable to be vaccinated are also going to become more available in the coming months.

COVID-19 Pandemic Recovery

Recent successes and reorganization of the pandemic response have allowed for more focus on COVID-19 recovery. Communication with all employees has been identified as a top priority in our recovery planning. We have implemented bi-weekly MOH updates and have hosted our first virtual all-staff town hall. The town hall included two presentations, followed by a question and answer session. The town hall began with a retrospective which highlighted the challenges brought by different stages of the pandemic and served as an important reminder as to why it has been important to put such intense effort into addressing the pandemic. Following the retrospective was a presentation highlighting the broader approach we intend to take for COVID-19 recovery, with an introduction to how we intend to engage with all leadership and staff to help rebuild after this prolonged emergency. After the presentations, staff asked questions of the leadership team, and any questions we could not address during the town hall were followed up via email one week later.

The goal of recovery is to effectively recover from the COVID-19 pandemic using a collaborative, evidence-informed approach founded on three principles: equity, sustainability, and unity. Through this approach we aim to further routinize our COVID response, and restore and rebuild core public health programs and services. Central to all of this will be the creation and implementation of a workforce development plan, leadership development plan, and a refresh of our core public health competencies, recognizing that employee engagement, wellness and excellence is at the core of our ability to effectively recover our programs and services to meet the evolving needs and public health priorities in Algoma.

Our Recovery Taskforce will be guided by those principle in developing our Recovery Action Plan. Planning has begun and will continue as we receive further input from staff and stakeholders. Recovery will take time, and require careful, balanced planning and involvement by all.

PARTNERSHIPS

Public Health 2022 Abstract Acceptance: Walking Together with Indigenous Partners

As demonstrated to the Board of Health in the presentation provided in February 2022¹ with First Nation, Métis, and Urban Indigenous partners, we remain committed to Reconciliation, which includes advancing respectful relationships with Indigenous communities.

From the presentation shared with the Board of Health, an abstract titled “***Walking Together: How four guiding principles underpinned meaningful collaboration between local public health and Indigenous partners during COVID-19***” was written and submitted in partnership with Maamweysing North Shore Community Services to the Canadian Public Health Association.

The abstract (see Appendix A) focused on:

- a. The four guiding principles of trust, respect, commitment, and self-determination, identified by the Talking Together to Improve Health Project Team² for building mutually-beneficial relationships to improve wellness for all; and
- b. The wise practices enacted by local public health and Indigenous partners to build meaningful relationships for working together during the COVID-19 pandemic.

We are pleased to share that on April 12th, the abstract was accepted for presentation at Public Health 2022³.

Public Health 2022³ is a national conference being hosted by the Canadian Public Health Association from June 14 to 16, 2022 where public health professionals, researchers, policy-makers, academics, and students will come together to strengthen efforts to improve health and well-being, share research and information, **promote best practices**, and advocate for public health issues and policies grounded in research.

The abstract was accepted as a brief oral presentation, a highly interactive session where participants will be able to connect with speakers to view the presentation, ask questions and exchange ideas. It will be presented live, virtually on Thursday, June 16th, 2022 from 1:25 to 2:10 pm, and a recorded version created with Maamweysing will be made available to all conference participants.

We believe that the principles and wise practices that facilitated meaningful collaboration between local public health and Indigenous partners in Algoma during COVID-19 can inform future approaches to working together. Ongoing collaboration beyond COVID-19 will be needed, as the pandemic has disproportionately impacted Indigenous communities and resulted in health inequities.

Miigwech to our partners for their involvement in the Board of Health presentation that led to this abstract, and to Maamweysing for their partnership in the submission and presentation creation.

As we transition to COVID-19 recovery, we look forward to continuing to work with local Indigenous partners and communities to sustain COVID-19 related efforts, while also working to strengthen our relationships for further collaboration in health promotion and protection.

¹ Algoma Public Health. (2022). [Working together: Collaborating with Indigenous partners during COVID-19](#).

² Talking Together to Improve Health Project Team. (2017). [Talking together to improve health: Literature review](#).

³ Canadian Public Health Association. (2022). [Public health 2022](#).

ANNUAL REPORTS, 2019 – 2021

Within the Ontario Public Health Standards⁴, p.60, the *Public Health Accountability Framework* outlines the parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results achieved. Accountability is demonstrated through the submission of planning and reporting tools by boards of health to the ministry, including the Board of Health Annual Service Plan and Budget Submission, performance reports, and an annual report.⁴, p. 61

As part of accountability to the communities of Algoma, annual reports to the community have also been developed and shared with the general public, to provide a snapshot of the work of local public health in health promotion and protection.

Due to the pandemic, much of our routine, core public health reporting to the community has been paused, as foundational teams provided critical data, planning, evaluation, knowledge exchange, and communications support for COVID-19 and highest risk core programs.

Algoma Public Health released its last Annual Report to the community in 2018⁵, reflecting on the work of local public health and benefit to residents and partners across Algoma.

We are pleased to share that the **2019, 2020 and 2021 Annual Reports to the community** have recently been completed and will soon be uploaded to our website for the general public (see Appendices B-D). *Table 1* provides an overview of the highlights shared within each report, which reflect the immense work of local public health and partners as we prepared for a changing future and came together during COVID-19 to protect and promote health.

Table 1.0: Overview of the 2019-2021 annual reports to the community

Annual Report & Key Topics		
2019: Resilience for a changing future	2020: Coming together through challenge and change	2021: Persevering through partnerships to promote and protect health
<ul style="list-style-type: none"> • A shared goal of Reconciliation • Substance use in Algoma • Public health action on climate change • The changing landscape of public health • Public health champions • 2019 budget • Public health by the numbers – snapshot of program indicators 	<ul style="list-style-type: none"> • Jump starting our COVID-19 pandemic response • Applying a health equity lens to COVID-19 • Sounding the alarm on opioid poisonings • Celebrating 25 years of the Algoma Canadian Prenatal Nutrition Program • Nurturing healthy growth and development • Supporting our schools and school-age children • Public health champions • 2020 budget • Public health by the numbers – snapshot of program indicators 	<ul style="list-style-type: none"> • Strengthening our COVID-19 pandemic response • Becoming a hub for infection prevention and control • Coming together to chat about climate change • Activating emergency response during wildfires • Rolling up our sleeves for COVID-19 vaccines • Boosting vaccine confidence • Recommitting to Reconciliation • Raising awareness of the opioid crisis • Clearing the air with Algoma University • Smiling for Ontario's Seniors Dental Care Program • Students and learners join our teams • Public health champions • 2021 budget • Public health by the numbers – snapshot of program indicators

⁴ Ministry of Health and Long-Term Care. (2018). [Ontario public health standards: requirements for programs, services and accountability](#).

⁵ Algoma Public Health. (2018). [Public health at work in Algoma: 2018 report to the community](#).

2022 PROVINCIAL ELECTION

2020 Provincial Election: Public health matters

Public health champions health for all, and has worked diligently before and during the COVID-19 pandemic to deliver programs and services that promote well-being, prevent disease and injury, and protect health.⁶

There have been many benefits of the robust pandemic response put forward by public health and partners in collaboration with the residents of Algoma for the last two years. However, the pandemic and our collective response has not come without a cost. We know, and the evidence is already demonstrating, that the pandemic has had a tremendous toll on population health, the public health workforce, and our public health system.

Concerning our public health workforce and system, due to the significant resources required for an effective COVID-19 response and vaccine rollout, many core public health programs and services were scaled-back or suspended. With the goals to minimize illness and death related to COVID-19 and protect health system capacity, resources were diverted (approximately 78% of available resources on average across Ontario public health units) to COVID-19 efforts.⁶ This has resulted in a backlog that will require immediate attention to prevent further health impacts and to restore optimal population health (i.e., immunization catch-up, facility inspections, etc.).

This backlog is compounded by the fact that the pandemic magnified health inequities and resulted in negative health and social impacts (e.g., uptick in substance use, mental health issues, factors that contribute to chronic disease, etc.), especially among those most vulnerable (e.g. young children, those with low income), which will put additional demands on public health resources.⁶ Public health is more than infection control and emergency response, and investment is needed to rebuild a public health system that can proactively address the population health needs of today, while also responding to and being prepared for the health emergencies of tomorrow.⁷

The provincial government plays an important role in shaping the health and wellbeing of our communities.

With the 2022 provincial election around the corner, there is urgent need for Algoma to ensure that our health and public health system are made a priority by all political parties. Political parties are being called on to commit to investments that strengthen and rebuild our public health system for the health and wellbeing of all.⁷

Actions for **strengthening and rebuilding public health** to address the public health priorities impacting health and wellbeing in Algoma that we encourage all political parties to commit to include:

- Increasing and sustaining provincial base funding for local public health to routinize COVID-19 response, restore core public health programs and services, and rebuild to address new population health priorities; and
- Restoring and strengthening the public health workforce, especially in northern Ontario where there have been long-standing challenges with recruitment and retention of skilled health professionals.

Both actions (a) were explained with recommendations in our “*2022 Recommended Public Health Operating & Capital Budget*” report⁸, (b) have implications for public health programming and services as we recover from the pandemic, (c) are key to the future of public health in Ontario, and (d) are of importance to the public’s health.⁷

Investment in public health results in significant returns, such as better community health, lower health care costs and burden on the health system (e.g. preventable emergency visits), and a stronger economy.⁶ When we invest in a strong, sustainable, resilient, and locally based public health system and the issues that matter most to Algoma (e.g. mental health, substance use, health equity, climate change, and more), our communities become strong, healthy and vibrant places where **every person has the opportunity to achieve their full health potential**.

⁶ Association of local public health agencies. (2022). [Elections primer](#).

⁷ Ontario Public Health Association. (2022). [2022 Ontario election priorities](#).

⁸ Algoma Public Health. (2021). [2022 Recommended public health operating & capital budget report](#).

PRACTICE TEMPLATE

Submissions must not exceed 300 words not including Title or Section Headings

Title:

Walking together: How four guiding principles underpinned meaningful collaboration between local public health and Indigenous partners during COVID-19

Introduction/program need and objectives:

Algoma Public Health (APH) is committed to reconciliation, which includes advancing respectful relationships with Indigenous communities. The Relationship Building with First Nations and Public Health Research Team identified four principles (trust, respect, self-determination, and commitment) for building mutually-beneficial relationships to improve wellness for all. This work describes how the principles translated into wise practices that facilitated meaningful collaboration between APH and Indigenous partners during COVID-19.

Program methods, activities and evaluation:

APH worked closely with seven First Nation communities, a number of Métis, Inuit, Urban Indigenous, and Indigenous organizations, and provincial and federal agencies during COVID-19. Grounded in the four principles, APH and Indigenous partners enacted wise practices. Through reflection and feedback, partners identified four wise practices that facilitated collaboration: the integration of local community context (e.g. followed the lead of Indigenous partners), timely and transparent communication, opportunities to gather and engage at all levels (e.g. Maamwesying-led task group involved Medical Officer of Health), and mutual support for expanding capacity (e.g. shared staff for vaccine clinics).

Program results or outcomes:

Use of wise practices when collaborating with Indigenous communities and organizations resulted in a robust and tailored approach to COVID-19 that aligned with each entity's strengths, needs, and preferences, and facilitated mutually-beneficial relationships for working together. As a result, Chief and Councils implemented community-level public health measures, Indigenous-led COVID-19 vaccine clinics administered over 14,000 doses, and a comprehensive case management process was developed with First Nations and First Nation & Inuit Health Branch. Relationships between APH and Indigenous partners have been developed and strengthened, forming a foundation for further partnerships in the spirit of reconciliation.

Recommendations and implications for practice or additional research:

The principles and wise practices that facilitated meaningful collaboration between local public health and Indigenous partners during COVID-19 can inform future approaches to working together. Ongoing collaboration beyond COVID-19 will be needed, as the pandemic has disproportionately impacted Indigenous communities and resulted in health inequities.

Resilience for a Changing Future

Public Health at work in Algoma
2019 Report to the Community



Algoma
PUBLIC HEALTH
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Our Vision

Together, we create and sustain healthy communities.

Our Mission

Together with our communities, Algoma Public Health is a leader in promoting and protecting health and well-being.

Our Values

Excellence - Respect - Accountability & Transparency - Collaboration



Algoma
PUBLIC HEALTH
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A message from the Board of Health Chair

Public health is a good return on investment.

Public health is defined as the organized efforts of society to keep people healthy and prevent injury, illness, and premature death. It is a combination of programs, services, and policies that protect and promote health.

Public health uses a population health approach, which includes efforts to promote health and prevent disease at the population level, including all people across Algoma.

Public health focuses on health equity, which includes efforts so that everyone has equal opportunities to attain their full health potential.

Public health initiatives save lives and money.

For Example:

- Every \$1 spent on immunizing children with the measles-mumps-rubella vaccine saves \$16 in health care costs;
- Every \$1 invested in tobacco prevention programs saves up to \$20 in future health care costs;
- Every \$1 invested in car and booster seats saves \$40 in avoided medical costs; and
- Every \$1 spent on mental health and addictions saves \$7 in health costs and \$30 dollars in lost productivity and social costs.

This annual report gives you a snapshot of the public health work being done in our communities on a day-to-day basis.

From educating about healthy lifestyles to advocating for healthy public policy, employees work with municipalities and a cross section of public health employees, families, and community partners to help each and every one of us in Algoma live a healthy life.

Lee Mason

Board Chair

References:

Government of Canada. (2008). The Chief Public Health Officer's report on the state of public health in Canada: Addressing health inequalities. Retrieved from [Public Health Canada Webpage: Report on Public Health 2008](#)

A Shared Goal of Reconciliation

Algonia Public Health is part of a research project to identify mutually beneficial, respectful, and effective principles and wise practices for effective engagement and meaningful relationship building between First Nations communities and the public health sector. Respect, trust, self-determination, and commitment are key principles identified for relationship building and ultimately, improved health for all.

Algoma Public Health wishes to grow through cultural humility by learning more about the experiences and cultural identities of others in Algoma.

With Algoma University's Shingwauk Residential Schools Centre, Algoma Public Health has embarked on a journey of bringing cultural humility and local teachings to all staff. Beginning with a foundational group of Champions, these learnings will soon include all staff at Algoma Public Health.

- *We commit to the shared goal of reconciliation.*

“I think it sounds like a domino effect. If you have respect then you will gain trust and there is more commitment from all parties involved and as time progresses maybe self-determination can happen more readily. So those four attributes are all intertwined”

- Quote from a First Nations community member.

Resource:

Talking Together to Improve Health Project Team. (2017). Talking Together to Improve Health: Literature Review.



Health Promotion

Substance Use in Algoma

A multi-pronged approach to tackling substance use in our communities is possible through local partnerships and strong community connections.

APH continues to distribute naloxone to agencies, promote anti-stigma dialogue, and advocate for appropriate treatment options for residents who are struggling with substance use disorder.



Left to right: Dr. Jennifer Loo (Associate Medical Officer of Health), Allison McFarlane (Public Health Nurse)

Public Health Nurse Allison McFarlane received an award on behalf of Algoma Public Health at the Sault Ste. Marie Police Service Community Programs event.

The award is in appreciation of equipping front line police officers of the SSM Police Service with Naloxone kits

Algoma Public Health hosted a Substance Use Parents Night offering an interactive and informative session to:

- help parents and caregivers understand how substances impact childhood development;
- explain what the potential health effects are;
- identify how parents can help their teen to make informed decisions; and
- provide information about community supports.

In addition, a panel discussion was held with experts in the field of education, enforcement, public health, youth health promotion, social work and addictions who answered questions from those in attendance.

Health Protection

Public Health Action on Climate Change

APH works closely with municipalities and community groups to promote the development of built (e.g. infrastructure) and natural (e.g. green space) environments that support health and lessen emerging threats associated with a changing climate.

The World Health Organization has called climate change the greatest threat to human health in the 21st century. Climate change is already affecting the health and well-being of communities in Algoma.

Algoma Public Health is part of the Northern Ontario Climate Change & Health Collaborative, a group of seven public health units in northern Ontario who received a grant valued at \$300,000 from Health Canada to develop local health vulnerability and adaptation assessments for each region involved.

This assessment will create a snapshot for Algoma outlining climate change predictions, future health risks, and potential policies and programs that decision-makers can consider when addressing the impacts of Algoma's changing climate.

Resource:

[Government of Canada. \(2019\). Climate change and health adaptation capacity building program.](#)

The Changing Landscape of Public Health



The 2019 Ontario Budget proposed significant changes to the public health sector. The Government of Ontario intends to modernize public health by transitioning the existing 34 local public health units into 10 regional public health agencies.

A collaborative of Ontario's northeast public health units has been working closely to plan for a modernized sector, while remaining focused on the importance of local context and maintaining local public health services in all of our communities.

Local public health is everywhere- from restaurant inspections, to prenatal visits, school immunizations, and smoking cessation supports. APH continues to deliver services and plan for healthy environments across all 21 Algoma municipalities, and we thank you - our community - for your continued partnership in making public health happen!

Public Health in All of Us

Public Health Champion 2019

Public health is more than individual behaviours. It is the organized efforts of society to keep people healthy and prevent injury, illness, and premature death.

Public health is championed in our communities every day, by individuals who have gone above and beyond to contribute to the health of their communities.



The **2019 APH Public Health Champion**, **Elizabeth MacMillan** of Sault Ste. Marie.

Elizabeth is doing a lot in the community to promote gardening as a way for citizens of Sault Ste. Marie to have access to sustainable, healthy food options.

Elizabeth developed Algoma Educational Gardening which works with local schools and daycares to teach children about how to grow vegetables and why it is important. This year, Algoma Educational Gardening worked with HM Robbins, Kiwedin, Tarentorus, St. Mary's French Immersion and local daycares, including Waabinong Head Start.

Through networking, sharing knowledge, and teaching skills, Algoma Educational Gardening can steer our community towards healthy habits and a more sustainable way of living.

Thank you, Elizabeth, for all of your work towards making our community more equitable and healthy.



2019 Budget

<u>Municipal Levies (District of Algoma)</u>	<u>\$3,520,000</u>	
<u>Public Health Funding (Ministry of Health and Long Term Care)</u>	<u>\$10,796,000</u>	
<u>Community Health Funding (Ministry of Children Community & Social Services, North East Local Health Integrations Network, Algoma Family Services)</u>	<u>\$6,997,000</u>	
<u>Fees, Other Grants & Recoveries</u>	<u>\$1,268,000</u>	
	<u>\$22,581,000</u>	<i>Total for 2019</i>

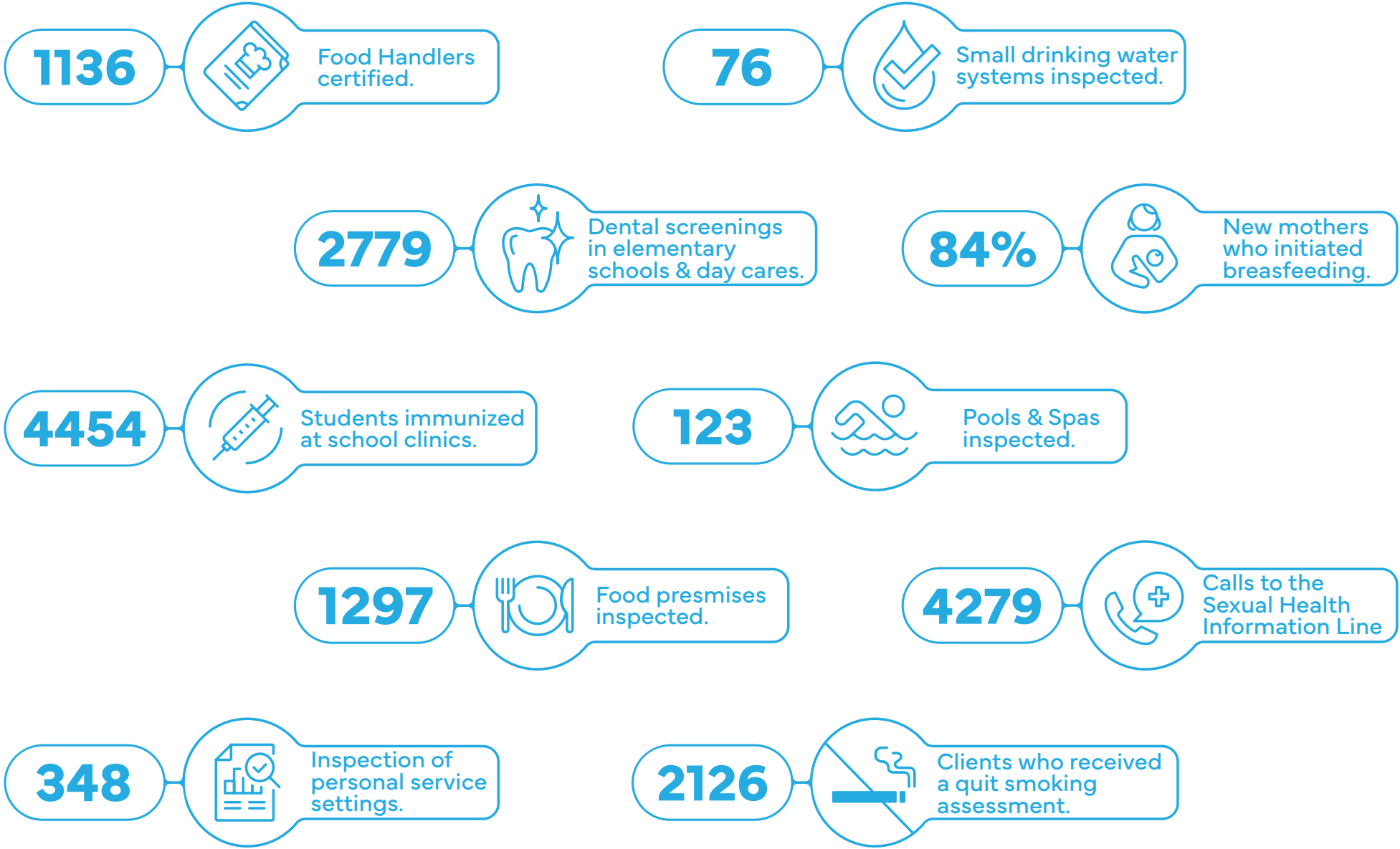
Financial Facts! Did you know...

Public health is funded by provincial and municipal taxpayer dollars.

In 2019, the cost of public health services per person in Algoma was **53 cents/person/day** or **\$193/person for the year**, based on a 2019 census population estimate of 117,138 for the District of Algoma Health Unit.

An exceptional value-for-money when you look at this annual report and the health promotion and protection programming delivered with partners to you, our community.

Public Health By The Numbers in Algoma



Connect with Public Health

Join the Conversation

@algomahealth



Phone

Blind River: (705) 356-2551 *or* 888-356-2551

Elliot Lake: (705) 848-2314 *or* 877-748-2314

Sault Ste. Marie: (705) 942-4646 *or* 866-892-0172

Wawa: (705) 856-7208 *or* 888-211-8074

Website

algomapublichealth.com

Email

contact@algomapublichealth.com

Coming Together Through Challenge and Change

Public Health at Work in Algoma
2020 Report to the Community



Our Vision

Together, we create and sustain healthy communities.

Our Mission

Together with our communities, Algoma Public Health is a leader in promoting and protecting health and well-being.

Our Values

Excellence - Respect - Accountability & Transparency - Collaboration



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A Message from the Board of Health Chair

On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. COVID-19 has since had a profound impact on the health, social, and economic wellbeing of Algoma residents, schools, businesses, and essential workers.

However, despite the public health measures keeping us safely 2-meters apart and the many challenges faced, we've **come together** in new ways to reduce our risk to COVID-19 and strengthen our **resilience** across the district.

Algoma Public Health (APH), along with community partners and the residents of Algoma, worked together to minimize serious illness and death, as well as societal disruption, from COVID-19.

While focusing on the pandemic response, the work of public health also shifted to ensure the maintenance of highest risk, core public health programs and services to support our communities.

This report to the community gives you a few of the many highlights of 2020.

Lee Mason

Chair, Board of Health

Dr. Jennifer Loo

Acting Medical Officer of Health/CEO

2020 Board of Health

Member	Appointed By
Lee Mason (Chair)	Town of Bruce Mines, Village of Hilton Beach & Townships of Hilton, Jocelyn, Johnson, Laird, Macdonald, Meredith & Aberdeen Additional, Plummer Additional, Prince, St. Joseph, Tarbutt
Ed Pearce (1st Vice Chair)	City of Elliot Lake
Deborah Graystone (2nd Vice Chair)	Province of Ontario
Louise Caicco Tett	Sault Ste. Marie
Sally Hagman	Town of Blind River, Town of Spanish, Township of the North Shore
Micheline Hatfield	The Municipality of Wawa, Township of White River, Township of Dubreuville
Dr. Heather O'Brien	City of Sault Ste. Marie
Dr. Patricia Avery	Province of Ontario
Brent Rankin	Town of Thessalon, Municipality of Huron Shores
Matthew Scott	City of Sault Ste. Marie
Adrienne Kappes	Province of Ontario
Karen Raybould	Province of Ontario



Health Protection

Jump Starting our COVID-19 Pandemic Response

On March 11, 2020, the World Health Organization declared the novel coronavirus (COVID-19) a global pandemic. Ontario confirmed its first presumed positive case of COVID-19 on January 25, 2020. Sadly, on March 17th, Ontario confirmed its first death related to COVID-19, which was followed by the declaration of a provincial emergency.

On March 11, 2020, APH activated its **Incident Management System (IMS)** and began to apply prioritization to programs and services, to ensure a strong response to COVID-19 in our community.

We confirmed our first COVID-19 positive case on March 17, 2020 in Algoma, starting our community's pandemic journey, and by March 22nd, APH launched a major communications campaign to advise of physical distancing, staying home after travel, and isolating if sick.

Our pandemic goals were twofold:

1. Minimize severe illness and death related to COVID-19, and
2. Minimize societal disruption, including the preservation of health care services.

The core activities for our COVID-19 response included:

- Surveillance of COVID-19 indicators;
- Synthesis of new evidence to inform local decision-making and public communications (e.g. website, social media, phone line supports);
- Public health measures, such as basic hygiene, masking and physical distancing, especially since we did not have COVID-19 vaccines or therapies yet;
- Supporting municipal emergency response efforts and enforcing provincial legislation;
- Infection prevention and control measures in public settings and workplaces; and
- Case, contact and outbreak management, in partnership with local stakeholders.

COVID-19 by the Numbers for 2020:

73 cases of COVID-19 managed among Algoma and non-Algoma residents temporarily in Algoma.

188 high-risk close contacts provided contact management.

3 outbreaks where APH was the primary health unit were managed.

General COVID-19 phone line responded to approximately **1244** calls per month.



"Algoma Public Health is a good source for COVID guidelines and news. I feel secure knowing I can have confidence in them"

(Public health survey respondent, 2021)



Health Protection

Applying a Health Equity Lens to COVID-19

Health equity was at the forefront of the COVID-19 response, recognizing that the pandemic would have an effect on the health and social wellbeing of many Algoma residents, especially priority populations.

Supports for Isolation:

APH's COVID-19 phone line team helped clients affected by COVID-19 by coordinating lodging for isolation, safe transportation, groceries, essential goods, methadone support, nicotine replacement therapy, and mobile testing across Algoma. This added public health coordination of services ensured priority populations and those impacted by COVID-19 had wraparound support while in isolation, and was done through the partnership of many agencies (e.g., United Way – Harvest Algoma, Red Cross, SSM & District Social Services Administration Board (SSM-DSSAB), Emergency Medical Services, police, etc.).

In partnership with SSM-DSSAB, and funded by the Public Health Agency of Canada, local hotel rooms were made available for isolation, to support the unsheltered population and those unable to isolate alone.

Partnership with Priority Populations:

- APH partnered with First Nation communities, as well as a number of First Nation and Metis stakeholders, to ensure pandemic plans aligned with Indigenous values, needs and preferences. We collaborated routinely with Indigenous partners to co-develop processes that supported relationship building, reduced health impacts related to COVID-19, and reduced inequities during the vaccine rollout.
- APH also worked with Mennonite and Amish communities in Algoma, through routine community visits to share COVID-19-related information, guidance, and health promotion and protection information.



Health Promotion

Sounding the Alarm on Opioid Poisoning

Algoma experiences a significantly higher opioid-related death rate when compared to Ontario, and has a higher rate of hospitalizations related to drug toxicity than Ontario, with opioids being a major cause.

In 2020, there were 43 opioid-related deaths per 100,000 in Algoma, as compared to 14.9 per 100,00 in 2019. This is higher when compared to Ontario, where there were 16.4 opioid-related deaths per 100,000 in 2020. In 2020, the opioid-related death rate in Algoma was 2.6 times higher when compared to Ontario.

Algoma Public Health works with first responders and community partners to reduce the health burden of substance use in Algoma.

What does public health look like in action?

- Opioid surveillance and distribution opioids surveillance bulletins to partners
- Public alerts when opioid poisonings or emergency visits are above threshold (e.g., media releases)
- Harm reduction messaging
- Needle Exchange Services and Naloxone distribution and training across the district
- Education to reduce stigma and discrimination faced by those who use substances

4430 Visits to the needle exchange program for harm reduction supplies and support services.

5 Opioid surveillance bulletins circulated.

5163 Naloxone kits distributed across the district.



LEARN MORE



[A Call for Provincial Re-Commitment to the Opioid Crisis](#)

[Substance Use & Harm Reduction](#)

Health Promotion

Celebrating 25 Years of the Algoma Canadian Prenatal Nutrition Program!

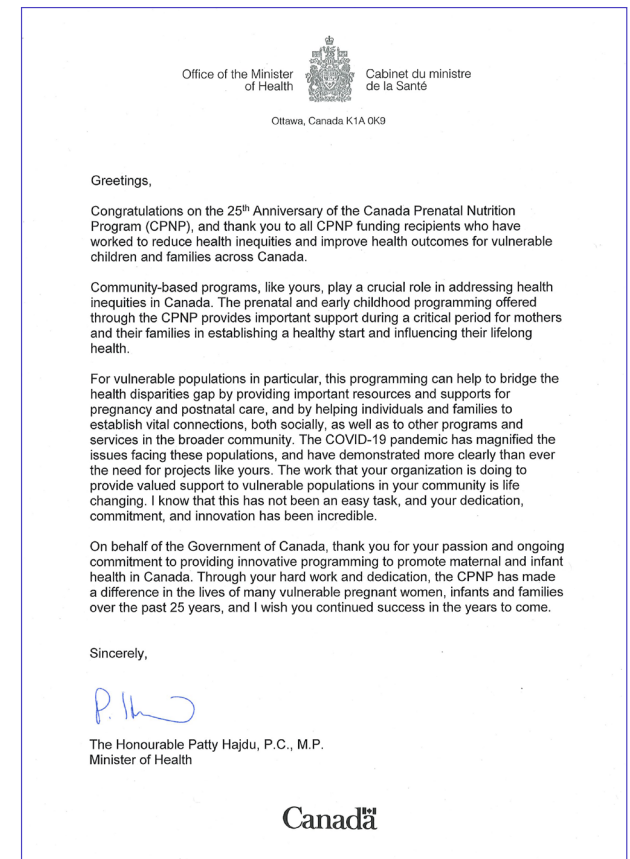
The Algoma Canadian Prenatal Nutrition Program (CPNP) reached a **25th year milestone** in the fall of 2020, and the amazing efforts of all partners were acknowledged by the Federal Minister of Health, the Honorable Patty Hajdu.

Since its inception, the APH Healthy Growth and Development program has collaborated with Algoma Family Services, community businesses and organizations to deliver this program.

The goal is to support families in Algoma to achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health, through a lens of health equity.

CPNP provides an opportunity to reach and support pregnant and postnatal women experiencing financial challenges. Through this program, women are able to access milk, food, vitamins, transportation and health information, as well as connection to social and formal supports.

Although the pandemic posed challenges, we were able to provide the CPNP program to more families in 2020. Traditional drop-ins moved to virtual service delivery by phone, and enrollment in this program increased.



[Video: CPNP Celebrates 25 years in Algoma](#)

Health Promotion

Nurturing Healthy Growth and Development

The Healthy Growth and Development (HG&D) program supports families and children in achieving optimal health through programming focused on preconception health, healthy pregnancies, healthy sexuality, infant feeding, healthy parenting, and delivering the Healthy Babies Healthy Children (HBHC) program.

This includes screening, child and parent skill building, and working with partners.

Many Algoma families face challenges when it comes to having healthy pregnancies, addressing mental health, and accessing primary care.

During COVID-19, the HG&D program continued to prioritize clients and families and accepted referrals for families identified with risk (prenatal, postpartum and early childhood) until the child transitioned to school.

What does public health look like in action?

- Lactation consultants provided virtual and in-person breastfeeding support.
- Public health nurses conducted 48-hour calls to parents/guardians after discharge from a hospital birth, with consent, to assess risk and provide support, information, and service coordination, and conduct a HBHC screening.
- HBHC supported enrolling clients in smoking cessation services, and education through online, self-directed prenatal classes called [InJoy](#).
- Sexual health information line remained available for individuals wanting information on birth control, pregnancy, pregnancy options, contraception, sexually transmitted infections, HIV, and sexual health services.

74.1% of all babies born in Algoma received a 48-hour postpartum HBHC screen.



LEARN MORE



[Healthy Growth and Development Program](#)



Health Promotion

Supporting our Schools & School-Age Children

COVID-19-related school closures in early 2020 raised concern for children's mental and physical health and wellbeing, and increased inequities by removing access to important in-school supports. This reinforced the need to prioritize the safe return to in-person learning for school-aged children.

School environments are one of the most important protective factors for the wellbeing of students and their families. Schools promote healthy growth and development, and connect guardians to community resources and supports.

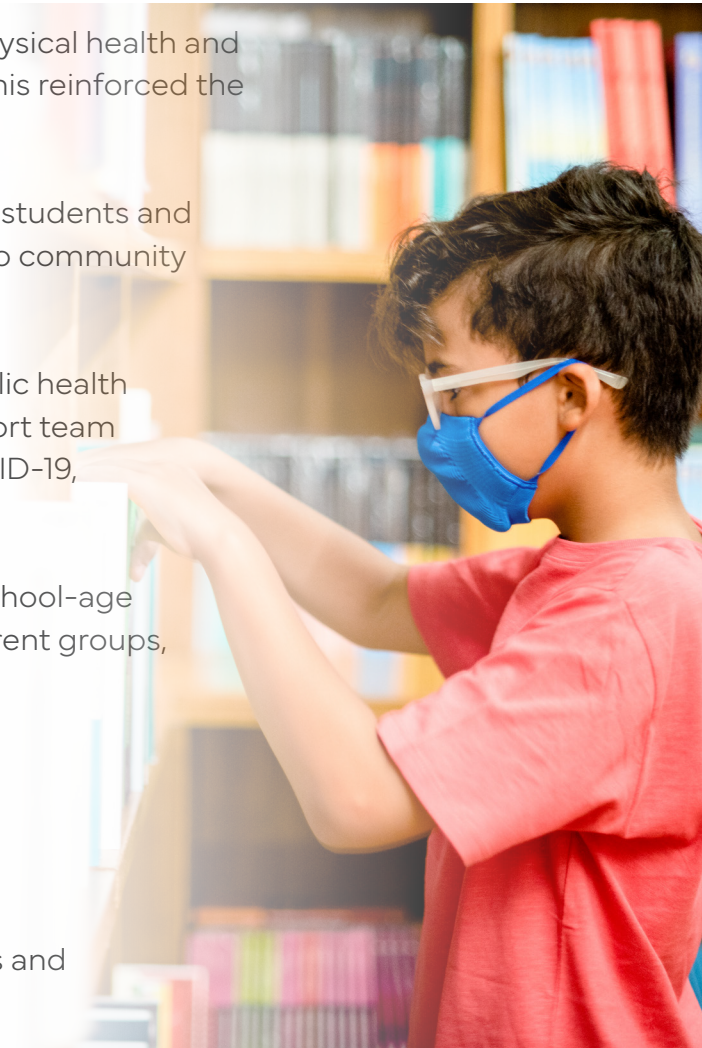
In 2020, Ontario launched the School Focused Nursing Initiative to maintain dedicated public health nurses for COVID-19 response in the schools. APH created a School Health COVID-19 Support team dedicated to helping schools operate safely, mitigate exposure to and transmission of COVID-19, and stay open for in-person learning.

APH uses a comprehensive health promotion approach to work to improve the health of school-age children and youth in Algoma, in collaboration with school boards, principals, educators, parent groups, student leaders, and students.

What does public health look like in action?

- Sharing information and resources (e.g., daily screening tools)
- Providing infection prevention and control strategies and assessments
- Supporting case and contact management and managing outbreaks to keep educators and students safe at school
- Responding to questions and concerns from schools, parents and students

APH works with **4 school boards**, representing **69 schools** and **15,379** students aged **4 to 17** in Algoma.



LEARN MORE



[Public health in your school](#)

Public Health in All of Us

Public Health is more than individual behaviours. It is the organized efforts of society to keep our communities healthy and safe.

Throughout 2020, the COVID-19 pandemic challenged individuals, businesses, and communities across Algoma. We worked together during these times of great change and uncertainty to protect the health of our community and support one another. Public health was championed in our communities every day, in big and small ways (e.g., staying home when sick, wearing a mask, grabbing groceries for a neighbour at risk, etc.).

Our [Public Health Champion awards](#) honoured Algoma residents who demonstrated exemplary kindness, compassion, and community spirit while helping others overcome the challenges of COVID-19.

The 2020 Public Health Champions included:



Health Protection Champion

Leila Macumber, *Serpent River First Nation*

Mental Health & Wellness Champion

Student Success and Advancement Teams, *Algoma University*

Re-Open Safely Champion

Sault Ste. Marie YMCA
Town of Blind River

Amplifier Champion

Dr. Sean Robinson and **Dr. Jamileh Shaffaf** and *The Wawa Family Health Team*
Dr. Cathy Groh, *Elliot Lake Family Health Team*
Mayor Christian Provenzano, *City of Sault Ste. Marie*

2020 Funding of Local Public Health

Municipal Levies <i>District of Algoma</i>	\$ 3,559,000
Public Health Funding <i>Ministry of Health and Long-Term Care</i>	\$11,306,000
Community Health Funding <i>Ministry of Children & Social Services, North East Local Health Integration Network, Algoma Family Services</i>	\$6,629,000
Fees, Other Grants & Recoveries	\$813,000
Total for 2020	\$22,307,000

Financial Facts! Did you know ...

Public health is funded by provincial and municipal taxpayer dollars.

In 2020, public health programs and services cost Algoma residents **\$190/person** for the year, or **52 cents/person/day**, based on a 2020 census population estimate of 117,698 for the District of Algoma Health Unit.

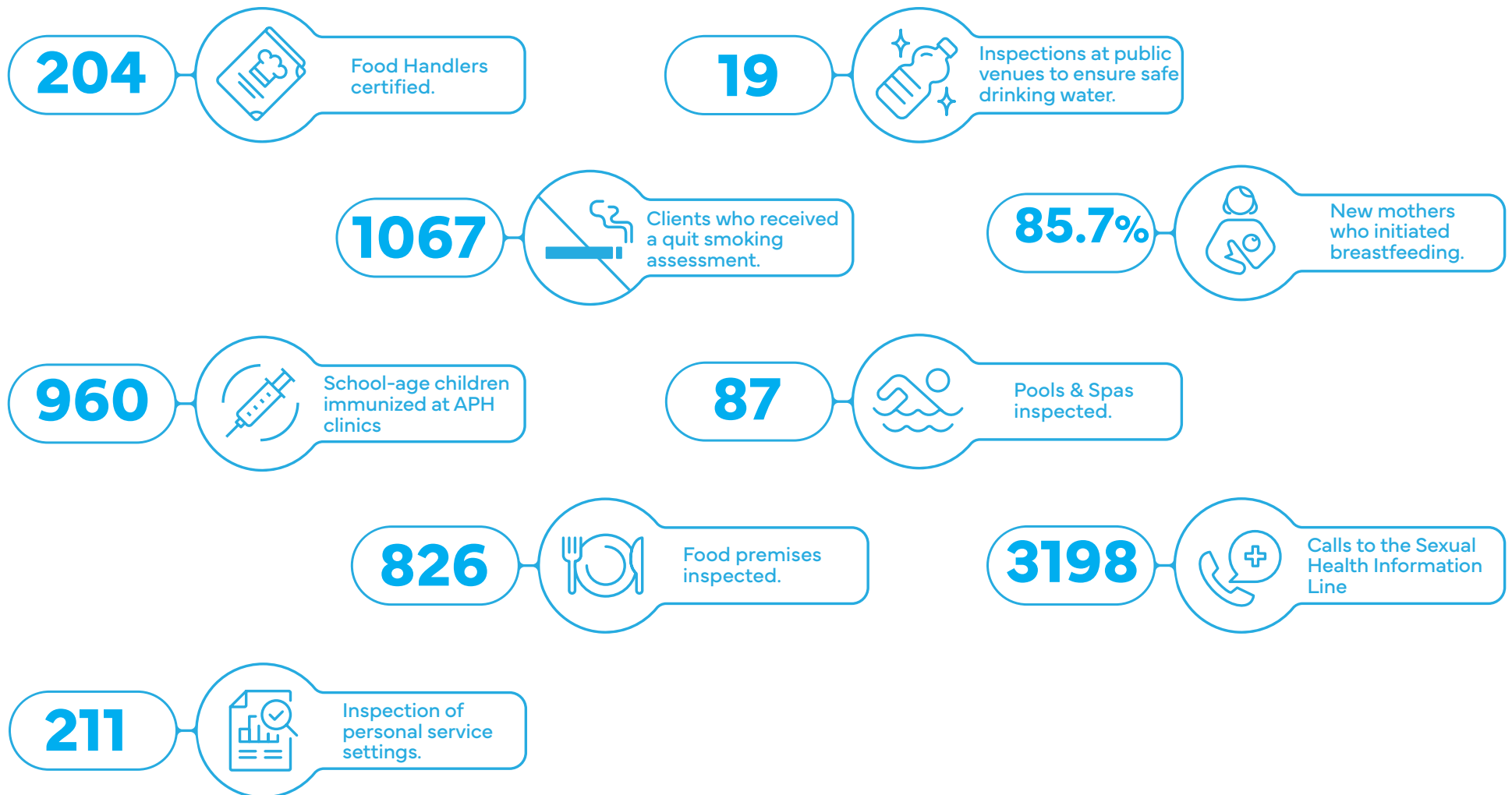
An exceptional value for programs and services, especially during the COVID-19 pandemic!

In 2011, public health accounted for 2.2% of Ontario health system expenditures. Over almost a decade, this proportion has only grown to approximately 2.4% of provincial health system expenditures. Learn more about the [Public Health Systems in Canada: Ontario](#) (2021).

2020 Public Health by the Numbers

Algoma Public Health works in our communities every day with individuals, families and community partners to promote and protect health and prevent disease and injury.

Although the COVID-19 pandemic response to keep our communities safe changed or suspended some public health programs and services, lots of prioritized public health action continued. This is a quick snapshot of what we accomplished in 2020!



Connect with Public Health

Join the Conversation

@algomahealth



Phone

Blind River: 705-356-2551 or 888-356-2551

Elliot Lake: 705-848-2314 or 877-748-2314

Sault Ste. Marie: 705-942-4646 or 866-892-0172

Wawa: 705-856-7208 or 888-211-8074

Website

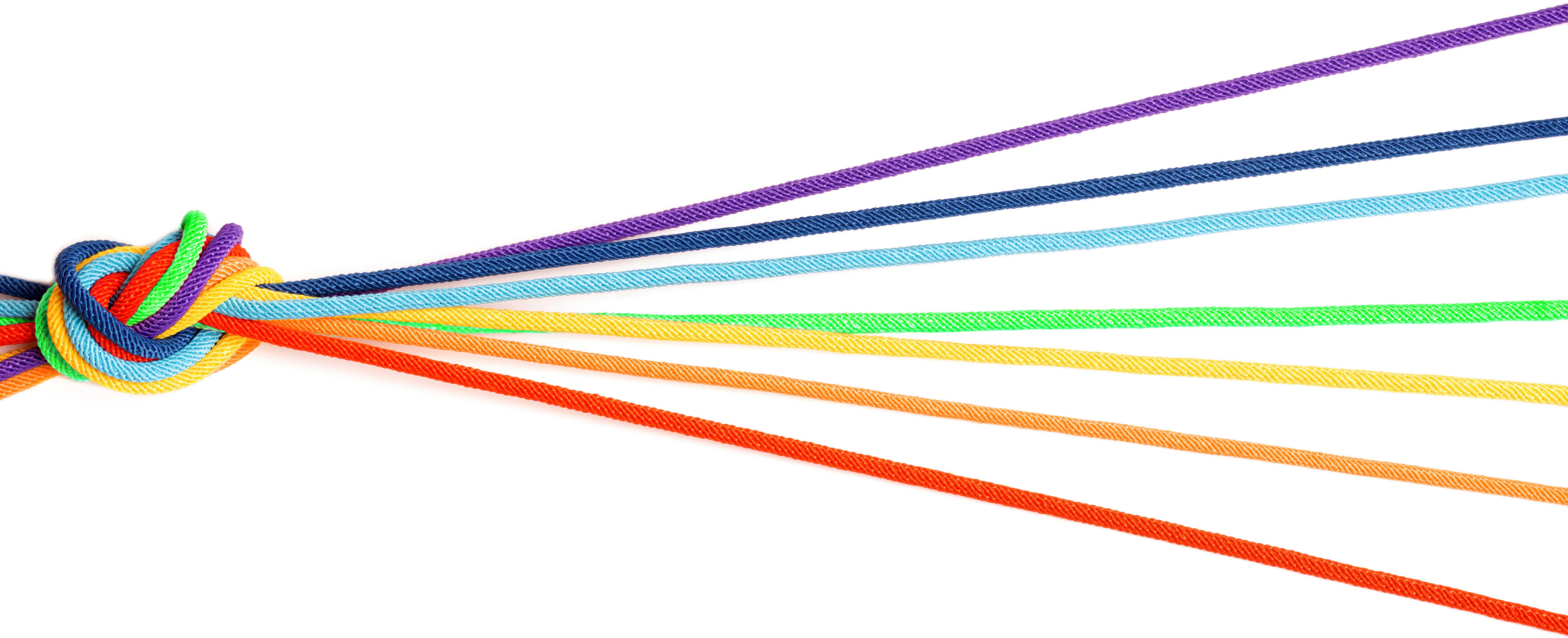
algomapublichealth.com

Email

contact@algomapublichealth.com



Algoma
PUBLIC HEALTH
Santé publique Algoma



Persevering Through Partnerships to Promote and Protect Health

Public Health at Work in Algoma
2021 Report to the Community

Our Vision

Together, we create and sustain healthy communities.

Our Mission

Together with our communities, Algoma Public Health is a leader in promoting and protecting health and well-being.

Our Values

Excellence - Respect - Accountability & Transparency - Collaboration



Algoma
PUBLIC HEALTH
Santé publique Algoma

What is Public Health?

"Public health is the outbreak that did not happen, the traumatic injury that did not occur, and the overdose that was avoided. Public health protects our healthcare system by reducing the need for medical treatments, and helping people stay healthy and well."

Dr. Theresa Tam,

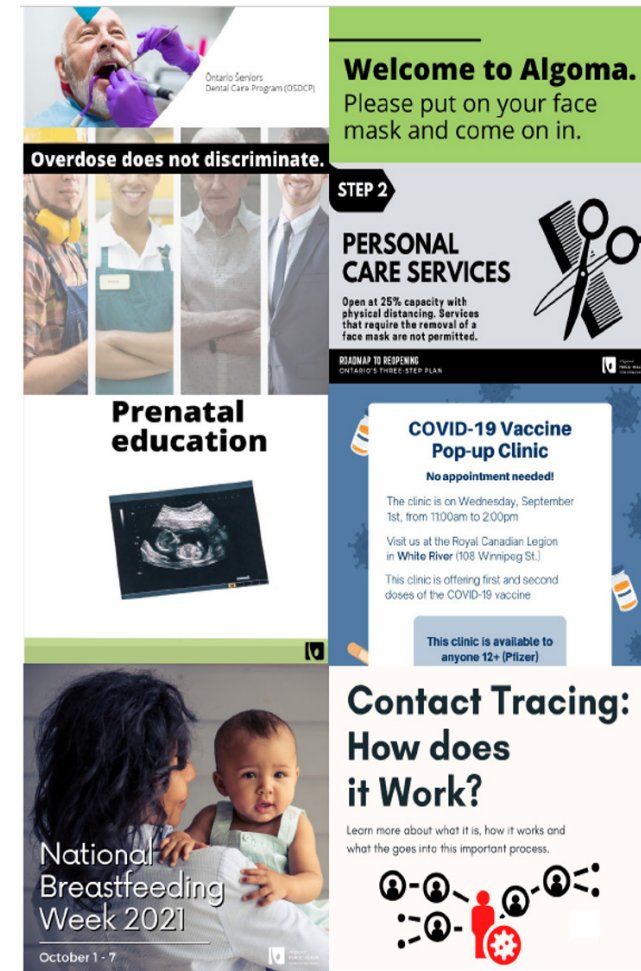
Canada's Chief Public Health Officer

When we prioritize public health, through **health promotion**, **health protection**, and **disease and injury prevention**, people stay healthy and well, the healthcare system remains available to those who need it most, and the economy grows.

Everyone benefits from public health.

Resource:

Government of Canada. (2021). [Annual report: The Chief Public Health Officer of Canada's 2021 report on the state of public health in Canada: A Vision to Transform Canada's Public Health System.](#)



A Message from the Board of Health Chair

Throughout 2021, Algoma Public Health (APH), along with community partners and Algoma residents, continued to come together to minimize serious illness and death, and minimize societal disruption, related to COVID-19.

We also led the largest vaccine roll-out in Algoma's history, administering COVID-19 vaccines to all eligible groups to protect our community, one dose at a time.

This did not stop the important, prioritized work done for health promotion and protection, giving us a boost of optimism to start looking towards COVID-19 recovery.

The role of public health has become more visible during the pandemic – in the news, on social media, and through actions and conversation in our workplaces, schools, and homes. However, outside of COVID-19, the work of public health is largely behind the scenes to help all people achieve optimal health and wellbeing, and our communities become safer, healthier, and more inclusive places work live, work and play.

This report to the community gives you some of the many highlights of 2021.

Sally Hagman

Chair, Board of Health

Dr. Jennifer Loo

Medical Officer of Health/CEO

2021 Board of Health

Member	Appointed By
Sally Hagman (Chair)	Township of Blind River, Township of Spanish, Township of North Shore
Ed Pearce (1st Vice Chair)	City of Elliot Lake
Deborah Graystone (2nd Vice-Chair)	Province of Ontario
Louise Caicco Tett	City of Sault Ste. Marie
Micheline Hatfield	The Municipality of Wawa, Township of White River, Township of Dubreuilville
Lee Mason	Town of Bruce Mines, Village of Hilton Beach & Townships of Hilton, Jocelyn, Johnson, Laird, MacDonald, Meredith & Aberdeen Additional, Plummer Additional, Prince, St. Joseph, Tarbutt Township
Musa Onyuna	City of Sault Ste. Marie
Brent Rankin	Town of Thessalon, Municipality of Huron Shores
Matthew Scott	City of Sault Ste. Marie



Health Protection

Strengthening our COVID-19 Pandemic Response

Algoma Public Health's intense response to COVID-19, through increased public health measures and infection prevention and control practice education, implementation and enforcement, risk communication, testing, case and contact management, outbreak management, and health promotion, has benefitted community health and safety.

In partnership with municipalities, health sector partners, community organizations, and Algoma residents, pandemic response goals continued to be met. The Healthy Workplace Team and Public Health Inspectors supported facilities through the Roadmap to Reopening Ontario, and vaccine mandates were implemented as another strategy to minimize risk of transmission and illness.

COVID-19 brought some new challenges in 2021, requiring us all to step up our public health measures to protect our communities:

- When local COVID-19 activity surged and led to increased risk in Algoma, the Medical Officer of Health issued additional local measures to protect communities. This included a two-week delay in the resumption of in-person learning in high schools in January, and during the Delta wave of the fall, extending proof of vaccination requirements for organized sports, requiring isolation for cases and contacts, and strengthening capacity limits, and masking requirements.
- Delta and Omicron variants of concern were detected in Ontario, and circulated in Algoma, resulting in higher rates of community transmission and illness near the end of 2021.
- Algoma experienced its biggest wave of COVID-19, dominated by the Delta variant and pushed even higher at the end of the year by the Omicron variant. During the last 8 weeks of 2021 (November 7th-December 31st) we averaged 210 new cases of COVID-19 per week, ranging from 130-478 new cases per week. At one point, we became the health unit with the highest incidence rate in Ontario (week ending December 4th).
- Province-wide changes to case and contact management in December 2021 shifted our focus from containment of COVID-19 to mitigation in highest risk settings.

Because of our strong, collective efforts:

- Serious illness and death remained limited in Algoma, despite a surge in late 2021.
- Community action to keep transmission low helped to minimize societal disruption.

COVID-19 by the numbers:

- **2,148** cases of COVID-19 among Algoma residents and non-Algoma residents temporarily in Algoma were provided case management in 2021.
- **71** Algoma outbreaks were managed by APH.
- General COVID-19 phone line responded to over **2500 calls per month**.



To learn more about the COVID-19 response throughout 2021, read our [Budget Report](#) that explains the work, the impact, and the cost of COVID-19 for public health and our community.

Health Protection

Becoming a Hub for Infection Prevention and Control

Infection prevention and control (IPAC) practices are one of the best things we can all do to keep ourselves and others safe and healthy.

IPAC practices, such as hand washing, screening, getting vaccinated, isolating when sick, and using our masks, can reduce the risk of transmission of microorganisms that can make us sick.

IPAC practices have been intertwined with public health and community partners long before COVID-19. This has included outbreak management (e.g., chickenpox in schools), inspections (e.g. long-term care), and case and contact management (e.g., influenza).

In fall 2020, APH became the designated Algoma hub for provincial IPAC funding intended to build IPAC capacity across high risk settings to protect those most vulnerable. In these settings, education, inspections and using evidence-informed practice can break the chain of transmission of germs to reduce illness.

Algoma Public Health has collaborated with high-risk settings such as long-term care homes, retirement homes, hospitals, hospices, correctional institutions, First Nations elder lodges, schools and daycares, and congregate living facilities (e.g., group homes, shelters, etc.) to curb the spread of COVID-19. To ensure IPAC support, APH aligned a liaison to each facility across the district.



[Program highlights](#)

[Infection Prevention & Control](#)

Health Protection

Coming Together to Chat about Climate Change

The climate crisis is a public health emergency.

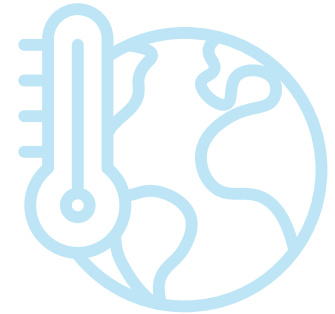
Algoma Public Health works to reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate.

To address risk factors, we need to understand the impacts of climate change on health in Algoma, who is at greatest risk from these impacts, and how we can work with partners to address the impacts of climate change on our health.

With 7 northern public health units, APH continued as an active partner within the Northern Climate Change and Health Collaborative [Health ADAPT](#) project by working towards the development of a Vulnerability & Adaptation Assessment for Algoma.

In 2021, Algoma Public Health:

- Hosted 19 virtual climate chats to learn about local perceptions on the impacts of climate change on health.
- Wrote a [blog for the Clean North](#) celebrating Earth Day, by talking about climate change and health.
- Delivered a guest [webinar for Sault Climate Hub](#).
- Advocated for greater action to address [climate change](#).
- Worked on a local Vulnerability & Adaptation Assessment for Algoma and a climate science and health report.



[Impacts of Climate Change on Algoma](#)

Health Protection

Activating Emergency Response during Wildfires

The climate crisis is a public health emergency.

In summer 2021, northern Ontario communities experienced wildfires, requiring the evacuation of 100 individuals from North Spirit Lake First Nations to Sault Ste. Marie.

APH, as part of Sault Ste. Marie's Emergency Operations Centre, mobilized with partners to ensure the health and safety of evacuees, while continuing the COVID-19 response.

APH deployed two public health inspectors to work on-site at the host facility daily, to ensure appropriate infection prevention and control measures were in place, assess risk, provide education, and deliver harm reduction and public health supplies (e.g., toothbrushes, personal protective equipment, sanitizer, condoms, and naloxone).

Communications on air quality were also amplified to alert Algoma communities of the risks to health from wildfire smoke exposure, especially among vulnerable populations (i.e., young children, seniors, and those with respiratory conditions), and to provide strategies for risk mitigation.

ALERT

Special Air Quality Statement:

- Sault Ste. Marie - St. Joseph Island
- Elliot Lake - Ranger Lake
- Blind River - Thessalon
- White River - Dubreuilville
- Wawa - Pukaskwa Park
- Agawa - Lake Superior Park
- Searchmont - Montreal River Harbour

Health Promotion

Rolling up our Sleeves for COVID-19 Vaccines

Health Canada began authorizing safe and effective COVID-19 vaccines for use in Canada in December 2020.

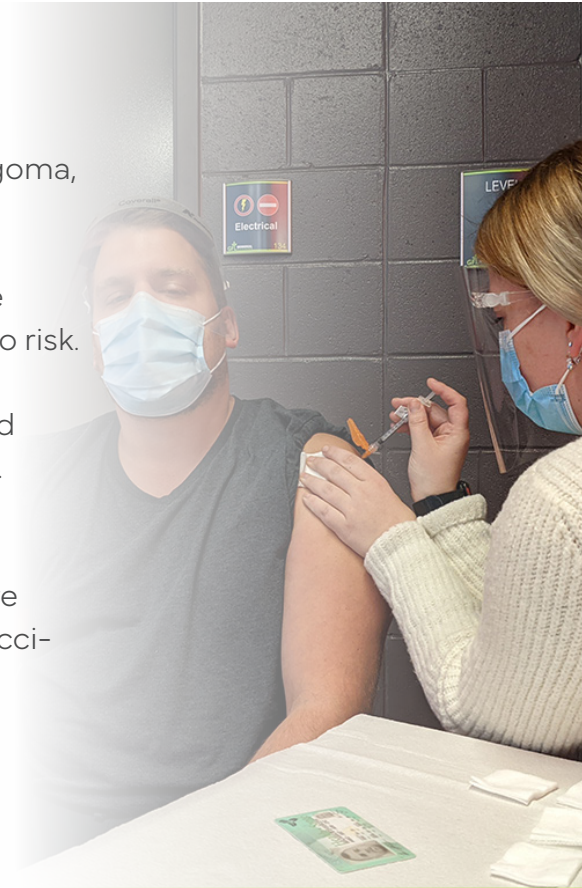
Following the Government of Ontario's priority groups and timeline for distribution of vaccine, in Algoma, the first dose of COVID-19 vaccine was administered on January 27th, 2021 in long-term care.

The goals of our COVID-19 immunization campaign included achieving protective vaccine coverage across Algoma in a safe, efficient, effective and equitable manner, by prioritizing access according to risk.

Throughout 2021, COVID-19 vaccine doses (first, second, and third dose boosters) were administered across the district, by public health, primary care, pharmacy, Indigenous-led, and community clinics.

Through pop-ups and mobile clinics, APH and partners reached those most at-risk from COVID-19, including those in long-term care, congregate living settings, and shelters, as well as those who were homebound. Sensory-friendly clinics also provided a quiet, low stimulus environment for getting vaccinated.

Community partners, such as the Algoma Vaccine Support Council, also stepped up to provide free transportation to clinics, share credible vaccine information, and deliver hot meals for workers.



Young defenders aged 5-11, youth 12-17, and adults 18+ quickly rolled up their sleeves, resulting in:

- **220,726** doses of COVID-19 vaccine administered in 2021 across all channels in Algoma.
- **84.7%** of eligible individuals aged 5+ received at least 1 dose of COVID-19 vaccine in 2021.
- **79.2%** of eligible individuals aged 5+ received at least 2 doses of COVID-19 vaccine in 2021.
- **36.1%** of eligible individuals aged 18+ received at least 3 doses of COVID-19 vaccine in 2021.



Health Promotion

Boosting Vaccine Confidence

Getting vaccinated against COVID-19 with two doses, or three dose if eligible, provides the best protection against severe illness and death from COVID-19. The decision to #getvaccinated meant having an understanding of the benefits and risks to vaccination.

To support Algoma residents, vaccine champions across the district, along with APH and community partners, shared evidence-informed vaccine information and resources to boost confidence and understanding of the importance of getting vaccinated.

- Hosted virtual town halls with healthcare professionals to answer questions
- Maintained a COVID-19 phone line to answer vaccine-related questions
- Developed webpages and social media materials to answer FAQs about the COVID-19 vaccines and getting vaccinated
- Launched our Be There for This campaign
- Participated in a Northern Ontario Junior Hockey League campaign encouraging vaccination
- Hosted family-friendly vaccine clinics for children aged 5-11, giving them the powerful protection needed to be YOUNG DEFENDERS against COVID-19

To support workplaces and organizations with COVID-19 vaccine policies, APH created a COVID-19 Vaccine Policy Toolkit with essential information and tips, and circulated information on how to access a vaccine receipt and where to use it in Algoma.

CALLING ALL YOUNG DEFENDERS



Be A Hero, get Vaccinated.

Vaccinations are available for **5 to 11 year old children**.
Ask your healthcare provider or visit our website today for a
local community clinic or participating pharmacy near you.

Health Promotion

Recommitting to Reconciliation

Algoma Public Health staff consulted with First Nations and Métis partners to create an Algoma district-wide Land Acknowledgement that recognized the diverse lands on which we live, work, and play, as well as the interconnectedness of communities across the Algoma district.

The Land Acknowledgement is read at all APH-led meetings to build awareness of Indigenous history, presence, and rights.

It serves as a re-commitment to public health action, in partnership with Indigenous communities, towards the shared goal of Reconciliation.

Public health action starts with building meaningful relationships with Indigenous partners founded in principles of trust, respect, commitment, and self-determination.

COVID-19 has provided many opportunities to collaborate and strengthen relationships with local Indigenous partners.



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

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

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

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

We commit to the shared goal of Reconciliation.

TRUST - RESPECT - COMMITMENT - SELF-DETERMINATION

Health Promotion

Raising Awareness of the Opioid Crisis

The COVID-19 pandemic overshadowed and simultaneously worsened the opioid crisis in northern Ontario.

Algoma Public Health works with first responders and community partners to reduce the health burden of substance use in Algoma. In 2021, public health action with partners focused on prevention and harm reduction.

In 2021, this work included:

- Promoting healthy coping strategies to increase resilience and awareness of harms associated with substance use
- Advocating for increased treatment services in Algoma
- Conducting opioid surveillance and distributing opioids surveillance bulletins to partners
- Releasing alerts when opioid poisonings or emergency visits were above threshold (e.g., media releases)
- Facilitating harm reduction programming, such as Needle Exchange Programming and naloxone distribution and training
- Providing education to reduce stigma and discrimination faced by those who use substances



- Provided harm reduction supplies to 6 agencies/programs to increase access to safer drug use supplies.
- **10** opioid surveillance bulletins circulated.
- **6906** naloxone kits distributed across the district.
- **5885** visits to the needle exchange program for harm reduction supplies and support services.
- **6** sharps disposal kiosks in Sault Ste. Marie, 1 in Blind River, and 1 in Elliot Lake.
- Worked with **16 agencies/programs** to improve access to naloxone in Algoma.



[Substance Use and Harm Reduction](#)

Health Promotion

Clearing the Air with Algoma University

As of September 1st, 2021, Algoma University's Campus in Sault Ste. Marie is 100% Smoke Free. Those visiting the Sault Ste. Marie campus are no longer allowed to smoke or vape, or use tobacco or cannabis products, on-site.

APH supported Algoma University in their journey to a Smoke Free campus by providing public health consultation and evidence informed resources.

A comprehensive Smoke Free policy supports a healthier learning environment for everyone including students, faculty, staff and visitors.

Congratulations, Algoma University!



Looking to quit?

Algoma Public Health offers Tobacco Cessation Clinics which provide personalized support as you begin your journey towards becoming and remaining smoke-free. Options for Nicotine Replacement Therapy are also available.



LEARN MORE



[Resources and supports
for smoking cessation](#)

Health Promotion

Smiling for Ontario's Seniors Dental Care Program

Oral health is an important part of overall health. Dental care is part of health promotion and protection for healthy aging. The Ontario Senior Dental Care Program (OSDCP) provides free, routine dental services for low-income seniors aged 65+. It is intended to prevent chronic disease, increase quality of life and reduce unnecessary trips to the hospital.

Algoma's population is ageing, and many older adults cannot afford basic dental care. In general, northern Ontario communities experience poorer health outcomes and greater health inequities compared to the rest of the province.

In Algoma, an estimated 3,792 people are eligible for the program.

APH has been offering the OSDCP since its official launch in November of 2019, with only a brief pause during early 2020 when the COVID-19 pandemic was declared. The program includes coverage for various types of preventative, restorative, and prosthodontic care for eligible seniors.



In 2021, APH:

- Offered hygiene clinics 2 days per week.
- Offered treatment clinics 1 day per week.
- Installed a panoramic x-ray machine, which will enhance diagnostic imaging for clients.



LEARN MORE



[The Ontario Senior Dental Care Program \(OSDCP\)](#)

[Board update on the Ontario Senior Dental Care Program \(OSDCP\)](#)

Students and Learners Join our Teams

During the summer of 2021, 23 students stepped up to support public health during the pandemic. These post-secondary students worked throughout the agency to support COVID-19 response and core public health programs.

APH also continued to facilitate academic student placements for over 20 learners during the pandemic, with some creativity in delivering quality experiences through hybrid or virtual models.

Undergraduate students, graduate students and medical residents from academic institutions within Ontario and beyond joined our health promotion, health protection, corporate, and foundations teams.

Across the agency, students and learners contributed over 15,000 hours to public health!

What a time to be working and learning in public health!

We are grateful to all our learners for joining our teams to learn and support the work of public health. We look forward to welcoming more learners from northern Ontario in 2022.

The screenshot shows a virtual meeting interface. On the left, a presentation slide titled "Share the Road" is displayed. The slide contains a bulleted list of program goals and an illustration of a car and a cyclist with a 1m distance marker. On the right, a vertical grid of video feeds shows several participants, including one labeled "Li Bressan - APH SSM".

Share the Road

- The Share the Road program **promotes active transportation** through community awareness, safety signs, and practical reconstruction of roadways to allow for active transportation utilization.
- Enhances **access** for bicyclists on the roads and trails.
- **Educates** citizens on the value and importance of **safe bicycling** for healthy lifestyles and communities.

1 METRE (3 FEET) is a safe passing distance

1m

SHARE THE ROAD

Li Bressan - APH SSM

Mackenna

Rachel

April Moran

Virtual knowledge sharing session by Sault College BScN placement students.

Public Health in All of Us

Public Health is more than individual behaviours. It is the organized efforts of society to keep our communities healthy and safe.

Throughout 2021, the COVID-19 pandemic continued challenged individuals, businesses, and communities across Algoma. We worked together during these times of great change and uncertainty to protect the health of our community and support one another. Public health was championed in our communities every day, in big and small ways.

Our Public Health Champion awards honoured Algoma residents who demonstrated exemplary kindness, compassion, and community spirit while helping others overcome the challenges of COVID-19.

Our 2021 Public Health Champions included:

General

PUC Services Inc.

Supported the Algoma Vaccine Support Council, and chaired the transportation committee.

Took the lead to buy lunches for every volunteer working at GFL Memorial Gardens Vaccine Clinics.

Provided free transportation to COVID-19 Vaccine clinics in Sault Ste. Marie, removing barriers to vaccine access for first, second, and third dose boosters for all eligible groups.

Lisa Vezeau-Allen

Enhanced food access by those in need of support through Grocer4Good, which operates on a 'pay what you can' philosophy.

Impacted the lives of young adults with Autism and intellectual disabilities by providing opportunities to obtain viable skills to become employable.

Integrating a kitchen in Grocer4Good to help folks develop skills to prepare nutritious meals.

Youth (under 30)

Beau Neveau

Assisted Batchewana First Nation (BFN) Centre staff and the community in providing assistance in all things related to COVID-19.

Supported booking, eligibility confirmation, and administration details for COVID-19 vaccine clinics, with careful attention to the unique barriers experienced by BFN communities.

2021 Funding of Local Public Health

Municipal Levies <i>District of Algoma</i>	\$ 3,808,000
Public Health Funding <i>Ministry of Health and Long-Term Care</i>	\$ 16,938,000
Community Health Funding <i>Ministry of Children & Social Services, North East Local Health Integration Network, Algoma Family Services</i>	\$ 3,568,000
Fees, Other Grants & Recoveries	\$ 682,000
Total for 2021	\$ 24,996,000

Financial fact! Did you know...

Local public health is funded by provincial and municipal taxpayer dollars. These dollars come from the same taxpayers.

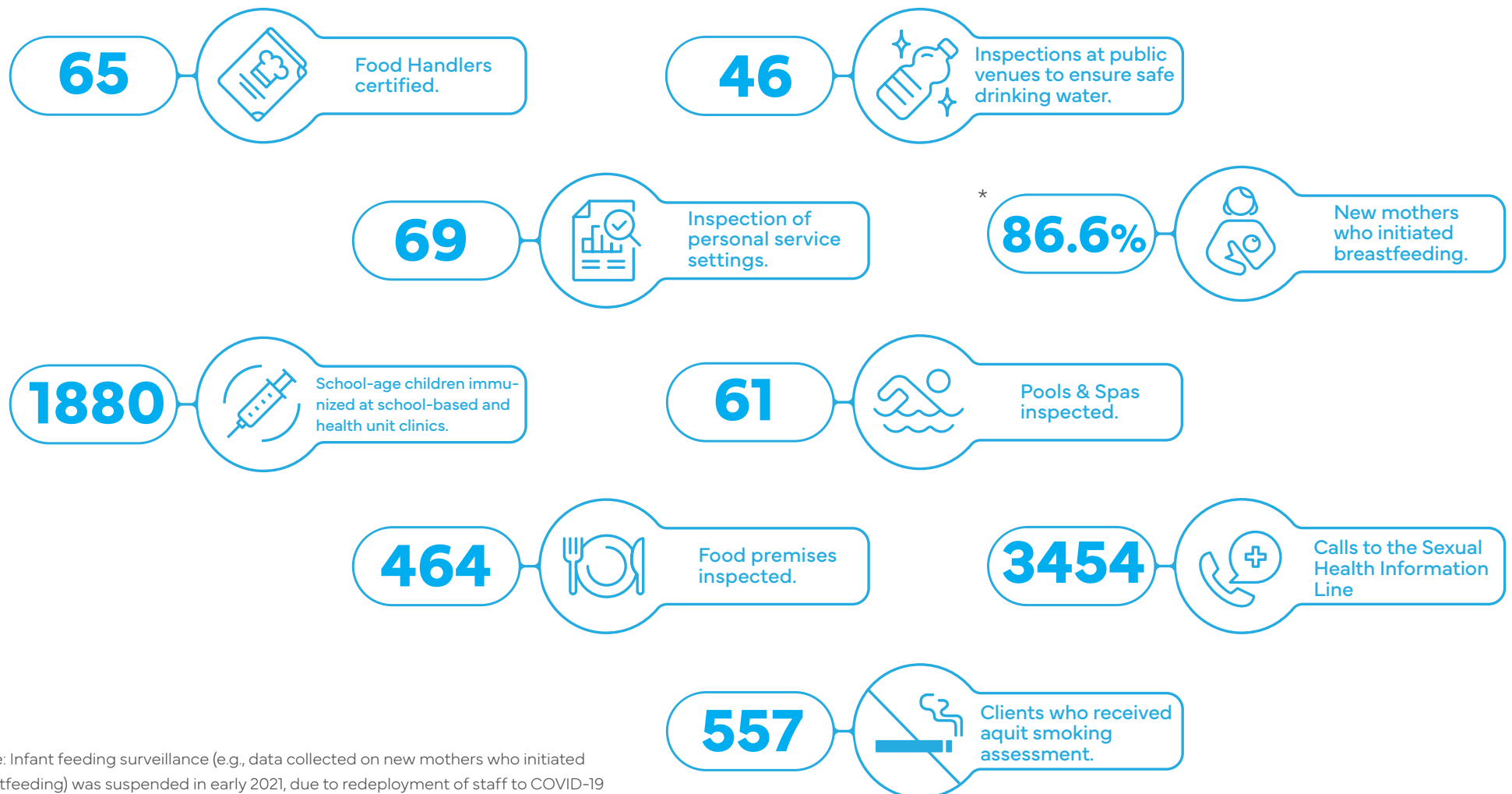
In 2021, public health programs and services cost Algoma residents **\$213/person for the year**, or **58 cents/person/day**, based on a 2021 census population estimate of 117,178 for the District of Algoma Health Unit.

That's quite an exceptional deal to keep us safe and healthy, especially during a pandemic!

2021 Public Health by the Numbers

Algoma Public Health works in our communities every day with individuals, families and community partners to promote and protect health and prevent disease and injury.

Although the COVID-19 pandemic response to keep our communities safe changed or suspended some public health programs and services, lots of prioritized public health action continued. This is a quick snapshot of what we accomplished in 2021!



*Note: Infant feeding surveillance (e.g., data collected on new mothers who initiated breastfeeding) was suspended in early 2021, due to redeployment of staff to COVID-19 response work. Therefore, the data provided represents only the first few months of the year.

Connect with Public Health

Join the Conversation

@algomahealth



Phone

Blind River: (705) 356-2551 or 888-356-2551

Elliot Lake: (705) 848-2314 or 877-748-2314

Sault Ste. Marie: (705) 942-4646 or 866-892-0172

Wawa: (705) 856-7208 or 888-211-8074

Email

contact@algomapublichealth.com

Website

algomapublichealth.com



Algoma
PUBLIC HEALTH
Santé publique Algoma

**Algoma Public Health
(Unaudited) Financial Statements March 31, 2022**

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Algoma Public Health
Statement of Operations
March 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	2,177,025	2,177,025	-	8,708,100	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	398,976	478,250	(79,274)	5,313,000	-17%	83%
Provincial Grants - Mitigation Funding	259,450	259,449	1	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	55,726	49,656	6,070	379,075	12%	112%
Total Public Health Revenue	\$ 3,938,481	\$ 4,011,684	\$ (73,203)	\$ 19,627,191	-2%	98%
Expenditures						
Public Health Cost Shared	\$ 4,103,729	\$ 4,570,074	\$ 466,344	\$ 17,772,296	-10%	90%
Public Health 100% Prov. Funded Programs	429,978	463,724	33,745	1,854,895	-7%	93%
Total Public Health Programs Expenditures	\$ 4,533,708	\$ 5,033,797	\$ 500,090	\$ 19,627,191	-10%	90%
Total Rev. over Exp. Public Health	\$ (595,227)	\$ (1,022,113)	\$ 426,886	\$ 1		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 1,068,011	1,068,011	-	1,068,011	0%	100%
Expenditures	908,049	1,068,011	(159,963)	1,068,011	-15%	85%
Excess of Rev. over Exp.	159,962	(0)	159,963	(0)		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 1,833,918	1,883,241	49,323	1,883,241	-3%	97%
Expenditures	1,175,168	1,883,242	(708,074)	1,883,241	-38%	62%
Excess of Rev. over Fiscal Funded	658,749	(1)	658,750	-		

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	\$ 2,045,937	\$ 2,059,744	\$ (13,807)	\$ 2,059,744	-1%	99%
Municipal, Federal, and Other Funding	120,769	120,769	-	120,769	0%	100%
Other Bill for Service Programs	26,090	0	26,090	-	#DIV/0!	#DIV/0!
Total Community Health Revenue	\$ 2,192,796	\$ 2,180,513	\$ 12,283	\$ 2,180,513	1%	101%
Expenditures						
Brighter Futures for Children	120,769	120,769	(0)	120,769	0%	100%
Infant Development	757,345	644,317	(113,027)	644,317	18%	118%
Preschool Speech and Languages	594,794	733,972	139,177	733,972	-19%	81%
Nurse Practitioner	162,156	162,153	(3)	162,153	0%	100%
Stay on Your Feet	42,108	100,000	57,892	100,000	-58%	42%
Rent Supplements CMH	393,211	419,303	26,092	419,303	-6%	94%
Bill for Service Programs	20,030	0	(20,030)	(0)	#DIV/0!	#DIV/0!
Misc Fiscal	-	-	-	-	#DIV/0!	#DIV/0!
Total Fiscal Community Health Programs	\$ 2,090,412	\$ 2,180,514	\$ 90,101	\$ 2,180,514	-4%	96%
Total Rev. over Exp. Fiscal Community Health	\$ 102,384	\$ (0)	\$ 102,384	\$ (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 Three Months Ending March 31, 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	2,177,025	2,177,025	0	8,708,100	0%	25%	2,177,028	2,177,028	0
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	2,177,025	2,177,025	0	8,708,100	0%	25%	2,177,028	2,177,028	0
MOH Funding - MOH / AMOH Top Up	45,005	47,325	(2,320)	189,300	-5%	24%	71,533	64,530	7,003
MOH Funding Northern Ontario Fruits & Veg.	29,350	29,350	0	117,400	0%	25%	29,350	29,350	(0)
MOH Funding Unorganized	132,600	132,600	0	530,400	0%	25%	132,600	132,600	0
MOH Senior Dental	174,475	244,475	(70,000)	977,900	-29%	18%	174,475	174,475	(0)
MOH Funding Indigenous Communities	24,500	24,500	(0)	98,000	0%	25%	24,500	24,498	2
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/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	398,976	478,250	(79,274)	5,313,000	-17%	8%	425,504	425,453	51
Total Public Health Mitigation Funding	259,450	259,449	1	1,037,800	0%	25%	259,450	259,452	(2)
Recoveries from Programs	2,640	2,500	140	11,625	6%	23%	2,640	2,520	120
Program Fees	24,421	12,907	11,514	50,000	89%	49%	45,357	37,014	8,343
Land Control Fees	16,150	15,000	1,150	183,000	8%	9%	20,810	15,000	5,810
Program Fees Immunization	3,480	12,498	(9,018)	50,000	-72%	7%	6,193	12,498	(6,305)
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	5,035	5,001	34	20,000	1%	25%	3,169	4,950	(1,781)
Other Revenues	4,000	1,750	2,250	24,450	129%	16%	0	0	0
Total Fees and Recoveries	55,726	49,656	6,070	379,075	12%	15%	78,169	71,982	6,188
Total Public Health Revenue Annual	3,938,481	4,011,684	(73,203)	19,627,191	-2%	20%	3,892,247	3,886,010	6,239
Public Health Fiscal April 2021 - March 2022									
Vaccine Refrigerators	7,400	7,400	0	7,400	0%	100%			
Infection Prevention and Control Hub	1,060,000	1,060,000	0	1,060,000	0%	100%			
Practicum	20,000	20,000	0	20,000	0%	100%			
School Nurses Initiative	700,000	700,000	0	700,000	0%	100%			
Sr Dental Capital Upgrades	46,519	95,841	(49,322)	95,841	-51%	49%			
Total Provincial Grants Fiscal	1,833,919	1,883,241	(49,322)	1,883,241	-3%	97%	0	0	0

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

For Three Months Ending March 31, 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	2,601,301	2,989,270	387,969	11,957,080	-13%	22%	\$ 2,295,747	\$ 2,879,703	\$ 583,956
Benefits	644,440	692,376	47,936	2,769,505	-7%	23%	636,277	608,855	(27,421)
Travel	16,117	51,199	35,083	204,798	-69%	8%	15,033	41,477	26,444
Program	245,376	319,427	74,051	1,277,709	-23%	19%	173,832	245,863	72,031
Office	10,073	16,850	6,777	67,400	-40%	15%	16,232	17,260	1,028
Computer Services	206,790	216,649	9,858	866,598	-5%	24%	184,860	241,900	57,040
Telecommunications	78,301	84,999	6,698	339,996	-8%	23%	64,410	81,500	17,090
Program Promotion	18,395	24,350	5,955	97,400	-24%	19%	9,401	16,943	7,542
Professional Development	2,726	21,535	18,809	86,141	-87%	3%	4,273	20,750	16,477
Facilities Expenses	364,880	299,461	(65,419)	1,197,843	22%	30%	203,582	221,591	18,009
Fees & Insurance	237,705	210,075	(27,630)	332,300	13%	72%	191,129	164,825	(26,304)
Debt Management	114,355	114,355	0	457,421	0%	25%	116,050	115,225	(825)
Recoveries	(6,750)	(6,750)	0	(27,000)	0%	25%	(71,359)	(34,680)	36,679
	\$ 4,533,708	\$ 5,033,797	\$ 500,089	\$ 19,627,191	-10%	23%	\$ 3,839,467	\$ 4,621,213	\$ 781,746

Notes to Financial Statements – March 2022

Reporting Period

The March 2022 financial reports include three months of financial results for Public Health. All other non-funded public health programs are reporting twelve 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 March 31, 2022, Public Health calendar programs are reporting a \$427K positive variance driven by a \$500K positive variance in expenditures and a \$73K negative variance in revenues.

As expected, our Healthy Babies Healthy Children and Stay on Your Feet fiscal programs are reporting surpluses of \$160K and \$58K, respectively, based on staff vacancies and re-deployment of work to the COVID programs throughout the fiscal year. We note that we received funding related to the Stay on Your Feet program based on actual spend of \$42K vs budget of \$100K. Surplus amounts associated with the Infant Development and Preschool Speech programs, as reported with the end of this fiscal year, will be used for wrap up costs associated with these programs - acknowledging that these programs are no longer being offered through APH as of March 31, 2022.

Our Public Health Fiscal programs are reporting a surplus of \$658K at March 31, 2022, of which \$498K is driven by our IPAC Hub One Time Funded program. We have been given formal notice that we will be able to carry over this full amount of 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 \$70K 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. Approval has been provided for these requested funds and a mid-year catch up payment is expected.

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

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 \$388K positive variance associated with Salary & Wages driven by ongoing position vacancies. Recruitment efforts are ongoing.

Benefits

There is a \$48K positive variance associated with Benefits, also tied to position vacancies.

Travel

There is a \$35K 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 \$74K 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. We expect to see this gap start to close as regular mandatory programming begins to resume.

Professional Development

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

Facilities Expense

There is a \$65K negative variance associated with facilities expenses which is driven by continued increased janitorial and security requirements associated with COVID 19 response and needs.

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

This program includes case and contact management as well as supporting the information phone lines. March YTD expenses were \$1,142K. 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. March YTD expenses were \$618K.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable, and the bank has been reconciled as of March 31, 2022. Cash includes \$1.40M in short-term investments.

Long-term debt of \$4.1 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. \$239k of the loan relates to the financing of the Elliot Lake office renovations, which occurred in 2015 with the balance, related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie. There are no material accounts receivable collection concerns.

Algoma Public Health

Statement of Financial Position

(Unaudited)

	March 2022	December 2021
Date: As of March 2022		
Assets		
Current		
Cash & Investments	\$ 5,130,418	\$ 5,969,759
Accounts Receivable	80,120	623,372
Receivable from Municipalities	53,501	35,481
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	5,264,039	6,628,612
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,356,764	1,838,503
Payable to Gov't of Ont/Municipalities	432,349	1,414,828
Deferred Revenue	323,272	550,066
Employee Future Benefit Obligations	2,829,539	2,829,539
Term Loan	4,089,091	4,089,091
<i>Subtotal Current Liabilities</i>	9,031,015	10,722,027
Net Debt	(3,766,976)	(4,093,414)
Non-Financial Assets:		
Building	22,934,750	22,934,750
Furniture & Fixtures	2,026,666	2,026,666
Leasehold Improvements	1,583,166	1,583,166
IT	3,252,107	3,252,107
Automobile	40,113	40,113
Accumulated Depreciation	-11,879,577	-11,879,577
<i>Subtotal Non-Financial Assets</i>	17,957,225	17,957,225
Accumulated Surplus	14,190,248	13,863,810

Governance Committee Meeting

May 11, 2022

Attendees Virtually:

Deborah Graystone - Chair

Sally Hagman

Lee Mason

APH Members Attended Virtually:

Dr. John Tuinema – Acting Medical Officer of Health & CEO

Antoinette Tomie – Director of Corporate Services

Laurie Zeppa – Director of Health Promotion and Prevention

Tania Caputo – Secretary to the Board of Health

Regrets:

Brent Rankin

Musa Onyuna

A revised and updated Policy and By-Law tracking table was presented.

A briefing note was present regarding an Annual General meeting for the Board of Health at which By-Laws and annual review of organizational accomplishments and goals and strategies would be reviewed and discussed. It was decided to research over the summer and provide another updated briefing note at our September Governance meeting.

Policy #02-05-001 Composition and Accountability of the Board of Directors - There is a small difference in one aspect of the HPPA and our policy. After ministry consultation it appears that this wording of the regulation has been in place for decades. The committee decided to leave the language as noted is in the policy until clarification is received from participating board members. This will again be reviewed at the September Governance Meeting.

Policy #02-05-060 Meeting and Access to Information – Some amendments were made, discussed and approved by the committee.

Policy #02-05-075 Election of Chair, Vice-Chairs or Committee Members Composition – Amendments were made and discussed and approved by the committee.

Policy #02-05-085 Orientation Board Members – Amendments were discussed and reviewed and will be correctly amended to reflect Ontario Public Health Organization Requirements. This policy will be reviewed again with corrected amendments in September 2022.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-060

DATE: Original: Oct 28, 2015
Revised: Mar 28, 2018
Reviewed: Jun 24, 2020

SECTION: Policies

SUBJECT: Meetings and Access to Information

PREAMBLE:

As reflected in the Algoma Public Health Strategic Plan the Board of Health strongly supports the principles of accountability and transparency. This policy regarding Meetings and Access to Information instructs the Board and informs the public as to:

- i) how meetings of the Board will be held
- ii) how the public can access information from Board meetings
- iii) how information from Board meetings will be disseminated
- iv) the terms under which a meeting or part of a meeting may be closed to the public in accordance with Section 239 of the *Municipal Act*.

POLICY:

Board of Health meetings are open to the public and the Board will conduct its meetings subject to Section 239 of the *Municipal Act*.

The Medical Officer of Health/Executive Officer **in collaboration** with the Chairperson of the Board of Health or Committee will prepare an agenda for each regular and special Board of Health and Committee meetings for distribution to the members of the Board of Health or the Committee.

The Medical Officer of Health/Executive Officer or designate will provide briefing notes that outline an issue, recommended course of action, alternative courses of action, background and analysis, and financial implications on matters for which the Board of Health will be required to make a decision.

At each Board of Health regular meeting, the Medical Officer of Health/Executive Officer or designate **MAY** provide the following information:

- Minutes from the previous Board of Health meeting
- Report of the Medical Officer of Health to address key issues since the last report that may include:
- Updates on the implementation of public health programs and services
- Updates on emerging provincial public health issues
- Updates on community based public health issues or actions
- Descriptions of new or ongoing corporate initiatives
- Information on staffing issues (may be in camera)
- Information on policy and procedure issues
- Biannual updates related to the Accountability Agreement Performance
- Target Indicators
- Biannual updates on progress related to the Strategic Plan
- Other information items of relevance to the Board of Health.

Minutes of Board of Health, Finance Committee and Governance Committee meetings will be posted on Algoma Public Health's Website and emailed to each municipal clerk in Algoma Public Health's catchment area with the exception of the in-committee minutes

Copies of Board records in the possession or under the control of the Secretary to the Board may also be made available to members of the public and shall be processed in accordance with the General Administrative Manual (GAM) policy for information requests.

Municipal Freedom of Information and Protection of Privacy Act does not apply to a record of a meeting closed under subsection (3.1). 2006, c. 32, Sched. A, s. 103 (3) of the *Municipal Act*.

In the event that the APH receives a complaint relating to a closed Board of Health meeting, APH will utilize the services of the Ombudsman Ontario as the investigator when required in accordance with s.239 of the *Municipal Act*. (reference 03-08).

The Secretary to the Board of Health will ensure that members of the media covering Board meetings have access to relevant information.

In accordance with Section 239 of the *Municipal Act*, which also applies to local boards or committees of local boards, a meeting or part of a meeting may be **closed** to the public if the subject matter being considered is:

- the security of the property of the municipality or local board;
- personal matters about an identifiable individual, including municipal or local board employees;
- a proposed or pending acquisition or disposition of land by the municipality or local board;
- labour relations or employee negotiations;
- litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- a matter in respect of which a Council, board, committee or other body may hold a closed meeting under another Act;
- information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
- a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- a trade secret or scientific, technical, commercial or financial information that belongs to the municipal local board and has monetary value or potential monetary value; or
- a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.
- A meeting is held for the purpose of educating or training the members and at the meeting, no member discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the council, local board or committee. 2006, c. 32, Sched. A, s. 103 (1).

A meeting shall be closed to the public if the subject matter relates to the consideration of a request under the *Municipal Freedom of Information and Protection of Privacy Act* if the council, board, commission or other body is the head of an institution for the purposes of that Act.
(1990, c. 25, s. 239 (3))

Before holding a meeting or part of a meeting that is to be closed to the public, a municipality or local board or committee of either of them shall state by resolution,

- (a) the fact of the holding of the closed meeting and the general nature of the matter to be considered at the closed meeting; or
- (b) in the case of education or training sessions, the fact of the holding of the closed meeting, the general nature of its subject-matter and that it is to be closed under article 239 subsection 3.1 of the *Municipal Act*.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-075

DATE: Original: Sep 27, 2017
Reviewed: Mar 27, 2019
Revised: Mar 24, 2021

SECTION: Policies

SUBJECT: Election of Chair, Vice-Chairs
or Committee Members

POLICY:

The purpose of this policy is:

- a) To ensure that the Board of Health for the District of Algoma Health Unit (the Board) utilizes fair, reasonable and efficient methods to elect its Chair, Vice-Chair and appoint committee members.
- b) To promote the involvement of all Board members by encouraging participation on standing committees.
- c) To ensure for representation from across entire district on each committee to allow for an authentic voice in discussions.
- d) To detail the process to elect the Chair of the Board, the First Vice-Chair of the Board (Chair of the Finance and Audit Committee), the Second Vice-Chair of the Board (Chair of the Governance Committee) and to appoint the two Standing Committee members -Governance Committee and Finance and Audit Committee at the first meeting of the Board each year.
- e) To hold the election/selection process at the first meeting of every year.
- f) It is the policy of Algoma Public Health to follow all applicable regulations as set out in the Municipal Act and the Health Promotion and Prevention Act when conducting elections in at APH.

Reference Bylaw 95-1

At the first meeting of each new year, chaired by the Medical Officer of Health/Executive Officer, as the first order of business, the Board of Health elects:

- a) a Chairperson of the Board of Health
- b) a Vice-Chairperson/Chair of Finance Committee
- c) a Second Vice Chair/Chair of Governance Committee

The Medical Officer of Health/Executive Officer is responsible to call for nominations from the floor for the position of Chairperson, and to chair the meeting until the Chairperson is elected. Refer to Robert's Rules of Order for procedures used for nominations, elections, and voting.

Nominations for Chair of the Board, First Vice Chair/Chair of Finance Committee and Second Vice Chair/Chair of Governance Committee

The Secretary to the Board will send a call out for expressions of interest by email for nominations prior to the first Board meeting of the new year.

A candidate may nominate themselves or another Board member for any position. Seconders are not required. If the number nominated is equal to the number of positions available at hand, then the member(s) will be considered acclaimed. If the number nominated is more than the number of positions available at hand, then a formal election process will be held. A call for nominations will occur three times.

PROCEDURES:

Call for Nominations

PAGE: 1 of 3

REFERENCE #: 02-05-075

Board Chair/MOH/CEO or
Delegate:

- 1) Call for nomination to the seat at hand.
"Nominations are now open for the position of _____. This is the first call." Any names are written down. "This is the second call for nominations for the position of _____. New names are noted. "This is the third and final call for nominations for the position of _____. Final names are recorded. "Nominations are closed for the position of _____."
- 2) Once nomination call is completed, nominees will be asked if they accept the nomination.
"_____, you have been nominated for the position of _____. Do you accept the nomination to stand?" Any nominee that does not accept will have their name removed from the nomination call list.
- 3) If only one is received, that person is acclaimed for the position. If more than one nomination is received, a formal election process will take place. See Election of Board Chair or Board Vice-Chair.

Election of Board Chair

MOH/CEO or Delegate:

- 1) Read out the names of the candidates in the order they were nominated.
- 2) Each member will have up to two minutes to explain their candidacy platform
- 3) Vote will be conducted by secret ballot. Each board member will write the candidate they are voting for on a piece of paper.

 The candidate with the most votes will be ordered, and the seat will be filled.
- 4) In the event of a tie, the other nominees will be dropped from the vote, and a re-ballot will occur with remaining nominees.
- 5) In the event of tie for the seat still exists after a second ballot, the tied members' names will be put into a container and a name drawn out.
- 6) Successful candidate of the election process will be considered appointed to the seat at hand.
- 7) Should no-one be nominated for the position of Board Chair, the process will continue for the remaining positions of the Vice-Chairs.

 The First Vice-Chair would then become the acting Chair until that position is filled formally.

Election of Board Vice-Chairs

Elected Board Chair

- 1) Takes charge of the meeting and proceeds with the election of the Vice-Chairs.

- 2) Follow same procedure for electing chair.

Selection Procedure for Committee Members

- | | |
|-----------------------------|--|
| Board Chair | 1) Call for names to be submitted of Board members interested in sitting on a specific committee. |
| Board Members | 2) Submit a form with their name or verbally notify the Board Chair and provide any information they believe is pertinent to being selected for a committee. |
| Board Chair and Vice-Chairs | 3) Collect completed forms of interested board members and discuss who will be placed on which committee

Members will be placed on one committee to allow for the most possible people to take part.

4) Should there remain any vacancies on the committees, they will be filled by appointment through application to the Chair and Vice-Chairs and serve the remainder of the term of the committee. |

March 16, 2022

The Honourable Christine Elliott
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Elliott:

Re: Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide

On March 16, 2022, the Simcoe Muskoka District Health Unit (SMDHU) Board of Health endorsed a set of provincial recommendations to help address the ongoing and escalating opioid crisis experienced within Simcoe Muskoka and province-wide. Despite regional activities in response to the opioid crisis, there remains an urgent need for heightened provincial attention and action to promptly and adequately address the extensive burden of opioid-related deaths being experienced by those who use substances.

In the 19 months of available data since the start of the pandemic (March 2020 to September 2021) there have been 245 opioid-related deaths in Simcoe Muskoka. This is nearly 70% higher than the 145 opioid-related deaths in the 19 months prior to the start of the pandemic (August 2018 to February 2020), when our communities were already struggling in the face of this crisis. The first nine months of 2021 saw an opioid-related death rate more than 33% higher than the first nine months of 2020, suggesting the situation has not yet stabilized.

As such, the SMDHU Board of Health urges your government to take the following actions:

1. Create a multisectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.
3. Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.
5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.

Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

Gravenhurst:
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

Huntsville:
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

Midland:
A-925 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives, that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.
8. Fund a fulltime position of a Drug Strategy Coordinator/Lead for the Simcoe Muskoka Opioid Strategy.

The SMDHU Board of Health has endorsed these recommendations based on the well-demonstrated need for a coordinated, multi-sectoral approach that addresses the social determinants of health and recognizes the value of harm reduction strategies alongside substance use disorder treatment strategies, as part of the larger opioid crisis response. Evidence has shown that harm reduction strategies can prevent overdoses, save lives, and connect people with treatment and social services. Further, there is an urgent need to change the current Canadian drug policy to allow a public health response to substance use, through decriminalization of personal use and possession paired with avenues towards health and social services, as our Board called for in 2018. These recommendations collectively promote effective public health and safety measures to address the social and health harms associated with substance use.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair
Simcoe Muskoka District Health Unit

cc: Associate Minister of Mental Health and Addictions
Attorney General of Ontario
Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Health
Ontario Boards of Health
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Mayors and Municipal Councils in Simcoe Muskoka

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)

April 29, 2022

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

The Honourable Michael A. Tibollo
Associate Minister of Mental Health and Addictions
Ministry of Health
Frost Building South, 6th Floor
7 Queen's Park Cres
Toronto, ON
M7Z 1Y7

Dear Minister Elliott and Associate Minister Tibollo:

Thank you for your continued commitment to the health of Ontarians during these trying times.

Under your leadership, the Grey Bruce Public Health Unit excelled in leading the way out of the COVID-19 pandemic emergency in the Grey Bruce region by working within the provincial framework. We mobilized the community, garnering the support of the public, our partners, and stakeholders, to successfully address and manage the pandemic.

By applying the same engagement and emergency-response tools, our key strategic direction for the coming years is to lead and coordinate the response to the growing opioid crisis in our region, and across the province.

The Grey Bruce Board of Health's commitment to the strategic direction was translated to a resolution from the Association of Local Public Health Agencies (ALPHA). We called on all stakeholders and levels of government to capitalize on the momentum generated from combating COVID-19 by channeling their collective efforts in response to the opioid crisis as soon as practical, given the impact of the pandemic.

Attached you will find a letter addressed to your office from ALPHA referencing this resolution.

Within our community and in collaboration with health and non-health sector partners, Grey Bruce Public Health has taken the lead in utilizing new initiatives to address the complexities of mental health issues and addiction. We used a robust framework to manage an outbreak in a semi-shelter housing multiple people who struggle with substance use. This framework has benefitted residents in multiple complex settings in Grey Bruce, and by virtue of its success, the model has been replicated by other regions in Ontario.

Grey Bruce Public Health nimbly applies lessons learned from socially complex outbreaks. We launched a community outreach model targeting people who are not attached to the health system and who have challenges related to social determinants of health. The community

A healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5

www.publichealthgreybruce.on.ca

outreach model is a great example of engagement and collaboration under the leadership of Public Health.

With our demonstrated commitment to addressing mental health and addiction within our community, and with our ability to apply the same engagement and emergency-response tools that we found successful in responding to the COVID-19 pandemic emergency, we write to you with the following objectives:

- To recommend the establishment of a provincial task force to address the opioid crisis
- To strongly recommend a Grey Bruce Board of Health member sits on this proposed task force
- To maintain a direct connection with your office to keep you posted on milestones of community empowerment to address the opioid crisis
- To ensure an ironclad connection between local public health initiatives and the provincial level with a centralized goal of successful knowledge translation.

In closing, we reiterate our thanks for your continued support and leadership. We look forward to discussing these key objectives with each of you in the near future.

Regards,



Ms. Sue Paterson
Chair of the Board of Health



Dr. Ian Arra, MD MSc FRCPC ACPM ABPM
Medical Officer of Health & CEO

Grey Bruce Health Unit
101 17th Street East
Owen Sound ON N4K 0A5
Phone: (519)376-9420, Ext. 3940 Fax: (519)376-0605

cc: Honourable Bill Walker MPP for Bruce-Grey-Owen Sound
Honourable Lisa Thompson MPP for Huron-Bruce
Honourable Jim Wilson MPP for Simcoe-Grey
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Ontario Boards of Health

Encl.

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

July 20, 2021

Hon. Christine Elliott
Minister of Health
5th Floor, 777 Bay St.
Toronto, ON M7A 2J3

Dear Minister Elliott,

**Re: alPHA Resolution A21-2, Public Health to Lead and Coordinate the Response to
Address the Opioid Crisis Capitalizing on the Momentum of Managing the COVID-19
Emergency**

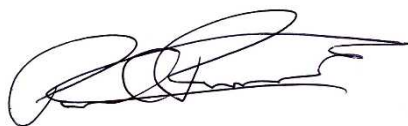
On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to inform you of the attached resolution, which was passed by our membership at its recent Annual General Meeting.

alPHA Resolution A21-2 calls for an enhanced leadership and coordination role for public health in addressing the opioid crisis by making the most of its strong networks, capacity for community mobilization, and ability to quickly translate policy into action during a crisis. The utility of each of these has been clearly demonstrated throughout the response to the COVID-19 pandemic and should be similarly applied to addressing the opioid crisis.

The Ontario Public Health Standards clearly outline the obligations of local public health agencies for programs and services designed to prevent substance use and reduce associated harms. The current opioid overdose crisis has long been considered a major public health issue and is one that has been severely aggravated by the current pandemic. We look forward to capitalizing on the momentum of our success in responding to one crisis to responding to another.

We hope that you will take this resolution into careful consideration and would be pleased to discuss it with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 416-595-0006 ext.222.

Yours sincerely,



Dr. Paul Roumeliotis,
alPHA President

COPY: Dr. Kieran Moore, Chief Medical Officer of Health

Encl.

Title: **Public Health to Lead and Coordinate the Response to Address the Opioid Crisis Capitalizing on the Momentum of Managing the COVID-19 Emergency**

Sponsor: **Grey Bruce Health Unit**

WHEREAS public health has been the leading agency in response to the COVID-19 pandemic emergency; and

WHEREAS public health excelled in mobilizing the community and partners to address the pandemic; and

WHEREAS public health successfully managed the pandemic; and

WHEREAS the opioid epidemic is a public health issue that predates the COVID-19 pandemic by over a decade; and

WHEREAS evidence shows that in many areas throughout Ontario, the COVID-19 pandemic is compounding the opioid crisis, with substance use related harms significantly increasing throughout the duration of the pandemic; and

WHEREAS boards of health are mandated under the Ontario Public Health Standards to reduce the burden of preventable injuries associated with substance use;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies call on all stakeholders and levels of government to capitalize on the momentum in combating COVID-19 and channel the above efforts to lead and coordinate the community and partners to address the opioid crisis as soon as soon as practical, taking into account the impact of the pandemic.

ACTION FROM CONFERENCE: Carried as Amended

May 2, 2022

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

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

Dear Minister Elliott:

At its meeting on April 13, 2022, the Board of Health for Peterborough Public Health (PPH) considered correspondence from the Windsor-Essex County Health Unit and passed the following motion:

That the Board of Health for Peterborough Public Health:

- *receive the letter dated March 16, 2022 from Windsor-Essex County Health Unit (WECHU) for information;*
- *endorse the position from WECHU, and the originating request from the Association of Ontario Public Health Business Administrators dated February 9, 2022 regarding 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; and,*
- *communicate this support to Minister Elliott, with copies to the Premier of Ontario, the Ontario Chief Medical of Health, local MPPs, the Association of Local Public Health Agencies, 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: Premier of Ontario
Ontario Chief Medical Officer of Health
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

May 2, 2022

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

Re: Provincial Opioid Crisis Response

Dear Minister Elliott:

At its meeting on April 13, 2022, the Board of Health for Peterborough Public Health (PPH) considered correspondence from the Simcoe Muskoka District Health Unit and passed the following motion:

That the Board of Health for Peterborough Public Health:

- *receive the letter dated March 16, 2022 from Simcoe Muskoka District Health Unit (SMDHU) for information;*
- *endorse the following actions recommended by SMDHU:*
 1. *Create a multi-sectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.*
 2. *Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.*
 3. *Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.*
 4. *Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.*
 5. *Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.*
 6. *Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.*
 7. *Increase investments in evidence-informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.*
- *communicate this support by writing to Minister Elliott, with copies to the following: Associate Minister of Mental Health and Addictions, Attorney General of Ontario, Chief Medical Officer of Health, Local MPs and MPPs, Local Councils, Ontario Health, Association of Local Public Health Agencies, and Ontario Boards of Health.*

The harms related to opioid use have increased at an unprecedented and alarming rate in Peterborough County and City, currently double the provincial average and since the onset of the COVID-19 pandemic. To address this opioid crisis, a provincially supported and coordinated, multi-sectoral approach is needed.

The approach should address the social determinants of health and include early prevention and harm reduction strategies alongside substance use disorder treatment strategies. The public health response should also include policy to address the structural stigma and harms that discriminate those who use drugs.

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

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Associate Minister of Mental Health and Addictions
Attorney General of Ontario
Chief Medical Officer of Health
Local MPs and MPPs
Local Councils
Ontario Health
Association of Local Public Health Agencies
Ontario Boards of Health

From: [allhealthunits](#) on behalf of [Loretta Ryan](#)
To: ["All Health Units"](#)
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] Information Break - May 2022
Date: Tuesday, May 17, 2022 11:29:18 AM
Attachments: [image008.png](#)
[image009.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



May 17th, 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.

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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 Conference and Annual General Meeting
June 14, 2022 - 8:00 AM-4:00 PM (EST)

The alPHA Conference on June 14th 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. We have an exciting line-up of speakers including Matt Anderson (President & CEO, Ontario Health), Dr. Ross Upshur (Professor, DLSPH), Dr. Jackie Schleifer Taylor (London Health Sciences Centre), and Colleen Geiger, Dr. Brian Schwartz, Dr. Samir Patel, and Dr. Jessica Hopkins (Public Health Ontario). alPHA's President, Dr. Paul Roumeliotis, is the Conference Chair. **New!** alPHA is pleased to announce the Honourable Dr. Carolyn Bennett, Minister of Mental Health and Addictions and Associate Minister of Health will deliver welcoming remarks at the beginning of the alPHA Conference.

[alPHA's Pre-Conference Workshop](#) is being held the day before the Conference and will take place on June 13th from 1 p.m. to 4 p.m. It is at no additional cost to Conference participants and does not require separate registration. The workshop is being run by Tim Arnold and 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 that you must be a conference registrant to participate in the workshop.

Thank you 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. alPHA is pleased to note that ParticipACTION has also recently become a sponsor.

Registration and the latest conference information can be found by [clicking here](#). The price of the Annual Conference and Section Meetings (June 14th), including the Pre-Conference Workshop (June 13th), is \$399.99+HST. Deadline to register is Monday, June 6th.

-

alPHA's Public Health Matters Video

alPHA's new [Public Health Matters video](#) has officially launched. It is being used to engage candidates and other stakeholders during this year's provincial and municipal elections.

The video, which was derived from alPHA's Elections Primer, *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response* [Report](#) and its [Executive Summary](#), and our updated "What is Public Health" [brochure](#), helps to remind 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 programs and services.

Our emphasis during the provincial election campaign period continues to 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 ask all of alPHA's members to share this material broadly with provincial candidates and other stakeholders. It is easy to do as the video is profiled on alPHA's [LinkedIn](#) and [Twitter](#) pages.

Thank you to Dr. Paul Roumeliotis, Medical Officer of Health and CEO, Eastern Ontario Health Unit for his leadership. A special shoutout to his staff, especially Karine Hébert and Andrew Morrisson for their work on the video.

alPHA Fitness Challenge



Are you getting your exercise in? We hope so. You can show us your success with the alPHa Fitness Challenge! Check out our very own Dr. Charles Gardner cross-country skiing – in the month of May!

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

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

Canadian Institute for Health Information launches mental health and substance use survey

In support of the federal, provincial and territorial governments' [Shared Health Priorities](#) initiative, the Canadian Institute for Health Information (CIHI) has launched a survey asking Canadians to share their experiences related to accessing mental health and substance use services. The survey opened on April 26 and will remain open for approximately eight weeks. The survey was developed with input from youth and families. It addresses two important areas of mental health and substance use service access in Canada. Here are links to the survey: [https://cihi.malatest.net/\(English\)](https://cihi.malatest.net/(English)) [http://icis.malatest.net/\(French\)](http://icis.malatest.net/(French)). If you have questions, please reach out to indicators@cihi.ca

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

Boards of Health: Shared Resources

A resource [page](#) is available on alPHa's website for Board of Health members to facilitate the sharing of

and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law, or any other resource 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](#)

Public Health Ontario

Variants of Concern

- [COVID-19 Omicron Variant Sub-lineage BA.2: Available Evidence and Risk Assessment](#)
- [SARS-CoV-2 Omicron Variant Sub-Lineage BA.3](#)
- [SARS-CoV-2 Omicron Variant Sub-Lineage BA.4 and BA.5](#)
- [COVID-19 Omicron Variant Recombinant Lineage: XE](#)
- [SARS-CoV-2 Whole Genome Sequencing in Ontario](#)

Check out PHO's [Variants of Concern](#) web page for the most up-to-date resources.

Additional Resources - New

- [Best Practices for Oral Health Screening in Schools](#)
- [Orientation for Infection Prevention and Control Leads in Long-Term Care](#)

Check out PHO's [COVID-19](#) webpage for a comprehensive list of all COVID-19 resources.

Upcoming DLSPH Events and Webinars

- May 19-20, 2022 [2022 DLSPH – SORA – TABA Annual Workshop Regression Diagnostics](#)
- May 20, 2022 [Deep Medicine and the Care Revolution](#)
- May 25, 2022 [Healthy Communities for Canadian Children: Reducing Air Pollution, Increasing Access to Greenspace, and Building Playable Neighbourhoods](#)
- May 25, 2022 [CanPath Webinar: Trainee Research: Using Population Cohorts to Enable Early Cancer Detection](#)

- May 25, 2022 [Policed to Death: Over Policing in Black Communities as a Public Health Threat](#)
- May 26-29, 2022 [Research to Reality: Global Summit on Psychedelic-Assisted Therapies and Medicine](#)
- May 26, 2022 [COVID-19 Research Showcase: Lessons learned and future directions](#)
- May 27, 2022 [InfoWars: Journalism, Public Health and the Fight Against Disinformation](#)
- May 30, 2022 [CVPD Seminar – Dr. Mohammed Abdullah](#)
- May 30, 2022 [Webinar: The Health Effects of Long-Term Exposure to Traffic-Related Air Pollution](#)

News Releases

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

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