



September 28, 2022

## BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

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

# Meeting Book - September 28, 2022, Board of Health Meeting

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## **15. Adjournment**





**Board of Health Meeting**  
**AGENDA**  
**September 28, 2022 at 5:00 pm**  
**Video/Teleconference**

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**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 Programs  
Leo Vecchio - Manager of Communications  
Leslie Dunseath - Manager of Accounting Services  
Liliana Bressan - Manager of Effective Public Health Practice  
Kimberly Aslett - Research Policy Advisor  
Emma Pillsworth - Public Health and Preventive Medicine Resident Physician (3rd year), currently on a Health Promotion Rotation with APH  
Tania Caputo - Board Secretary  
Tanya Storozuk - Executive Assistant

**GUESTS**

Mennonite Community Leadership - Isaak Doerksen - Bishop, Amos Weber - Deacon, Betsy Weber  
Melinda Freer - Public Health Nurse, Algoma Public Health (Mennonite/Amish Community Liaison)  
Carol-Ann Agnihotri - Nurse Practitioner, North Shore Health Network  
Mary Ellen Luukkonen - Interim VP of Clinical Services & Chief Nursing Executive, North Shore Health Network & Co-Chair for East Algoma Ontario Health Team  
Dr. Nicholas Jeeves, Physician and Chief of Staff, North Shore Health Network

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**1.0 Meeting Called to Order**

*S. Hagman*

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

**2.0 Adoption of Agenda**

*S. Hagman*

**RESOLUTION**

THAT the Board of Health agenda dated September 28, 2022 be approved as presented.

**3.0 Delegations / Presentations**

- a. Planting seeds for collaboration: Relationship building with the Mennonite Community in Algoma

*L. Bressan &  
Reflections by  
M. Freer, CA  
Agnihotri &  
Mennonite  
Leadership*

**4.0 Adoption of Minutes of Previous Meeting**

*S. Hagman*

**RESOLUTION**

THAT the Board of Health minutes dated June 22, 2022 be approved as presented.

**5.0 Business Arising from Minutes**

## 6.0 Reports to the Board

### a. Medical Officer of Health and Chief Executive Officer Reports

*J. Tuinema*

#### i. MOH Report - September 2022

##### **RESOLUTION**

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

#### ii. Comprehensive Public Health Approach for Substance Use Prevention and Harm Reduction

##### **RESOLUTION**

Whereas, the opioid poisoning crisis is a complex public health issue that has worsened throughout the course of the COVID-19 pandemic;

Whereas, data from the Office of the Chief Coroner shows that Algoma Public Health had the third highest rate in the province for opioid-related deaths between April 2021-March 2022;

Whereas, northern Ontario experiences higher rates of poverty and poor health, elevated rates of many health-harming behaviours, and inadequate access to high-quality health care and social services, compared to southern Ontario;

Whereas, Algoma's health system is under-resourced to respond to the escalating burden of opioid-related morbidity and mortality, due to persistent challenges with recruitment and retention, training, and inadequate funding across health and social services;

Whereas, 8 out of 10 Canadians with a substance use disorder say they experience barriers to recovery, including stigma;

Whereas, long-term solutions to the opioid poisoning crisis must prioritize a comprehensive, multi-sectoral approach and coordinated action to address the social determinants of health, facilitate prevention and education, and deliver harm reduction, treatment and recovery, and enforcement interventions;

Whereas, Consumption and Treatment Services (CTS) are important harm reduction interventions; preventing overdose-related deaths and connecting people to primary care, treatment, rehabilitation, as well as other health and social services to address their needs (e.g., mental health support, food, housing);

Whereas, health and social service agencies across Algoma have identified that addressing the housing and homelessness crisis is a top priority in order to decrease harms associated with substance use;

Whereas, several public health agencies and organizations have called to decriminalize personal use and possession of substances, including but not limited to, Toronto Public Health, the Association of Local Public Health Agencies, and the Canadian Public Health Association;

Whereas, the Sault Ste. Marie and Area Drug Strategy includes several partners who are committed to responding to the opioid poisoning crisis, however sustained funding for a dedicated, fulltime coordinator to oversee the planning and implementation of a comprehensive strategy is lacking.

Therefore be it resolved, that the Board of Health for Algoma Public Health endorse the recommended actions (#1-7) from the letter from Simcoe-Muskoka District Health Unit to the Ontario Minister of Health (Appendix), and write a letter to the Ontario Minister of Health urging for commitment to a more fulsome, comprehensive public health approach for substance use prevention and harm reduction in Ontario;

And further be it resolved, that the Board of Health for Algoma Public Health advocate to the Ontario Minister of Health the need for fulltime, sustained funding to support a Coordinator for the Sault Ste. Marie and Area Drug Strategy.

#### iii. Appendix - Opioid Crisis Advocacy Letter

#### iv. Strategic Plan and Agency Priorities

##### b. Finance and Audit

*L. Dunseath*

###### i. Unaudited Financial Statements for the period ending July 31, 2022.

###### RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending July 31, 2022, as presented.

##### c. Governance

*D. Graystone*

###### i. Governance Committee Meeting Chair Report - September 2022

###### RESOLUTION

THAT the Board of Health accepts the Governance Committee Meeting Chair Report for September 2022.

###### ii. Briefing Note: Annual General Meeting

###### iii. Policy 02-05-001 Composition and Accountability of the Board of Directors

###### RESOLUTION

2022-57

**Seconded:** B. Rankin

THAT the Board of Health has reviewed and approves **Policy 02-05-001 Composition and Accountability of the Board of Directors**, as presented.

###### iv. 02-05-015 Conflict of Interest

###### RESOLUTION

THAT the Board of Health has reviewed and approves **02-05-015 Conflict of Interest**, as presented.

###### v. 02-05-025 Board Member Remuneration

###### RESOLUTION

THAT the Board of Health has reviewed and approves **02-05-025 Board Member Remuneration**, as presented.

###### vi. 02-05-035 Continuing Education for Board Members

###### RESOLUTION

THAT the Board of Health has reviewed and approves **02-05-035 Continuing Education for Board Members**, as presented.

###### vii. 02-05-060 Meetings and Access to Information

###### RESOLUTION

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

###### viii Briefing Note - BOH By-Law 06-02 Assignment of CBO

###### ix. By-Law 06-02 Ontario Building Code Appointments

###### RESOLUTION

THAT the Board of Health has reviewed and approves **By-Law 06-02 Ontario Building Code Appointments**, as presented.

## 7.0 New Business/General Business

S. Hagman

### i. Letter of Support - Healthy Babies Healthy Children Funding

#### RESOLUTION

THAT, the Board of Health endorse the correspondence from Sudbury & Districts Public Health regarding Healthy Babies Healthy Children Funding.

## 8.0 Correspondence

S. Hagman

- a. Letter to the Minister of Intergovernmental Affairs, Infrastructure and Communities from the Niagara Region Board of Health regarding **Indoor Air Quality Improvement** dated July 5, 2022.
- b. Letter to the Deputy Premier and Minister of Health, Ministry of Health and Long-Term Care from Niagara Region Board of Health regarding **Paid Sick Leave in Ontario** dated July 19, 2022.
- c. **Letter of Congratulations** to the Deputy Premier and Minister of Health, Ministry of Health and Long-Term Care from Algoma Public Health July 28, 2022.
- d. Letter to the Deputy Premier and Minister of Health, Ministry of Health and Long-Term Care from Niagara Region Board of Health regarding **Paid Sick Leave** dated September 7, 2022.
- e. Letter to the Premier of Ontario from Sudbury and District Public Health regarding **Saving Lives Through Lifejacket and Personal Flotation Device Legislation** dated September 22, 2022.

## 9.0 Items for Information

S. Hagman

- a. alPha - Message from Board of Health Chair dated July 6, 2022
- b. Ontario Newsroom - Ontarians Aged 18+ Second Booster Shot dated July 13, 2022
- c. alPha Information Break dated July 19, 2022
- d. Ontario Newsroom - Vaccine Bookings to Open to Children dated July 21, 2022
- e. Ontario Newsroom - Ontario Introduces Plan to Stay Open
- f. alPha Information Break dated August 19, 2022
- g. alPha Information Break dated September 16, 2022
- h. Federal Dental Care Program - Northern Perspectives

## 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.

## 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, October 12, 2022 @ 5:00 pm

Video Conference | SSM Algoma Community Room

**BOH Reconciliation Training**  
Wednesday, October 26, 2022 @ 4:30 pm  
Video Conference | SSM Algoma Community Room

**Board of Health Meeting**  
Wednesday, October 26, 2022 @ 5:00 pm  
Video Conference | SSM Algoma Community Room

**14.0 Monthly Evaluation** *S. Hagman*

**15.0 Adjournment** *S. Hagman*

**RESOLUTION**

THAT the Board of Health meeting adjourns.

# ***Planting Seeds for Collaboration:***

## **Relationship Building with the Mennonite Community in Algoma**



Liliana Bressan, Manager of Effective Public Health Practice

Melinda Freer, Public Health Nurse

Carol-Ann Agnihotri, Nurse Practitioner, North Shore Health Network

Mennonite Leadership & Community Members

**September 28, 2022**

North Shore  
Health Network



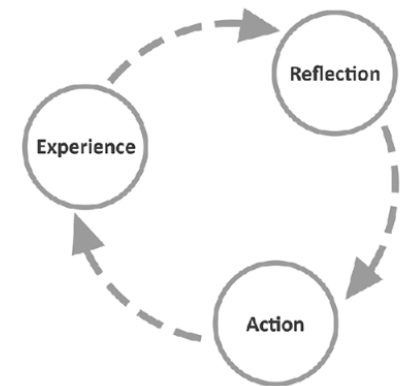
Réseau Santé  
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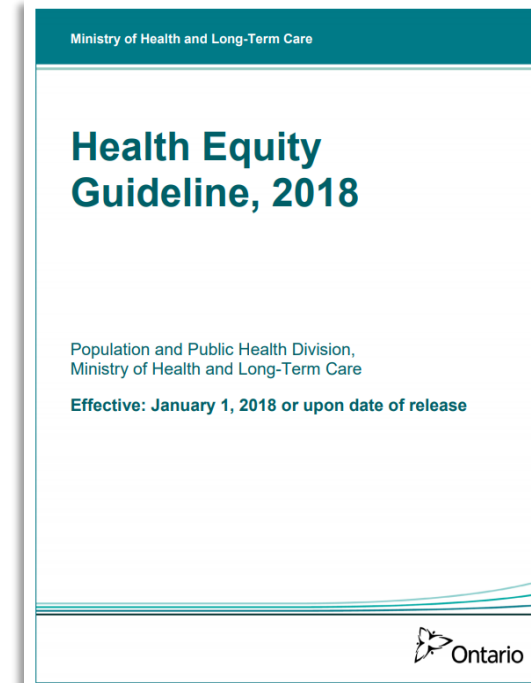
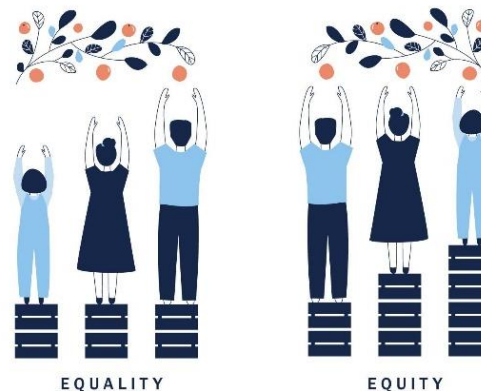
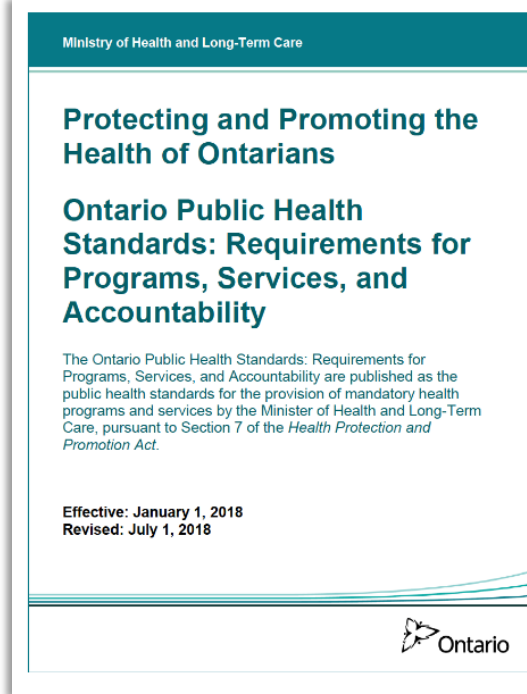
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# Overview

- Ontario public health standards
- **Our partners:** Mennonite community in Algoma and health partners
- **Our work together:** Knowledge exchange, home visits, and community clinics
- **Our approach:** Shared values and aligned actions
- Next steps



# Ontario Public Health Standards



*“Opening the doors doesn’t mean equity. It’s so much more.” – NSHN Partner*

North Shore  
Health Network



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



# Mennonite Community in Algoma

- Anabaptist community
- Orthodox Mennonites
- Approximately 500+ Mennonites in Algoma
- Many young families with children
- Relocated from southern to northern Ontario in early 2000s
- Community lives from Laird to Bruce Mines in Central Algoma
- Parochial schools – 4 community schools and 1 school within a home

175,000 self-identified Mennonites in Canada.  
59,000 self-identified Mennonites in Ontario.

[2011 National Household Survey]

# Unique Influences to Health Service Access

- Dispersion of community (rural)
- Transportation
- Minimal use of technology
- Lack of primary care providers in Central Algoma
- Do not subscribe to OHIP coverage, by choice



- Community pays taxes.
- High **community cohesion**, and value placed on **being a good neighbour**.
- Natural upstream way of thinking and doing with a desire to stay healthy.
- Preference to access support within the community.
- Strong desire to learn, **work together**, and support the greater good of the community.

# Pandemic Goals and Needs

## COVID-19 Pandemic Goals:

- Minimize serious illness and death related to COVID-19.
- Minimize societal disruption and preserve health care services.

## There was a need to....

- Minimize illness and death through risk communication and strategies for health protection, in a culturally appropriate way.
- Reduce preventable visits to acute care, by providing access to health promotion, protection and primary care in the community, with minimal use of health system resources.
- Bring health system partners together and think outside the box.

# Who: Health Partners Breaking Down Silos

- Algoma Public Health
- North Shore Health Network (NSHN)
  - Assessment Centre, Oximetry Program, Local Hospitals
- Local Physician Offices
- Midwives of Algoma Practice Group
- Algoma EMS: Paramedics
- Public Health Agency of Canada (PHAC)
- Canadian Border Services Agency (CBSA)
- Provincial PHN Workgroup: Working together to serve
- Provincial Private Schools Workgroup

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## MISSION

To work with our various partners in providing safe, high-quality, compassionate health care while building healthy communities.

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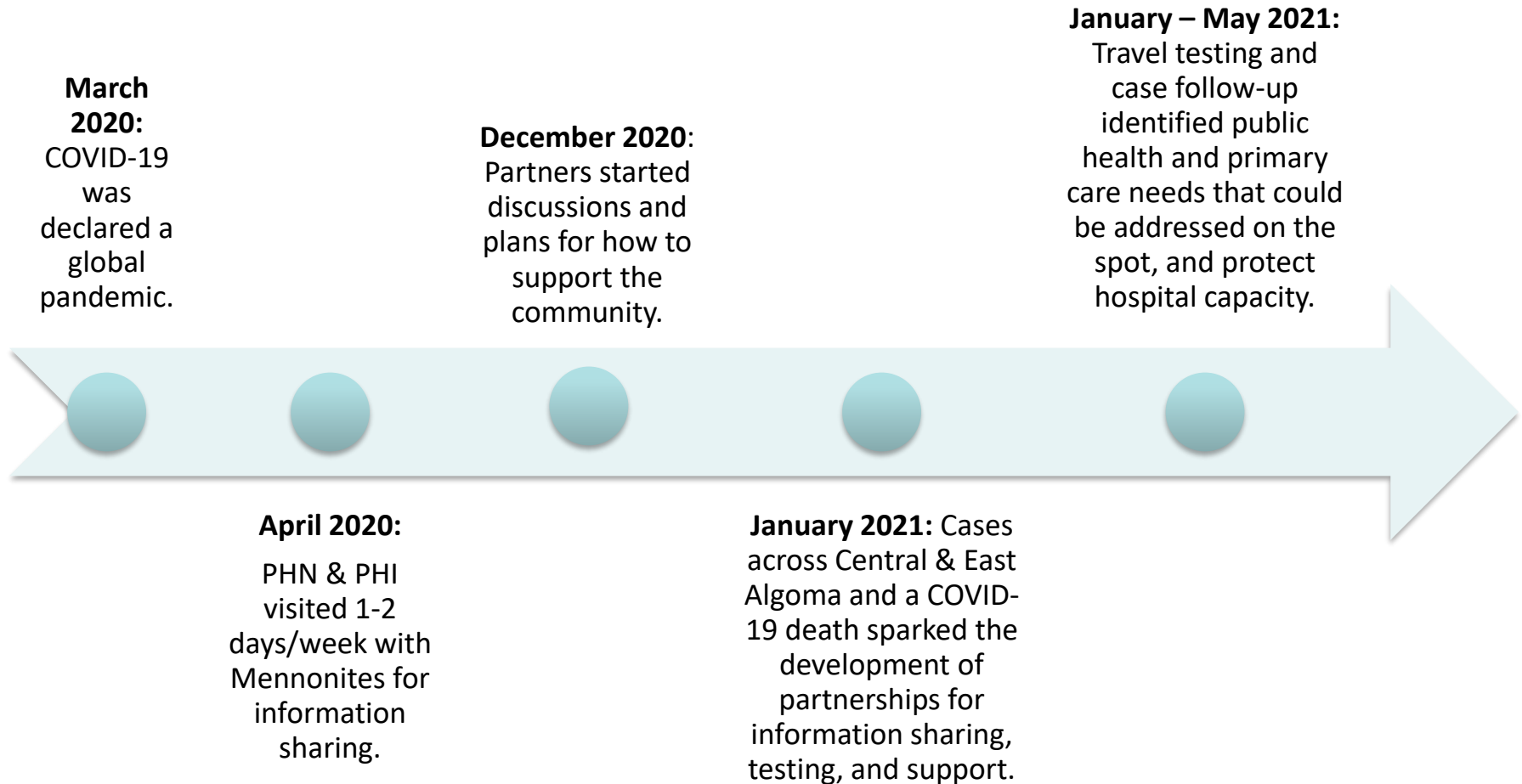


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# What: Our Work Together During COVID-19



# What: Our Work Together During COVID-19

## March 2021:

Mobile pulse oximetry program by NSHN and paramedics begins.

## August 2021:

Mennonite leadership, NSHN, and APH meet to discuss opportunities, including **2 community-led clinic sites** driven by community needs.

## June 2021:

Travelling **home visits** start with APH and NSHN.

## Fall 2021 - Now:

Community clinics started with APH and NSHN. Home visits continue 1 day/week by APH.

# Communication

- Timely communication in a respectful and culturally appropriate way
- Address misinformation or gaps in information
- Face-to-face visits
- Written letters
- The pony express – local news print
- Focus groups and tailored communications materials
  - Pertussis
  - Breastfeeding
  - Prenatal Nutrition
  - After Birth



# Home Visits

- Started “on the road” in early 2020, with 1-2 visits/week
- Knowledge exchange with Mennonite leadership, community members, and business owners
- Home visits (door-to-door) with community members by request and priority
- Length of visit is based on needs identified

## *Some challenges:*

- Winter weather during outdoor visits
- Lack of privacy
- Excess travel time reducing efficiency

From December 2020 – August 2022,  
**116 visits** were had with Mennonites.



# Community Clinics

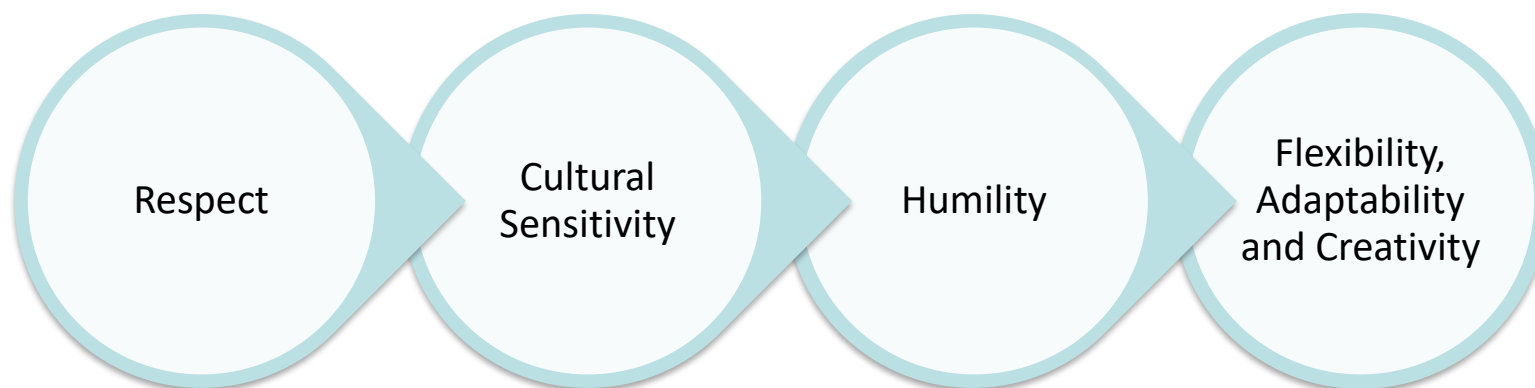
- Started in October 2021, monthly to bimonthly
- Two sites – east and west homes provided by community families
- Administrative support provided by families
- Private rooms (repurposed bedrooms) and separated spaces
- Up to 23 clients seen per clinic, with an average of 8-16 visits (individual and family visits)

## *Some Benefits:*

- Not impacted by weather, increasing comfort
- Increased privacy
- Link to public health and NSHN at same time
- Reduced travel = more community connection

From December 2020 to August 2022,  
**31 clinics** were hosted.

# How: Values Nurturing our Relationship



**Note:** Words and themes were shared by Mennonite leadership and community members, as well as APH and NSHN project partners, during discussions about the partnership at a community clinic.

# Respect

- Shared decision-making
- Community beliefs, values and context were key to evidence-based practice
- Timely and transparent communication
- Actively listened and implemented community recommendations
- Worked to understand the community's world view and worked within it

**Over time, respect has built a sense of trust.**



# Cultural Sensitivity

- Blended values and beliefs with best practices
- Integrated an understanding of community faith and way of life
- Remained calm and gentle natured
- Worked holistically – removed silos and provided access to public health and primary care in one place, in the community



# Humility

- Health partners acknowledged gaps and biases – lack of an equitable approach
- Community identified needs and ways to contribute to health services (e.g. clinic jar)
- Were transparent in what we knew and did not know
- Willingly received feedback
- Used an approach that was constantly evolving
- Acknowledged expertise within the community (e.g. birth supports)
- Learned and created solutions **together**

LEARNING TOGETHER  
**LEADING TOGETHER**

# Flexibility, Adaptability and Creativity

- Met the community **where they were at**
- Used traditional methods
- Adapted resources to align with community context
- Accepted change and pressures
- Were willing to **find new ways**



# The Fruits of Our Labour Together....

- Developed a collaborative, inter-professional partnership working with a culturally diverse and otherwise underserved community within Algoma.
- Exchanged health promotion and protection information and health care services on topics of interest **identified by** the community, and in ways **created with** the community.
- Used a proportionate universalism approach, that blended population health strategies with **targeted strategies**, and aligned resources accordingly using an equity lens.

*"People are just so happy."*  
– Mennonite Community Member

# The Fruits of Our Labour Together....

- Overcame gaps related to transportation and accessing services during COVID-19.
- Prevented and reduced unnecessary visits to the emergency department – **a pandemic goal.**
- Provided referral to community resources, programs and specialists – connecting people to services that they otherwise would not access – **a primary care goal.**
- Improved and protected the health and well-being of Mennonites in Algoma, and worked to reduce health inequities – **a public health goal.**
- Reduced inequities, as Mennonites had more opportunity for optimal health via access to health supports, without disadvantage due to social position or socially determined circumstances during the pandemic.



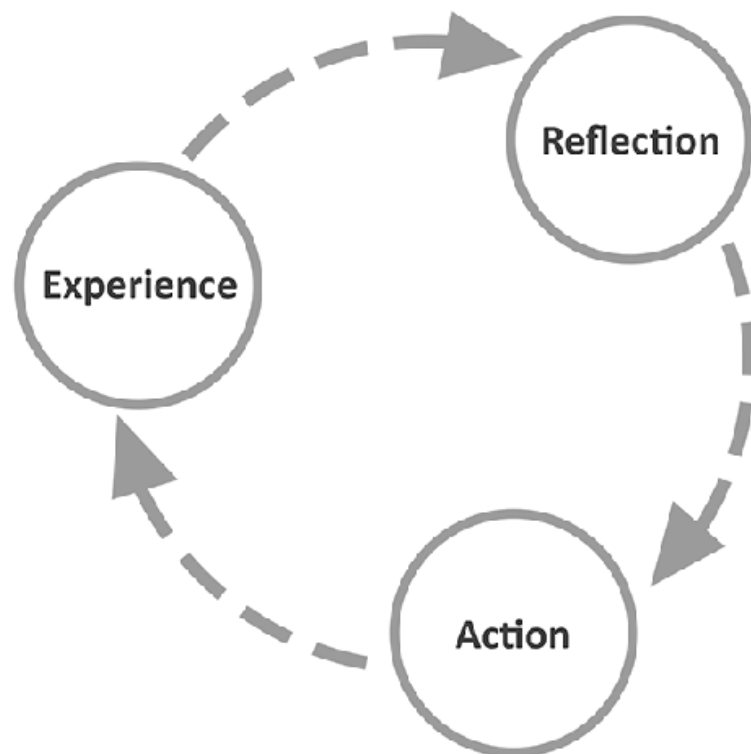
# Sowing Seeds for Health Promotion and Protection

- Chronic Disease Prevention and Wellbeing
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Disease Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

**Every public health program has been offered, in some way.**



# Reflections on our Partnership



# Shared Next Steps

## Three main priorities:

Strengthen relationships and partnerships.

Build capacity for working with Mennonite Communities.

Continue to develop effective and equitable approaches to practice.



**Thank you. Questions?**



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**PUBLIC HEALTH**  
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September 28, 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

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## APH AT-A-GLANCE

### COVID-19 Pandemic in Algoma: An Update

The COVID-19 pandemic continues, but fortunately, high-risk case counts, hospitalizations, and deaths remain low relative to past waves in Algoma. In addition, our wastewater signal is very low, and although it only measures one portion of Sault Ste. Marie, it has been a good indicator of COVID conditions throughout Algoma.

The much improved status of these indicators of COVID-19 in the community have reduced COVID-19 response demands on the agency, however, we are mindful of what the fall respiratory season may bring and what that may mean for our communities. We have developed a COVID-19 surge plan that is in its final stage of development and we remain ever vigilant towards emerging trends, new variants, and new opportunities to keep Algoma residents safe.

Immunization efforts also continue and have intensified with the arrival of a new bivalent vaccine and expanded eligibility for booster doses for those aged 18 and over, beginning with most at-risk populations, at a six month interval from last dose. We continue to work with community partners to ensure ample access to vaccination for children and adults across Algoma, in order to protect our communities. This is in addition to the demands of ensuring adequate influenza immunization and catching up with important routine vaccinations.

### COVID-19 Pandemic Recovery

Recovery work has progressed considerably over the summer. The Recovery Taskforce has continued to meet regularly to plan for recovery through the use of a Recovery Action Plan to routinize COVID-19 response, restore core programs, and rebuild public health, all centered in the revitalization of our public health teams. This plan, that continues to develop, has been aligned to the strategic plan.

As part of restoring core public health programs, most employees have returned to their core work, with few remaining deployed to COVID-19 response efforts. Planning at the program level involves re-orienting staff, assessing the backlog of programs and services, and planning for priority work with a health equity lens. Priority work includes connecting with community partners to bring focus to the social determinants of health, which continue to impact the health and wellbeing of our communities. COVID-19 has exacerbated mental health and addictions challenges, among other social, economic, and health conditions that are key considerations in the work of public health. Programs are planning to work with community partners to influence policies and programs that support health across the lifespan, and are in the early stages of revisiting, planning, or restoring evidence-informed initiatives that improve community wellbeing as we recover from the pandemic. We are also currently in the process of re-examining our public health priorities, which will surface as we work towards updating our Community Health Profile.

### Return to the Workplace

After significant planning and logistics, all APH employees are now working in-person for at least 50% of their time, and APH leadership has been in-person full-time since August.

In order to ensure the health and safety of our employees, we have instituted measures along each step of the hierarchy of controls. Masks are still required when employees work closely, and policies are in place to ensure proper screening is completed and that employees don't come to work sick. We have also reviewed our ventilation to ensure it meets standards and we have made upgrades, such as air filter purchases, where necessary.

We will continue to monitor pandemic conditions and adjust our approach to in-office and working remote as necessary, based on a set of criteria that prioritizes workplace safety. We will assess and modify as needed to optimize in-person work at all APH offices, while ensuring safety and operational effectiveness.

### **Budget**

APH staff have been working diligently on preparing a new proposed budget for 2023. In previous years, the budget has been brought to the Finance and Audit Committee and then subsequently to the Board of Health in November. Changes to legislation mean that this year, the board's term will end in mid-November therefore we plan to bring the budget to the Board in October to have it in place prior to the new year.

### **Revisiting our Strategic Plan**

Our progress in recovery has provided the opportunity to revisit our Strategic Plan for 2021-2025 that the Board of Health approved in February of 2020, just before the declaration of the pandemic in March 2020. The strategic plan is a key tool to support the rebuild of local public health and identification of agency priorities as we navigate our way forward.

We are currently in the process of re-invigorating the strategic plans and its three primary directions, which still hold relevance and align well to current recovery priorities, objectives, and activities, as well as program plans for the next year.



# Board of Health

## RESOLUTION

<b>Date: September 28, 2022</b>	<b>Resolution No: 2022-</b>
<b>Moved:</b>	<b>Seconded:</b>
<b>Subject: Comprehensive Public Health Approach for Substance Use Prevention and Harm Reduction</b>	
<p><b>Whereas</b>, the opioid poisoning crisis is a complex public health issue that has worsened throughout the course of the COVID-19 pandemic;<sup>1</sup></p> <p><b>Whereas</b>, data from the Office of the Chief Coroner shows that Algoma Public Health had the third highest rate in the province for opioid-related deaths between April 2021-March 2022;<sup>2</sup></p> <p><b>Whereas</b>, northern Ontario experiences higher rates of poverty and poor health, elevated rates of many health-harming behaviours, and inadequate access to high-quality health care and social services, compared to southern Ontario;<sup>3</sup></p> <p><b>Whereas</b>, Algoma's health system is under-resourced to respond to the escalating burden of opioid-related morbidity and mortality, due to persistent challenges with recruitment and retention, training, and inadequate funding across health and social services;<sup>4,5</sup></p> <p><b>Whereas</b>, 8 out of 10 Canadians with a substance use disorder say they experience barriers to recovery, including stigma;<sup>6</sup></p> <p><b>Whereas</b>, long-term solutions to the opioid poisoning crisis must prioritize a comprehensive, multi-sectoral approach and coordinated action to address the social determinants of health, facilitate prevention and education, and deliver harm reduction, treatment and recovery, and enforcement interventions;<sup>1</sup></p> <p><b>Whereas</b>, Consumption and Treatment Services (CTS) are important harm reduction interventions; preventing overdose-related deaths and connecting people to primary care, treatment, rehabilitation, as well as other health and social services to address their needs (e.g., mental health support, food, housing);<sup>7</sup></p> <p><b>Whereas</b>, health and social service agencies across Algoma have identified that addressing the housing and homelessness crisis is a top priority in order to decrease harms associated with substance use;<sup>8</sup></p> <p><b>Whereas</b>, several public health agencies and organizations have called to decriminalize personal use and possession of substances, including but not limited to, Toronto Public Health, the Association of Local Public Health Agencies , and the Canadian Public Health Association;<sup>1,9</sup></p> <p><b>Whereas</b>, the Sault Ste. Marie and Area Drug Strategy includes several partners who are committed to responding to the opioid poisoning crisis, however sustained funding for a dedicated, fulltime coordinator to oversee the planning and implementation of a comprehensive strategy is lacking.</p>	



**Therefore be it resolved,** that the Board of Health for Algoma Public Health endorse the recommended actions (#1-7) from the letter from Simcoe-Muskoka District Health Unit to the Ontario Minister of Health (Appendix) , and write a letter to the Ontario Minister of Health urging for commitment to a more fulsome, comprehensive public health approach for substance use prevention and harm reduction in Ontario;

**And further be it resolved,** that the Board of Health for Algoma Public Health advocate to the Ontario Minister of Health the need for fulltime, sustained funding to support a Coordinator for the Sault Ste. Marie and Area Drug Strategy.

### References

- 1 Association of Local Public Health Agencies. *alpha Resolution A22-4: Priorities for provincial action on the drug/opioid poisoning crisis in Ontario*. 2022. [https://cdn.ymaws.com/www.alphaweb.org/resource/collection/9DD68D5D-CEFD-443B-B2B5-E76AE0CC6FCB/A22-4\\_Drug\\_Poisoning\\_Crisis.pdf](https://cdn.ymaws.com/www.alphaweb.org/resource/collection/9DD68D5D-CEFD-443B-B2B5-E76AE0CC6FCB/A22-4_Drug_Poisoning_Crisis.pdf)
- 2 Office of Chief Coroner (OCC) - Data effective Jul 2022. This data includes both confirmed and probable opioid-related deaths, preliminary and subject to change. **For internal use only.**
- 3 Health Quality Ontario. *Northern Ontario health equity strategy*. 2018. <https://www.hqontario.ca/Portals/0/documents/health-quality/health-equity-strategy-report-en.pdf>
- 4 Northern Ontario Public Health Units. *Opioid Crisis in Northern Ontario*. [Internal document] July 2021.
- 5 Armstrong, Kenneth. Opioid crisis: Day treatment program could restart 'immediately' if funded. *SooToday* 2022 31 August. <https://www.sootoday.com/local-news/opioid-crisis-day-treatment-program-could-restart-immediately-if-funded-5760784>
- 6 Canadian Centre on Substance Use and Addiction. *Overcoming stigma through language: A primer*. 2019. <https://www.ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf>
- 7 Simcoe Muskoka District Health Unit. *Letter to Minister Elliott Re: Response to the opioid crisis in Muskoka and Ontario wide*. [Internal Board correspondence] 16 March 2022.
- 8 Algoma Public Health. *Stakeholder interviews re: local opioid response*. [Internal program data] 2019.
- 9 Canadian Public Health Association. *Decriminalization of personal use of psychoactive substances*. 2017. <https://www.cpha.ca/decriminalization-personal-use-psychoactive-substances>

CARRIED: Chair's Signature \_\_\_\_\_

<input type="checkbox"/> Louise Caicco Tett	<input type="checkbox"/> Micheline Hatfield	<input type="checkbox"/> Musa Onyuna	<input type="checkbox"/> Brent Rankin
<input type="checkbox"/> Deborah Graystone	<input type="checkbox"/> Lee Mason	<input type="checkbox"/> Ed Pearce	<input type="checkbox"/> Matthew Scott
<input type="checkbox"/> Sally Hagman			

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  
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L4M 6K9  
705-721-7520  
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**Collingwood:**  
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705-445-0804  
FAX: 705-445-6498

**Cookstown:**  
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705-458-1103  
FAX: 705-458-0105

**Gravenhurst:**  
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Gravenhurst, ON  
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705-684-9090  
FAX: 705-684-9887

**Huntsville:**  
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Huntsville, ON  
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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  
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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

# Algoma Public Health's Strategic Plan & Agency Priorities

Dr. John Tuinema, Acting Medical Officer of Health  
September 28, 2022

# Ontario Public Health Standards


Ministry of Health and Long-Term Care

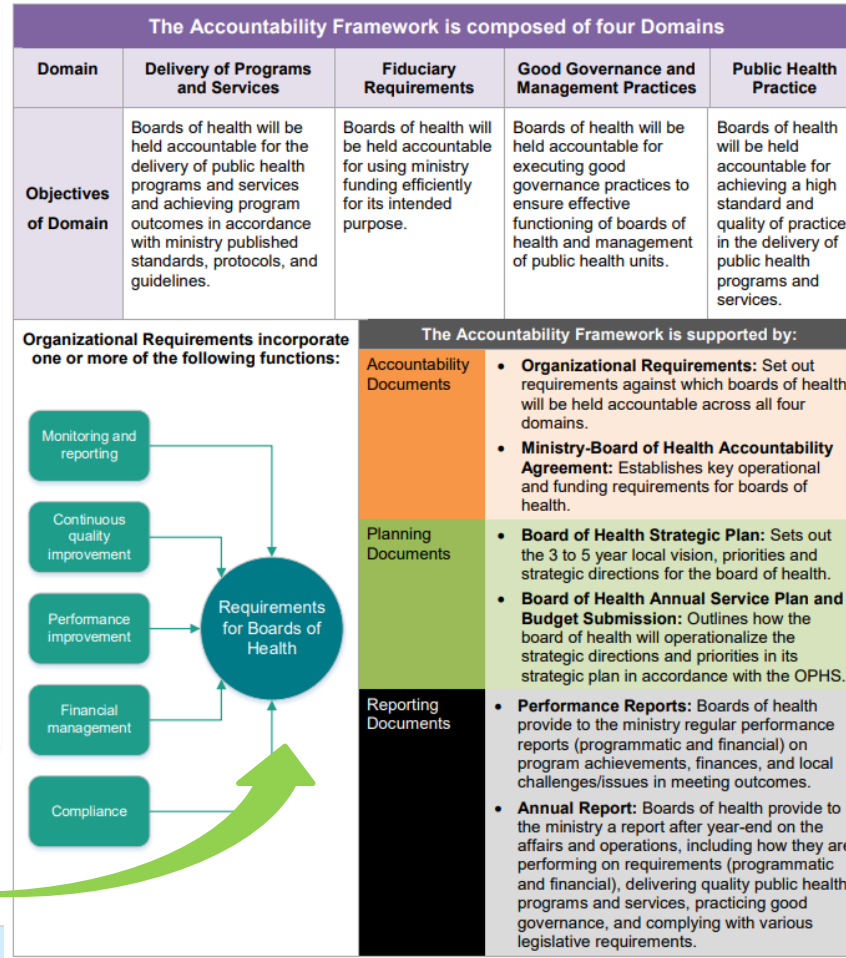
## Protecting and Promoting the Health of Ontarians

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

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the *Health Protection and Promotion Act*.

Effective: January 1, 2018  
Revised: July 1, 2018





# Strategic Plan: Current Status

- The current strategic plan was approved by the BOH in early 2020
- COVID-19 put a lot of core public health program work on hold
- Launching and implementing the strategic plan took a backseat to pandemic response and immunization
- We need to revisit the strategic plan to provide direction as we recover and rebuild
- The timing and process need to be right



- Gathered feedback from the leadership team
- The strategy directions remain strongly aligned with our work and agency goals in recovery

### Vision

Health for all. Together.

### Mission

We promote and protect community health and advance health equity in Algoma.

**Strategic Direction #1: Advance the priority public health needs of Algoma's diverse communities.**

- Strengthen population health assessment to improve understanding of the distribution and determinants of health and disease, including local health disparities, and identify priority populations for public health and health equity action.
- Work with partners to exchange knowledge and align our shared data to have more impact on population health.
- Work with priority populations to develop a shared, holistic understanding of community health needs.

**Strategic Direction #2: Improve the impact and effectiveness of APH programs.**

- Align programs to population health priorities and to the unique role of public health.
- Use evidence and data to plan and evaluate for program effectiveness and impact.
- Support agency-wide, integrated strategies for health.
- Meaningfully engage clients, partners, and communities based on shared goals and accountabilities.

**Strategic Direction #3: Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.**

- Invest in our people and develop organizational capacity to use evidence and data and build effective partnerships.
- Engage staff and external partners in the evolution of our public health role in Algoma communities.
- Recognize and share the stories of our people and partners.





# Strategic **Plan** & Recovery

## 1.1: INTERNAL COMMUNICATIONS – LEADERSHIP AND STAFF

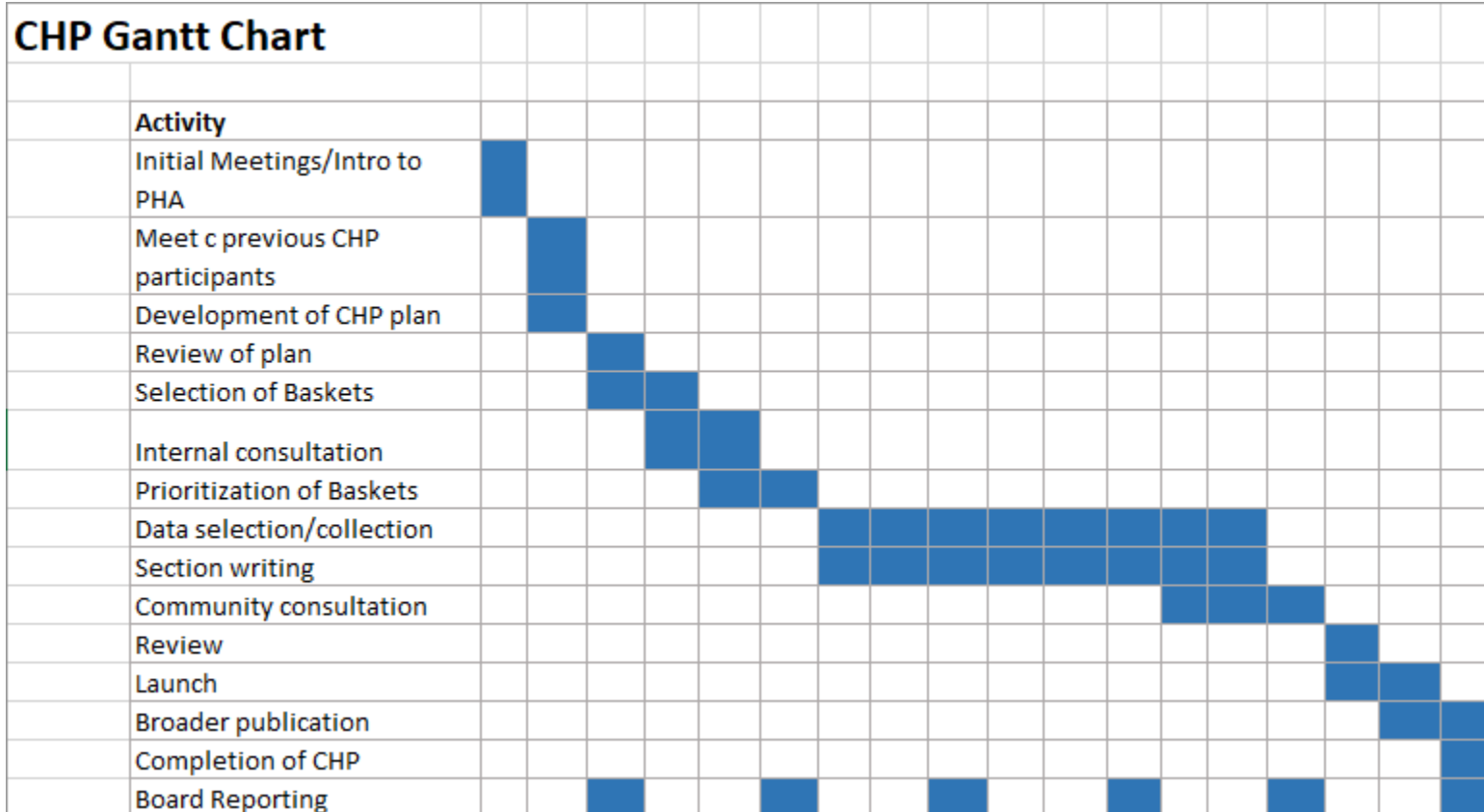
Leads	Strategic Plan Alignment	Activities	Planning Notes (e.g. Action items, progress, outcomes, eval)
Primary: John T, Leo V	<i>#3b: Engage staff and external partners in the evolution of our public health role in Algoma communities.</i>	<b>Biweekly e-mail communications to all-staff</b>	<ul style="list-style-type: none"> <li>• Bi-weekly email to all staff from AMOH with organization updates and recovery updates.</li> <li>• Respond to FAQs from programs and recovery question box.</li> <li>• IT advised to wait until M365 is launched to do a review of issues with Mail chimp/access.</li> <li>• <b>Latest send out: August 25</b></li> </ul>
	<i>#3b: Engage staff and external partners in the evolution of our public health role in Algoma communities.</i>  <i>#3c: Recognize and share the stories of our people and partners.</i>	<b>All-Staff Virtual Town Hall</b>	<ul style="list-style-type: none"> <li>• Compiled Town Hall questions and sent to group to build responses – ongoing by Leo.</li> <li>• Future topics: Strategic plan soft launch</li> </ul>



# Where to from here?

- Need a firm understanding of community and agency priorities
- The Community Health Profile will be prioritized with significant input from programs





# Next Steps

- Updating the Community Health Profile for 2023 will set us up well for the next strategic plan
- Throughout the process of updating the CHP, we will be setting interim priorities based on information and data as it is pulled together
- COVID will still be a reality and priority as we continue to work to protect community health, but efforts must focus on minimizing internal disruption and addressing the many other public health challenges being faced by our community

**Algoma Public Health  
(Unaudited) Financial Statements**

**July 31, 2022**

<u><i>Index</i></u>	<u><i>Page</i></u>
Statement of Operations	1
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	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
<b>Public Health Programs (Calendar)</b>						
<b>Revenue</b>						
Municipal Levy - Public Health	\$ 3,141,912	\$ 3,141,912	\$ (0)	\$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	5,079,729	5,108,758	(29,029)	8,773,425	-1%	99%
Provincial Grants - Public Health 100% Prov. Funded	2,415,448	2,465,872	(50,424)	4,259,650	-2%	98%
Provincial Grants - Mitigation Funding	583,763	605,381	(21,618)	1,037,800	-4%	96%
Fees, other grants and recovery of expenditures	200,326	203,314	(2,988)	379,075	-1%	99%
<b>Total Public Health Revenue</b>	<b>\$ 11,421,178</b>	<b>\$ 11,525,237</b>	<b>\$ (104,059)</b>	<b>\$ 18,639,166</b>	<b>-1%</b>	<b>99%</b>
<b>Expenditures</b>						
Public Health Cost Shared	\$ 9,137,656	\$ 9,780,605	\$ 642,949	\$ 16,648,021	-7%	93%
Public Health 100% Prov. Funded Programs	1,082,083	1,142,578	60,495	1,991,145	-5%	95%
<b>Total Public Health Programs Expenditures</b>	<b>\$ 10,219,738</b>	<b>\$ 10,923,182</b>	<b>\$ 703,444</b>	<b>\$ 18,639,166</b>	<b>-6%</b>	<b>94%</b>
<b>Total Rev. over Exp. Public Health</b>	<b>\$ 1,201,440</b>	<b>\$ 602,055</b>	<b>\$ 599,384</b>	<b>\$ 1</b>		

### Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 356,011	356,004	(7)	1,068,011	0%	100%
Expenditures	372,519	357,470	15,048	1,068,011	4%	104%
<b>Excess of Rev. over Exp.</b>	<b>(16,508)</b>	<b>(1,467)</b>	<b>(15,041)</b>	<b>0</b>		

### Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 1,113,214	1,116,978	3,763	2,176,700	0%	100%
Expenditures	329,088	455,739	(126,650)	2,176,700	-28%	72%
<b>Excess of Rev. over Fiscal Funded</b>	<b>784,126</b>	<b>661,239</b>	<b>122,887</b>	<b>-</b>		

### Community Health Programs (Non Public Health)

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

### Fiscal Programs

<b>Revenue</b>						
Provincial Grants - Community Health	\$ 136,310	\$ 104,051	\$ 32,259	\$ 320,308	31%	131%
Municipal, Federal, and Other Funding	47,684	47,684	-	114,447	0%	100%
Other Bill for Service Programs	0	0	-	-	#DIV/0!	#DIV/0!
<b>Total Community Health Revenue</b>	<b>\$ 183,994</b>	<b>\$ 151,735</b>	<b>\$ 32,259</b>	<b>\$ 434,755</b>	<b>21%</b>	<b>121%</b>
<b>Expenditures</b>						
Brighter Futures for Children	27,132	38,149	11,017	114,447	-29%	71%
Infant Development	22,330	0	(22,330)	0	#DIV/0!	#DIV/0!
Preschool Speech and Languages	640	53,655	53,015	58,155	-99%	1%
Nurse Practitioner	53,288	53,384	97	162,153	0%	100%
Stay on Your Feet	20,667	33,333	12,667	100,000	-38%	62%
Rent Supplements CMH	32,258	0	(32,258)	0	#DIV/0!	#DIV/0!
Bill for Service Programs	0	0	-	(0)	#DIV/0!	#DIV/0!
Misc Fiscal	-	-	-	-	#DIV/0!	#DIV/0!
<b>Total Fiscal Community Health Programs</b>	<b>\$ 156,313</b>	<b>\$ 178,522</b>	<b>\$ 22,208</b>	<b>\$ 434,755</b>	<b>-12%</b>	<b>88%</b>
<b>Total Rev. over Exp. Fiscal Community Health</b>	<b>\$ 27,680</b>	<b>\$ (26,787)</b>	<b>\$ 54,467</b>	<b>\$ (0)</b>		

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 Seven Months Ending July 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	2,213,793	2,213,793	0	2,951,725	0%	75%	2,012,541	2,012,541	0
Levies District	928,119	928,119	0	1,237,491	0%	75%	843,744	843,744	0
<b>Total Levies</b>	<b>3,141,912</b>	<b>3,141,912</b>	<b>0</b>	<b>4,189,216</b>	<b>0%</b>	<b>75%</b>	<b>2,856,285</b>	<b>2,856,285</b>	<b>0</b>
MOH Public Health Funding	5,079,729	5,108,758	(29,029)	8,773,425	-1%	58%	5,079,732	5,079,732	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
<b>Total Public Health Cost Shared Funding</b>	<b>5,079,729</b>	<b>5,108,758</b>	<b>(29,029)</b>	<b>8,773,425</b>	<b>-1%</b>	<b>58%</b>	<b>5,079,732</b>	<b>5,079,732</b>	<b>0</b>
MOH Funding - MOH / AMOH Top Up	105,845	110,425	(4,580)	189,300	-4%	56%	132,637	88,716	43,921
MOH Funding Northern Ontario Fruits & Veg.	68,486	68,483	3	117,400	0%	58%	68,486	68,483	3
MOH Funding Unorganized	309,400	309,400	0	530,400	0%	58%	309,400	309,400	0
MOH Senior Dental	592,107	630,997	(38,890)	1,114,150	-6%	53%	407,107	407,108	(1)
MOH Funding Indigenous Communities	57,164	57,167	(3)	98,000	0%	58%	57,164	57,162	2
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/0!	0%			0
OTF COVID-19 Extraordinary Costs	1,282,446	1,289,400	(6,954)	2,210,400	-1%	58%	68,145	68,145	0
<b>Total Public Health 100% Prov. Funded</b>	<b>2,415,448</b>	<b>2,465,872</b>	<b>(50,424)</b>	<b>4,259,650</b>	<b>-2%</b>	<b>57%</b>	<b>1,042,939</b>	<b>999,015</b>	<b>43,925</b>
<b>Total Public Health Mitigation Funding</b>	<b>583,763</b>	<b>605,381</b>	<b>(21,618)</b>	<b>1,037,800</b>	<b>-4%</b>	<b>56%</b>	<b>605,386</b>	<b>605,386</b>	<b>0</b>
Recoveries from Programs	(28,676)	23,283	(51,959)	11,625	-223%	-247%	6,160	23,330	(17,170)
Program Fees	36,243	30,116	6,127	50,000	20%	72%	72,784	79,323	(6,539)
Land Control Fees	153,595	105,000	48,595	183,000	46%	84%	159,765	75,000	84,765
Program Fees Immunization	11,039	29,162	(18,123)	50,000	-62%	22%	2,162	29,162	(27,000)
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	19,124	11,669	7,455	20,000	64%	96%	7,885	11,550	(3,665)
Other Revenues	9,000	4,083	4,917	24,450	120%	37%	7,000	10,000	(3,000)
<b>Total Fees and Recoveries</b>	<b>200,326</b>	<b>203,314</b>	<b>(2,988)</b>	<b>379,075</b>	<b>-1%</b>	<b>53%</b>	<b>255,756</b>	<b>228,365</b>	<b>27,391</b>
<b>Total Public Health Revenue Annual</b>	<b>11,421,178</b>	<b>11,525,237</b>	<b>(104,059)</b>	<b>18,639,166</b>	<b>-1%</b>	<b>61%</b>	<b>9,840,098</b>	<b>9,768,783</b>	<b>71,315</b>
<b>Public Health Fiscal April 2022 - March 2023</b>									
Needle Exchange Supplies	10,501	10,500	1	31,500	0%	33%			
Infection Prevention and Control Hub	744,478	746,667	(2,189)	1,240,000	0%	60%			
Practicum	10,000	10,000	0	30,000	0%	33%			
School Nurses Initiative	231,000	232,311	(1,311)	522,700	-1%	44%			
Fire System Upgrade	29,032	29,300	(268)	87,900	-1%	33%			
Smoke Free Ontario Tablets	3,934	3,933	1	11,800	0%	33%			
Temporary Retention Incentive for Nurses	63,904	63,900	4	191,700	0%	33%			
Upgrade Network Switches	20,365	20,367	(2)	61,100	0%	33%			
<b>Total Provincial Grants Fiscal</b>	<b>1,113,214</b>	<b>1,116,978</b>	<b>(3,764)</b>	<b>2,176,700</b>	<b>0%</b>	<b>51%</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Algoma Public Health**  
**Expense Statement- Public Health**  
For Seven Months Ending July 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	6,009,875	6,537,843	527,968	11,220,407	-8%	54%	\$ 6,079,710	\$ 6,047,208	\$ ( 32,502 )
Benefits	1,466,871	1,527,579	60,708	2,621,584	-4%	56%	1,502,194	1,391,465	(110,729)
Travel	69,835	110,078	40,243	188,705	-37%	37%	74,510	100,864	26,354
Program	592,159	751,625	159,466	1,320,941	-21%	45%	823,238	674,501	(148,737)
Office	29,476	39,317	9,841	67,400	-25%	44%	34,712	33,274	(1,438)
Computer Services	509,509	497,241	(12,268)	852,416	2%	60%	511,237	557,936	46,699
Telecommunications	192,208	191,058	(1,150)	327,528	1%	59%	227,560	216,533	(11,027)
Program Promotion	29,149	49,544	20,394	84,932	-41%	34%	40,321	48,284	7,963
Professional Development	14,447	50,249	35,802	86,141	-71%	17%	15,591	44,042	28,451
Facilities Expenses	755,135	645,395	(109,740)	1,106,391	17%	68%	733,037	610,380	(122,657)
Fees & Insurance	290,996	272,175	(18,821)	332,300	7%	88%	256,511	233,925	(22,586)
Debt Management	266,829	266,829	0	457,421	0%	58%	269,682	268,858	(824)
Recoveries	(6,750)	(15,750)	(9,000)	(27,000)	-57%	25%	(70,113)	(58,018)	12,095
	<b>\$ 10,219,739</b>	<b>\$ 10,923,182</b>	<b>\$ 703,443</b>	<b>\$ 18,639,166</b>	<b>-6%</b>	<b>55%</b>	<b>\$ 10,498,191</b>	<b>\$ 10,169,252</b>	<b>\$ ( 328,939 )</b>



## **Notes to Financial Statements – July 2022**

### **Reporting Period**

The July 2022 financial reports include seven months of financial results for Public Health. All other non-funded public health programs are reporting four months of results from operations year ending March 31, 2023.

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

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

APH received the 2022 Amending Agreement from the province identifying the approved funding from the province for 2022 for public health. The Ministry of Health has approved one-time funding to support approximately 65% of estimated eligible COVID-19 extraordinary costs at this time for the 2022 calendar year (currently allocated \$2.2M versus our original ask of \$3.4M). Details regarding further allocations of one time funding to support ongoing response to the COVID 19 pandemic will be determined by review of in-year financial reports of detailed spending and forecasted needs. Management took the conservative approach and adjusted the 2022 budget to reflect the change in approved funding. Approved funding allocations has resulted in a reduction to the overall 2022 public health calendar budget of \$988K.

As of July 30, 2022, Public Health calendar programs are reporting a \$599K positive variance driven by a \$703K positive variance in expenditures and a \$104K negative variance in revenues.

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

Overall, our Public Health revenues are on budget for 2022 (within 1% of budget year to date). YTD we have received funding payments totaling \$1.3M for our COVID programs versus total annual approval of \$2.2M. 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. Our second quarter submission to the Ministry was submitted on July 31, 2022.

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

Fiscal funding has been approved totaling \$2.2M for one time projects and initiatives. This includes \$191,700 to support the Temporary Retention Incentive for Nurses for the 2022-23 fiscal year. This funding will support the second installment of two bonus payments due to eligible nurses which will occur in September 2022.

No funding has been approved to date for COVID Recovery initiatives (\$650K was requested for 2022).

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

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

#### ***Salary, Wages & Benefits***

There is a \$588K positive variance associated with Salary, Wages & Benefits driven by ongoing position vacancies. Recruitment efforts are ongoing.

#### ***Travel***

There is a \$40K 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. We expect to start to see this gap close as staff begin travelling throughout the district again in the summer months and throughout the remainder of the year.

#### ***Programs***

There is a \$159K positive variance associated with Programs. This is largely driven by our continued focus on COVID 19 programs and recovery which has prevented us from concentrating on our regular mandatory programming and getting these programs back to operating a regular capacity. We expect to see this gap start to close as regular mandatory programming continues to resume. Also contributing to the variance in program expenses is the fact that we have not required support from our community partners for COVID immunizations in near the capacity we expected to year to date.

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

There is a \$36K positive variance for Professional Development. At this time there has been limited spending for professional development, as staff availability is extremely tight and there are limited opportunities for professional development at this time.

#### ***Facilities Expense***

There is a \$110K negative variance associated with facilities expenses which is driven by increased security requirements associated with COVID 19 response and needs year to date. Needs for increased security continues to be regularly assessed as we enter into the recovery phase of the COVID 19 pandemic. Also notable that the general rates for security services district wide have drastically increased over the course of the pandemic due to lack of supply/availability and, in some case, the need for guards to travel in order to attend posts.

### **COVID-19 Expenses**

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

This program includes case and contact management as well as supporting the information phone lines. July YTD expenses were \$1,762K. 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. July YTD expenses were \$833K.

Notes Continued...

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

APH's liquidity position continues to be stable and the bank has been reconciled as of July 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)

<b>Date: As of July 2022</b>	<b>July 2022</b>	<b>December 2021</b>
<b>Assets</b>		
<b>Current</b>		
Cash & Investments	\$ 6,582,811	\$ 5,969,759
Accounts Receivable	346,721	623,372
Receivable from Municipalities	164,521	35,481
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	<i>7,094,053</i>	<i>6,628,612</i>
<b>Financial Liabilities:</b>		
Accounts Payable & Accrued Liabilities	1,083,591	1,838,503
Payable to Gov't of Ont/Municipalities	432,349	1,414,828
Deferred Revenue	321,408	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>	<i>8,755,978</i>	<i>10,722,027</i>
<b>Net Debt</b>	<b>(1,661,925)</b>	<b>(4,093,414)</b>
<b>Non-Financial Assets:</b>		
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>	<i>17,957,225</i>	<i>17,957,225</i>
<b>Accumulated Surplus</b>	<b>16,295,299</b>	<b>13,863,810</b>

## **Governance Committee Meeting**

September 13, 2022

### **Attendees In Person:**

Deborah Graystone - Chair

Sally Hagman

Musa Onyuna

### **Regrets:**

Brent Rankin

Lee Mason

### **APHU Members In Person:**

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

Antoinette Tomie – Director of Corporate Services

Laurie Zeppa – Director of Health Promotion and Prevention

Tania Caputo – Secretary to the Board of Health

Tania Storozuk – Executive Assistant

Minutes for Governance Meeting of March 8, 2022 and May 11, 2022 were approved.

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 review this topic at the upcoming Board Orientation on September 20, 2022.

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 as is in the policy. This policy was approved with no amendments.

Policy #02-05-085 was deferred to the November Governance meeting.

Policy #02-05-015 - Conflict of Interest was reviewed and approved with amendments.

Policy #02-05-025 Board Member remuneration was reviewed. Clarification of reasons for payment were discussed. Remuneration will ensue with clarification of attendance at each meeting. Policy was approved with amendments.

Policy #02-05-035 - Continuing Education for Board Members was reviewed and approved with no amendments.

Policy #02-05-060 – Meetings and access to Information; collaboration of Medical Officer of Health and Board Chair regarding preparation of agenda were discussed. Clarification will be made at our orientation session. Information of meetings regarding those in regular meetings and those in-camera were discussed. Amendments were made and the policy was approved with those amendments.

Policy #02-05-086 – was deferred to November Governance meeting.

By-Law #06-02 Ontario Building Code Appointments was approved with amendments. Clarification will ensue regarding Correlation with the Ontario Building Code Act and the process regarding information relayed to the Board.

By-Law #15-01 To Provide for the Management of Property was deferred to the November Governance meeting.

Risk Management Model 2022-2023 was discussed in-camera and the model was approved in open meeting.

## **Briefing Note for Consideration of Annual General Meeting**

Purpose:

To evaluate the option of holding an Annual General Meeting to make important decisions regarding the organization.

Rationale: Current Practice involves no annual general meeting.

Business at Annual General Meeting:

- reviewing strategic plan and goals
- elections of directors/officers
- evaluating the executive director's performance
- appointing auditors for ensuing year
- reading of auditors report
- reviewing and approving the organization's **audited financial statements** and setting the budget
- evaluating program achievements
- evaluation board performance
- setting goals for the upcoming year
- review/amend/approve by-laws
- to give the overall status of the organisation by the chair of the board
- honouring the service of retiring members
- recognizing the contribution of volunteer associations/person
- presentation of awards to staff

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

<b>APPROVED BY:</b>	Board of Health	<b>REFERENCE:</b>	02-05-001
<b>DATE:</b>	Original: May 4, 1995 Reviewed: Nov 20, 2019 Revised: May 27, 2020 Revised: Mar 24, 2021 Reviewed: Sep 2022	<b>SECTION:</b>	Policies
		<b>SUBJECT:</b>	Composition and Accountability of the Board of Directors

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### **KNOWLEDGE:**

The Board of Health for the District of Algoma Health Unit is the governing body of Algoma Public Health and is established by the provincial public health legislation, the Health Protection and Promotion Act, RSO 1990, (HPPA) and regulations.

Boards of Health are the governing bodies and policy makers of public health units. Boards of Health monitor all operations within their health unit and are accountable to the community and to the Ministry of Health.

All Boards of Health have a legislated duty to ensure that the public health programs and services required by the HPPA are provided to people who live in the health unit jurisdiction. Public health programs and services are intended to prevent the spread of disease and to promote and protect health.

The Ontario Public Health Standards: Requirements for Programs, Services and Accountability or its most current revision, published by the Ministry of Health, set out the minimum requirements for fundamental public health programs and services for boards of health.

Section 1 of Regulation 559 to the HPPA states that the Board of Health for the District of Algoma Health Unit shall have eight municipal members. Section 49 (3) of the HPPA states that the Lieutenant Governor in Council may appoint one or more persons as members of a board of health, but the number of members so appointed shall be less than the number of municipal members of the Board of Health. Therefore the maximum size of the Board **may be 15 members** (8 municipal members + 7 provincial members).

The distribution of board membership for the Board of Health for the District of Algoma Unit is as follows:

Zero (0) to Seven (7) Members:	appointed by the Lieutenant Governor to represent the Province of Ontario (currently 3 provincial members);
Three (3) Members:	appointed by the Council to represent the City of Sault Ste. Marie;
One (1) Member:	appointed by the Municipal Councils representing the Municipality of Wawa, Township of White River and Dubreuilville;
One (1) Member:	appointed by the Municipal Councils representing the Town of Blind River and the Townships of North Shore and Shedden;
One (1) Member:	appointed by the Municipal Councils representing the Town of Thessalon and Municipality of Huron Shores.



One (1) Member: appointed by the Municipal Councils representing the Town of Bruce Mines, Village of Hilton Beach and the Townships of Hilton, Jocelyn, Johnson, Laird, Macdonald, Meredith and Aberdeen Additional, Plummer Additional, Prince, St. Joseph and Tarbutt and Tarbutt Additional;

One (1) Member: appointed by the Municipal Council representing Elliot Lake.

Maximum membership: Fifteen (15) members

The appointment of members of municipal council(s) shall be for the term of the council(s). Council(s) may have internal policies that further refine this term of appointment.

Provincial appointees are for a three year term that may be renewed.

It is the accountability of the Chair of the Board of Health to communicate vacancies, resignations or changes to the Board when they occur.

**Note:** The City of Sault Ste. Marie has an internal policy that appointments of members by the municipal council representing the City of Sault Ste. Marie are for a two year term but may end sooner with the ending of the term of office of the council.

## APPENDIX A

<b>BOARD MEMBER PROFILE MATRIX</b> <b>(15 member Board – 8 Municipal Members and 7 Provincial Members)</b>		
<b>SKILL / EXPERIENCE</b>	<b>DESCRIPTION</b>	<b>NUMBER OF DIRECTORS REQUIRING SKILL</b>
<b>Core Skills</b>		
Analytical and Critical Thinking	<ul style="list-style-type: none"> <li>The ability to think analytically and critically, to evaluate different options, proposals and arguments and make sound independent decisions.</li> </ul>	All
Inter-personal Communications	<ul style="list-style-type: none"> <li>The ability to effectively communicate their ideas, positions, and perspective to their peers, as well as understand the ideas, position, and perspective of their peers and facilitate resolutions of differences in the common interest.</li> </ul>	All
Creative and Strategic Vision/Planning	<ul style="list-style-type: none"> <li>The ability to envision and define future goals and objectives that provide improved benefits for the groups and individuals on whose behalf the organization acts. (For example, experience with strategic planning, performance measurement, business planning, etc.)</li> </ul>	All
Understanding of the board's governance role	<ul style="list-style-type: none"> <li>Understanding of the appropriate roles, group processes, protocols and policies that form the systems of board governance, including those related to the legal (fiduciary) obligations of directors and a requirement to work in the best interests of the APH and those it serves.</li> <li>Demonstrated judgment and integrity in an oversight role.</li> <li>Experience serving on a board of directors or governance committee and/or senior level experience working with other strategic or policy boards preferred.</li> <li>Determination to act in one's own independent deliberative judgment with confidence and persistence in order to ask appropriate, relevant and necessary questions.</li> </ul>	All
Financial Literacy	<ul style="list-style-type: none"> <li>Able to read and have a layman's understanding of financial statements, including budgets, income statements, balance sheets and cash flow projections.</li> </ul>	All
Community Knowledge	<ul style="list-style-type: none"> <li>Knowledge of the community (fabric; particular needs) and more broadly, knowledge of the needs of the Algoma District at large.</li> </ul>	
Commitment to Mandate	<ul style="list-style-type: none"> <li>Demonstrates a strong understanding and commitment to the organization's mandate, including an awareness and commitment to working in the best interests of APH and those it serves to protect public health.</li> </ul>	All

## APPENDIX A

<b>Specific expertise with the 15 member Board (one or more)</b>		
Financial	<ul style="list-style-type: none"> <li>• Expertise and experience (preferably with a designation) in financial accounting and reporting and corporate finance.</li> <li>• Comprehensive knowledge of internal financial controls, financial operational planning and management in an organization that includes expertise in auditing, evaluating and analyzing financial statements.</li> <li>• Knowledge of best practices in procurement and contract management an advantage.</li> </ul>	1 or more
Communications / Public Relations Practices	<ul style="list-style-type: none"> <li>• Expertise and experience (preferably with a designation) with the planning, design, implementation and evaluation of strategic communications, and/or stakeholder relations initiatives.</li> </ul>	1 or more
Risk Management	<ul style="list-style-type: none"> <li>• Expertise and experience or consulting in analyzing exposure to risk in the private, public or not-for-profit sector and successfully determining appropriate measures to manage such exposure.</li> </ul>	1 or more
Education	<ul style="list-style-type: none"> <li>• Expertise and experience in the education sector, particularly, as it relates to subjects of relevance to public health programs and services.</li> </ul>	1 or more
Legal	<ul style="list-style-type: none"> <li>• Expertise and experience in the law (preferably with a designation), particularly, as it relates to subjects of relevance to public health programs and services.</li> </ul>	1 or more
Health Service Delivery	<ul style="list-style-type: none"> <li>• Expertise and experience in one or more aspects of health service delivery. Knowledge and/or experience in aspects of public health service delivery an advantage.</li> </ul>	1 or more
Human Resources	<ul style="list-style-type: none"> <li>• Expertise and experience in human resources (preferably with a designation) particularly in the areas of compensation, labour relations, change management, organizational development and leadership.</li> </ul>	1 or more
Information Management / Information Technology	<ul style="list-style-type: none"> <li>• Expertise and experience in IT/IM, particularly as it relates to systems and policies for data security and protecting privacy.</li> </ul>	1 or more
<b>OTHER REPRESENTATION CONSIDERATIONS</b>		
Other	<ul style="list-style-type: none"> <li>• As much as possible, given the limitations of the current legislated appointment process, the board will aspire to support a Board of Health membership that represents the diversity of the communities it serves.</li> </ul>	

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

**APPROVED BY:** Board of Health

**REFERENCE #:** 02-05-015

**DATE:** Original: Jan 18, 1995  
Revised: Jan 24, 2018  
Revised: Jun 24, 2020  
Revised: Sep 23, 2020  
Revised: Sep 2022

**SECTION:** Policies

**SUBJECT:** Conflict of Interest

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### **POLICY:**

Each member of the Board of Health has an obligation to avoid ethical, legal, financial or other conflicts of interest and to ensure that their activities and interests do not conflict with their obligations to the Board of Health of the Algoma District Health Unit (operating as Algoma Public Health) or its welfare.

It is the responsibility of the individual to disclose any conflicts of interest to the meeting.

If there is any doubt as to a perception of conflict, the member shall discuss with the Chair and/or Board of Health for direction.

A Board member should not use information that is not public knowledge, obtained as a result of their appointment, for personal benefit.

No Board member should divulge confidential information obtained as a result of their appointment unless legally required to do so.

A Board member shall remove oneself from the Board of Health if employment at APH is being sought.

### **The purpose of the Conflict of Interest Policy is to:**

- i) Assist individual Board members in determining when their participation in a Board decision/discussion has the potential to be used for personal or private benefit, financial or otherwise;
- ii) Protect the integrity of the Board as a whole and its members by following the conflict of Interest Policy and Procedures.

### **Definitions:**

**A conflict of interest situation arises where a member either on their own behalf or while acting for, by, with or through another, has any direct or indirect non-pecuniary or pecuniary interest in any contract or transaction with the Board or in any contract or transaction that is reasonably likely to be affected by a decision of the Board. Where the Board member or their close relative or friend or affiliated entity uses the Board member's position with APH to advance their personal or financial interests.**

**Actual conflict of interest:** A situation where a Board member has a private or personal interest that is sufficiently connected to their duties and responsibilities as a Board member that it influences the exercise of these duties and responsibilities. A narrow legal conflict of interest exists when the individual or immediate family member stands to gain or lose money personally because of a decision before the

Algoma Public Health Unit – e.g. self or immediate family member being considered for employment or contract for services;

**Perceived conflict of interest:** A situation where reasonably well-informed persons could have a reasonable belief that a Board member may have an actual conflict even where that is not the case, in fact. When someone looking in from the outside perceives that an individual used their influence to get Algoma Public Health Unit to make a decision that favoured someone or a group with whom the Board member has affinity – e.g. a contract being awarded to a neighbour, someone they went to school with, or their local community

**“Pecuniary Interest”** includes any matter in which the member has a financial interest or in which the financial interests of the member may be affected and save and except for interests which the member may have which is an interest in common with electors generally or their honorarium arising from membership on the Board or as a user of services of the Board in like manner and subject to the like conditions as are applicable to persons who are not members.

**Indirect pecuniary interest:** A member has an indirect pecuniary interest in any matter in which the council or local Board, as the case may be, is concerned, if;

- (a) the member or their nominee,
  - ~~(i) is a shareholder in, or a director or senior officer of, a corporation that does not offer its securities to the public,~~
  - (ii) has a controlling interest in or is a director or senior officer of, a corporation that offers its securities to the public, or
  - (iii) is a member of a body, that has a pecuniary interest in the matter; or
  - (iii) is one step removed from the individual where there is a financial gain, e.g Director/Officer is an officer or executive of a potential supplier or landlord to of a charity where the Algoma Public Health Unit is a major donor
- (b) the member is a partner of a person or is in the employment of a person or body that has a pecuniary interest in the matter.

## **PROCEDURE:**

- 1) At the beginning of every Board/Committee meeting, the Chair shall ask and have recorded in the minutes whether any Board member has a conflict to declare in respect to any agenda item.
- 2) If a Board member believes that they have an actual or perceived conflict of interest in a particular matter, they shall;
  - a) disclose the interest and the general nature thereof, prior to any consideration of the matter at the meeting.
  - b) not take part in the discussion of, or vote on any question in respect of the matter.
  - c) not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence other councillors or committee members or the decision relating to that matter.

- d) leave the meeting or the part of the meeting during which the matter is under consideration if the meeting is not open to the public.
- 3) Where the interest of a member has not been disclosed as required by subsection (2) by reason of the member's absence from the meeting referred to therein, the member shall disclose the interest and otherwise comply with subsection (2) at the first meeting of the Board attended by the member after the meeting referred to in subsection (2).
- 4) At a meeting at which a member discloses an interest under section (2) or as soon as possible afterwards, the member shall file a written statement of the interest and its general nature to the Chair of the Board or affected committee.
- 5) Where a member, either on their own behalf or while acting for, by, with or through another, has any pecuniary interest, direct or indirect, in any matter that is being considered by the Board, shall not use their position in any way to attempt to influence any decision or recommendation that results from consideration of the matter.
- 6) Where a Board or committee member believes that another member has a conflict of interest that has not been declared despite any appropriate informal communications, the first member shall advise an appropriate person such as the Chair of the Board or affected committee.
- 7) Where a Board or committee member believes that another Board or committee member has acted in or is in an ongoing conflict of interest, they shall advise in writing an appropriate person such as Chair of the Board or affected committee.
- 8) In situations where a Board member declares **a perceived conflict of interest**, the Board will determine by majority vote whether the member(s) participate in the discussion and vote on the item. The minutes should reflect the discussion and the Board decision on the matter. Alternately the Board member may decide on their own accord to not participate in the discussion and to not vote on the agenda item in question.
- 9) Prior to seeking employment with programs administered by the Board, the member shall provide a letter of resignation; however, the member may seek re-appointment if not successful in the job competition.
- 10) Where a conflict of interest is discovered during or after consideration of a matter, it is to be declared to the Board at the earliest opportunity and recorded in the minutes.
- 11) If the Board determines that the involvement of the member declaring the conflict influenced the decision on the matter, the Board shall re-examine the matter and may rescind, vary, or confirm its decision. Any action taken by the Board shall be recorded in the minutes.
- 12) Where there has been a failure on the part of a Board member to comply with this policy unless the failure is the result of a bona fide error in judgement as determined by the Board; the Board shall request that the Chair;
  - a) Issue a verbal reprimand; or
  - b) issue a written reprimand; or
  - c) request that the Board member resign or seek dismissal of the Board member based on regulations relevant as to how the Board member was appointed.

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

**APPROVED BY:** Board of Health

**REFERENCE #:** 02-05-025

**DATE:** Original: Mar 20, 2002  
Revised: Nov 25, 2015  
Revised: Nov 28, 2018  
Revised: Nov 13, 2019  
Reviewed: Sep 22, 2021  
Revised: Sep 2022

**SECTION:** Policies

**SUBJECT:** Board Member Remuneration/  
Expenses for Attendance at  
Meetings and Conferences

### **POLICY:**

#### **Remuneration for Attendance at Board of Health and Committee Meetings**

- 1) Board members' attendance at meetings is verified by the attendance taken at the meeting and confirmed by the chair. Accurate attendance is also recorded in the minutes.
- 2) Payment of remuneration is issued to Board members as soon as possible after the verification of attendance by the chair of the Board/Committee on a monthly basis.
- ~~3) Daily remuneration as approved by the Board of Health and in accordance with Part VI of the Health and Protection and Promotion Act, (HPPA) Section 49, (4) "A board of health shall pay remuneration to each member of the board of health on a daily basis and all members shall be paid at the same rate. R.S.O. 1990, c. H.7, s. 49 (4)."~~
- 4) In accordance with the HPPA Section 49 (6) "The rate of the remuneration paid by a board of health to a member of standing committee of a municipality within the health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. R.S.O. 1990, c. H.7, s. 49 (6)"
- 5) In accordance to HPPA Section 49 (11) "Subsections (4) and (5) do not authorize payment of remuneration or expenses to a member of a board of health, other than the chair, who is a member of the council of a municipality and is paid annual remuneration or expenses, as the case requires, by the municipality. R.S.O. 1990, c. H.7, s. 49 (11)" is paid to those Board members who are not a member of the council of a municipality, OR are a member of the council of a municipality and are not paid annual remuneration by any municipality.
- ~~3)6)~~ Adhering to the above mentioned sections of the HPPA, remuneration is paid for the following authorized activities:
  - a) Attendance at regular and/or special Board of Health meetings, including teleconferenced meetings.
  - b) Attendance at Standing Board Committee meetings, including teleconferenced meetings.
  - c) Attendance at the health unit at the request of the MOH or designate to fulfill duties related to the responsibilities of the Chair.
- 7) The Chair of the Board shall receive extra remuneration as described in this policy for the performance of additional duties associated with the position of board chair.
- ~~4)8)~~ Payment of remuneration will be identified as to which function is being reimbursed on the payment form when provided to the Board member.

## Remuneration for Attendance at Board of Health Functions

Remuneration at Board of Health functions applies only to those Board members who normally receive a daily meeting rate from the Board of Health.

The categories of official Board of Health functions to which the daily remuneration rate will apply are as follows:

- a) Attendance as a voting delegate to any annual or general meeting of alPHA;
- b) Attendance as the official representative of the Board of Health at a local or provincial conference, briefing or orientation session, information session, or planning activity, with an expectation that a written report will be tabled with the Board.

For example:

- a briefing session with the Minister of Health or the Public Health Branch on a public health issue;
  - attendance at a local workshop, information session or Task Force on a Board-related issue such as Long Term Care Reform;
  - an alPHA-sponsored committee, task force, workshop, etc., at which Board attendance is specifically requested and which is not recompensed from other sources;
  - others at the discretion of the Chair, subject to ratification by the Board.
- c) This rate does not apply to any workshop, seminar, conference, public relations event, APH program event or celebration, which is voluntary and does not specifically require official Board representation.

The Board member remuneration, as described below will be effective each January. The remuneration may be increased each year by resolution and vote of the Board, and the increase will be no greater than the % change in the consumer price index for the previous year as determined by Statistics Canada.

Attendance at Board and Committee Meetings (in person or electronically)	\$110	meeting 4 hours or less
Attendance as above (including travel time)	\$150	meeting and travel time greater than 4 hours
Attendance at Conferences	\$180	per day
Additional duties of Board Chair		Apply the appropriate meeting rate for any required attendance at the request of the MOH

## Expenses

- 1) Are recognized for attendance at Board of Health meetings and functions for which remuneration would apply [in accordance with HPPA Section 49 \(5\) "A board of health shall pay the reasonable and actual expenses of each member of the board of health. R.S.O. 1990, c. H.7, s. 49 \(3\)".](#)
- 2) Are not recognized for Board members other than the Chair who are members of the council of a municipality and are paid expenses by the municipality [in accordance to HPPA Section 49 \(11\) as identified in this policy.](#)



- 3) The rate of reimbursement for the use of a personal automobile is the kilometre rate as per the current Travel Policy 02-05-20.
- 4) Travel Expense Claim Form is used to claim:
  - a) kilometers travelled for attendance at Board functions (conferences, conventions or workshops).
  - b) reasonable and actual expenses incurred respecting transportation (air, car, train, bus), accommodation, meals~~food~~, parking, taxis, and registration fees. Receipts are required. Refer to Travel Policy 02-05-20.
- 5) Once submitted, Board/MOH Expenses are to be approved as follows:
  - a) The Board of Health Chair expenses: will be approved by the Chair of the Finance and Audit Committee.
  - b) Board member expenses will be approved by the Board of Health Chair or delegate.
  - c) MOH and/or CEO expenses will be approved by the Board of Health Chair or delegate.

Eligible expenses are reimbursed for Board members only.

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

**APPROVED BY:** Board of Health

**REFERENCE #:** 02-05-035

**DATE:** Original: Jan 20, 2010  
Revised: May 25, 2016  
Revised: Nov 28, 2018  
Reviewed: Sep 23, 2020  
Reviewed: Sep 2022

**SECTION:** Policies

**SUBJECT:** Continuing Education for Board Members

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### **POLICY:**

Algoma Public Health encourages and supports Board Members to attend and participate in training, workshops, seminars, meetings, and conferences related to public health and governance issues.

The Medical Officer of Health / Chief Executive Officer shall bring programs, seminars or conferences relevant to the work of the Board to the attention of the Board. Board members may also identify learning and development opportunities designed to enhance their competence and knowledge throughout their mandate. These may include seminars or workshops sponsored by other community service groups or those sponsored by health associations or government departments.

Board members shall receive approval by the Chair of the Board to attend as a representative of the board and to receive financial support for expenses and remuneration. The Chair of the Board shall receive approval from First Chair. If they are not available, then the Second Chair will give approval. The member shall submit a brief written report to the Board highlighting the information/knowledge/skills presented.

Board Members, approved by the Board Chair for a professional development activity, shall be reimbursed for all expenses incurred as per policy 02-05-025 Board Member Remuneration.

## Algoma Public Health – Policy and Procedure Manuals – 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  
Revised: Sep 2022

**SECTION:** Policies

**SUBJECT:** Meetings and Access to Information

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### **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 Chair of the Board of Health in collaboration with the Medical Officer of Health/CEO will prepare an agenda for each regular and special Board of Health meeting for distribution to the members of the Board of Health.

The Chair of each Committee in collaboration with the Medical Officer of Health/CEO will prepare an agenda for each Committee meeting.

The Medical Officer of Health/CEO 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 policy and procedure issues
  - 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).

- Biannual updates related to the Accountability Agreement Performance

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*.

# Briefing Note

**To:** Algoma Public Health Board of Health  
**From:** Dr. John Tuinema, Acting Medical Officer of Health  
**Date:** Sept 12, 2022  
**Re:** **Revision to By-Law 06 -02 Ontario Building Code Appointments**

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☒ For Information

☐ For Discussion

☒ For a Decision

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## **PURPOSE**

To include within the Board of Health *By – law 06-02 Assignment Building Code Officer:*

- Appointed inspectors, appointed by the Chief Building Official as per section 3.2 (2) of the Ontario Building Code (OBC) Act<sup>1</sup>; and
- The ability of the Manager of Environmental Health to temporarily assign the Chief Building Official (CBO) role to an appointed OBC trained inspector with CBO designation to ensure role continuity.

## **BACKGROUND**

Algoma Public Health (APH) is the overseeing body for inspection and enforcement of the Ontario Building Code (OBC) Part 8- Septic Systems (land control) program in the Algoma District.

### **Inclusion of Appointed Inspectors**

As per section 3.1 (2) of the Ontario Building Code Act<sup>1</sup>, appointed inspectors are to be included in the by-law.

### **Temporary Assignment of a Chief Building Officer**

Within By-Law-06-02, as currently written, the CBO role is assigned to the Manager of the Environmental Health. It is intended that the Manager of Environmental Health act as the CBO.

However, in the interim of a manager acquiring necessary qualifications or absence of a qualified manager, an update to the by-law is required to permit the manager to temporarily assign the CBO role to a OBC trained inspector with CBO designation (Temporary Acting CBO) to ensure role continuity.

An OBC trained staff with CBO qualifications can be assigned to any staff member who has successfully completed both the Part 8 OBC On-Site Sewage Systems training course and the General Legal Process and Powers and Duties course and examinations.

The Ontario Building Code Act<sup>1</sup>, 1992, S.O. 1992, c.23 outlines the role of the chief building official as follows:

*1(6) It is the role of a chief building official,*

- *to establish operational policies for the enforcement of this Act and the building code within the applicable jurisdiction;*

- *to co-ordinate and oversee the enforcement of this Act and the building code within the applicable jurisdiction;*
- *to exercise powers and perform the other duties assigned to him or her under this Act and the building code; and*
- *to exercise powers and perform duties in an independent manner and in accordance with the standards established by the applicable code of conduct. 2002, c. 9, s. 3; 2017, c. 34, Sched. 2, s. 2 (2).*

***In the event the CBO is absent for duty the BOH may appoint a temporary designate in their place as per Ontario Building Code Act, 1992, S.O. 1992 c. 23;***

#### ***Powers***

*3.1 (3) A sewage system inspector appointed under this section in an area of jurisdiction or, if there is more than one inspector in the area of jurisdiction, the inspector designated by the board of health, planning board or conservation authority has the same powers and duties in relation to sewage systems as does the chief building official in respect of buildings. 1997, c. 30, Sched. B, s. 3; 1999, c. 12, Sched. M, s. 2 (3).*

Therefore, as written, these roles and powers can be appointed by the Manager of Environmental Health to a Temporary Acting CBO (alternate) that possesses the required training and designation.

#### **RECOMMENDATIONS**

That the Board of Health revise and approve *By – law 06-02 Assignment Building Code Officer* to include:

- Appointed inspectors, appointed by the Chief Building Official as per section 3.2 (2) of the Ontario Building Code (OBC) Act<sup>2</sup> ; and
- The ability of the Manager of Environmental Health to temporarily assign the Chief Building Official (CBO) role to an OBC trained inspector with CBO designation to ensure role continuity.

#### **REFERENCES**

1. [Government of Ontario. \(2020\). Ontario Building Code Act- Last Amended.](#)

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

**APPROVED BY:** Board of Health

**BY-LAW #:** 06-02

**DATE:** Original: Apr 19, 2006  
Revised: Feb 18, 2015  
Revised: May 23, 2018  
Reviewed: Jun 24, 2020  
Revised: Sep, 2022

**SECTION:** Bylaws

**SUBJECT:** Ontario Building Code Appointments

Being a By-law of the Board of Health of Algoma Public Health to appoint a Chief Building Official and Inspectors for the purposes of the enforcement of the Ontario Building Code Act respecting sewage systems.

**WHEREAS** the Building Code Act, S.O. 1992, Chapter 23, provides that a Board of Health appoints a Chief Building Official and such Inspectors as are necessary for the purpose of enforcement of the Act;

**AND WHEREAS** the Board of Health of Algoma Public Health deems it desirable to appoint a Chief Building Official and Inspectors for the enforcement of the Building Code Act for the purposes of sewage systems, in the jurisdiction of Algoma Public Health;

**AND WHEREAS** the Building Code Act, S.O. 1992, Chapter 23, Section 7.1. requires the establishment and the enforcement of a code of conduct for the Chief Building Officials and Inspectors;

**NOW THEREFORE THE BOARD OF HEALTH OF ALGOMA PUBLIC HEALTH HEREBY ENACTS AS FOLLOWS:**

1. (a) ~~(The~~ Manager of Environmental Health) shall be appointed as the Chief Building Official (CBO).  
(b) In the absence of the CBO, at the manager level, an OBC trained ~~an Inspector designated by the with~~ CBO designation shall be appointed by the Manager of Environmental Health as their replacement temporary alternate (Temporary Acting CBO). Any dispute arising during the absence of the CBO must can be heard by the Temporary Acting CBO ~~at the earliest return to work.~~  
(c) The CBO or Temporary Acting CBO shall have all the powers and duties as set out in Section 1.1(6) of the Act for CBO.  
(d) The CBO or Temporary Acting CBO shall meet the qualifications and registration as required in Section 3.1.2, Division C, Part 3 of the Ontario Building Code and register annually on the Ministry of Housing and Municipal Affairs Quarts website.
2. ~~The Public Health~~ OBC trained ~~i~~ Inspector(s) that meet the qualifications and registration as required in Section 3.1.4, Division C, Part 3 of the Ontario Building Code shall be appointed as Inspectors for purposes of Part 8 under the Code.
3. ~~\_\_\_\_\_~~ The CBO and CBO trained ~~i~~ inspectors shall act in accordance with the policies and procedures governing employees at APH including the Code of Conduct.



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READ AND PASSED IN OPEN MEETING THIS ~~23rd~~ 28<sup>th</sup> DAY OF ~~MAY, 2018~~ SEPTEMBER, 2022.

\_\_\_\_\_  
~~I. Frazier~~ S. Hagman, Chair

\_\_\_\_\_  
~~S. Saccucci~~ L. Mason, 1<sup>st</sup> Vice-Chair

Enacted and passed by the Algoma Health Unit Board on this 16<sup>th</sup> day of April 2006

Original signed by  
G. Caputo, Chair  
A. Northan, MOH

Revised and passed by the Algoma Public Health Board on this 17<sup>th</sup> day of March 2010

Revised and passed by the Algoma Public Health Board on this 18<sup>th</sup> day of February 2015

Revised and passed by the Algoma Public Health Board on this 28<sup>th</sup> day of June 2017

Revised and passed by the Algoma Public Health Board on this 28<sup>th</sup> day of September, 2022

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July 20, 2022

Ministry of Children, Community and Social Services  
Government of Ontario  
438 University Avenue, 7<sup>th</sup> Floor  
Toronto, ON M5G 2K8

Dear Honourable Minister:

**Re: Support for a Local Board of Health**

On June 24, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from Public Health Sudbury & Districts regarding Healthy Babies Healthy Children funding. The following motion was passed:

Motion No: 2022-49

**Moved by: Alan Barfoot**

**Seconded by: Luke Charbonneau**

**“THAT, the Board of Health endorse the correspondence from Sudbury & Districts Public Health regarding Healthy Babies Healthy Children Funding.”**

**Carried.**

Sincerely,

A handwritten signature in cursive script, appearing to read "Sue Paterson".

Sue Paterson  
Chair, Board of Health  
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health  
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound  
Honourable Brian Saunderson, MPP for Simcoe-Grey  
Honourable Lisa Thompson, MPP for Huron-Bruce  
Warden for Bruce, Warden Janice Jackson  
Warden for Grey, Warden Selwyn Hicks  
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health  
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health  
Loretta Ryan, Association of Local Public Health Agencies  
Ontario Boards of Health

Encl.  
/mh

*A healthier future for all.*

101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5

[www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

519-376-9420

1-800-263-3456

Fax 519-376-0605

June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services  
Government of Ontario  
438 University Avenue, 7th Floor  
Toronto, ON M5G 2K8

Dear Honourable Minister:

**Re: Healthy Babies Healthy Children Funding**

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at its meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

*THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.*

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

**Sudbury**

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

**Elm Place**

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

**Sudbury East / Sudbury-Est**

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

**Espanola**

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

**Île Manitoulin Island**

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

**Chapleau**

34 rue Birch Street  
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Chapleau ON P0M 1K0  
t: 705.860.9200  
f: 705.864.0820

**toll-free / sans frais**

1.866.522.9200

[phsd.ca](http://phsd.ca)



This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



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

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Ontario Boards of Health  
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for  
Maternal and Child Health  
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child  
Health

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**Subject:** A Renewed Call for Paid Sick Leave in Ontario

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, June 14, 2022

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## Recommendations

1. That Regional Council **RECOMMEND** that the Government of Ontario extend the currently temporary three paid sick days in the *Employment Standards Act, 2000* (ESA) set to expire July 31, 2022;
2. That Regional Council **RECOMMEND** that the Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day policies, and identify the supports necessary to enable increasing the number of sick days and making them permanent;
3. That Regional Council **RECOMMEND** that the Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country; and
4. That Regional Council **DIRECT** the Regional Chair to communicate the above recommendations to the Premier, relevant Members of provincial Cabinet, Niagara's Members of Provincial Parliament, Niagara's Members of Parliament, and all Ontario Boards of Health.

## Key Facts

- The purpose of this report is to seek Council's support for extending beyond July 31, 2022, the currently temporary paid sick days through the *Employment Standards Act*
- Staying home when sick is one of the most effective containment strategies for infectious disease, yet a benefit currently more accessible to some workers than others.<sup>1</sup>

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<sup>1</sup> Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: <https://www.decentworkandhealth.org/beforetoolate>)

- The gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces<sup>2</sup> including COVID-19, as many lower paid employees are compelled to work while sick and infectious so as to be able to earn the income they need to live.
- In December 2021, Regional Council endorsed the recommendations in Report PHD 14-2021, expressing support for legislated paid sick days through the *Employment Standards Act*. Similar motions were also passed by Municipalities and Boards of Health across Ontario.
- In December, the Ontario Government extended the temporary three days employer paid sick time to expire on July 31, 2022.

## Financial Considerations

As a corporation, Niagara Region has experienced a total cost of \$943,700 (not including Payroll Related costs) for time encoded as Paid Infectious Disease Emergency Leave for the period of April 19, 2021 to April 18, 2022.

## Analysis

As stated in Reports PHD 14-2021 and PHD 1-2021, access to employer paid sick leave is an important policy measure for the following reasons<sup>1</sup>:

- It is one of the most effective containment strategies for infectious disease;
- Workers without paid sick days are more likely to go to work sick, putting others at risk;
- Parents with paid sick days have been found to be less likely to send sick children to school, preventing outbreaks in schools;
- Workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures during outbreaks;
- Low-wage and racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness.

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<sup>2</sup> Drago R, Miller K. Sick at Work: infected employees in the workplace during H1N1 pandemic IWPR.org (2010). (Available from: <https://iwpr.org/iwpr-general/sick-at-work-infected-employees-in-the-workplace-during-the-H1N1-pandemic/>)

The Ontario government's temporary pandemic-specific paid sick days is set to expire July 31, 2022. Since the start of the pandemic there have been many calls on the Ontario government to legislate adequate paid sick days. Calls on the government include, but are not exclusive to

- Bill-7 and Bill-8 introduced to the Ontario legislature in 2021;
- Ontario's Big City Mayors made up of Mayors from 29 cities across Ontario with a population of 100,000 or more;
- The City of St. Catharines as well as other municipalities across Ontario, including both Hamilton and Toronto;
- The Association of Local Public Health Agencies (alPHa);
- The Decent Work and Health Network.

Canada lags behind other nations globally in guaranteeing workers access to adequate paid sick days for short-term illness. On December 17, 2021, the federal government amended the Canada Labour Code to provide up to 10 days of paid sick leave to all federal employees. It was also announced that the federal government will convene the provinces and territories in early 2022, to develop a national action plan to legislate paid sick leave for all workers across the country. Starting January 1, 2022, British Columbia became the first province to expand permanent, employer-paid sick days, with five paid sick days for all full-time and part-time workers.

Paid sick days would form part of a suite of long-term, sustainable changes to our society to create a post-pandemic "new normal" where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption from the pandemic, as well as lost productivity and absenteeism due to transmission of other infections. Moreover, paid sick days would improve health equity, supporting a Healthy and Vibrant Community.

## **Alternatives Reviewed**

If the temporary paid sick days benefit expires on July 31, 2022, the burden of responsibility will fall to an individual to decide between staying home if they are sick, or going to work in order to get paid. Evidence indicates this results in spread of infectious disease, most pressingly COVID-19, to both customers and co-workers. However, as the pandemic continues, there will be substantial economic losses and inequitable human impacts due to infectious disease such as influenza, and COVID-19 will continue to afflict workplaces further increasing these losses and impacts.

## Relationship to Council Strategic Priorities

Paid sick days will help to reduce transmission of COVID-19 and other infectious illnesses. Additionally, paid sick days will help to lessen the disproportionate impact COVID-19 is having on workers that do not have access to paid sick leave. This healthy public policy is linked to Council's Healthy and Vibrant Community strategic priority, in particular, the desire to improve health equity.

## Other Pertinent Reports

[PHD 14-2021](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502) Collaborative Action to Support the Need for Permanent Paid Sick Days  
(<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502>)

[PHD 01-2021](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323) Collaborative Acton to Prevent COVID-19 Transmission and Improve Health Equity by Increasing Access to Paid Sick Days  
(<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323>)

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### Prepared by:

Lindsay Garofalo  
Manager  
Chronic Disease and Injury Prevention

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### Recommended by:

M. Mustafa Hirji, MD, MPH, PCPC  
Medical Officer of Health &  
Commissioner (Acting)  
Public Health and Emergency Services

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### Submitted by:

Ron Tripp, P.Eng.  
Chief Administrative Officer

This report was prepared in consultation with Dan Schonewille, Health Promoter, Chronic Disease and Injury Prevention and Leanne Mannell, Senior HR Business Analyst, Corporate Administration and reviewed by David Lorenzo, Associate Director, Chronic Disease and Injury Prevention.



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**Subject:** Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

**Report to:** Public Health & Social Services Committee

**Report date:** Tuesday, July 12, 2022

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## Recommendations

1. That the Regional Chair **BE DIRECTED** to write to the Minister of Health, the Minister of Children, Youth and Social Services, and the Minister of Finance concerning:
  - 1.1. the growing gap in current provincial funding for Public Health and Emergency Medical Services;
  - 1.2. the need for provincial funding to keep pace with costs, including inflation and service changes mandated by the province or in response to changing citizen needs;
  - 1.3. the importance for Public Health and Emergency Medical Services to receive stable, predictable funding to prudently budget and plan services;
  - 1.4. the need for all costs, including necessary indirect allocation expenses, to be eligible for reimbursement for 100% provincially-funded programs; and,
  - 1.5. the necessity for additional opportunities to be made available for Public Health to request additional recovery funding in order to ensure preventive health work unable to be completed during the COVID-19 pandemic can be completed expeditiously before the health of residents suffers further; and
2. That the Regional Chair's Correspondence **BE CIRCULATED** to local Members of Provincial Parliament, the Association of Municipalities of Ontario, and Ontario Board of Health.

## Key Facts

- The purpose of this report is to inform Council of the funding challenges currently faced by Niagara Region Public Health and Emergency Services (NRPH&ES).
- Programs that are 100% Provincially funded have not had inflationary adjustments for many years.

- The province makes a number of necessary but “indirect” expenses ineligible for reimbursement. These expenses have forced Council to cover these costs through the Regional Levy.
- Over the past five fiscal years, the following 100% Provincially funded programs have relied on the Regional Levy to cover shortfalls in funding for inflationary costs and indirect allocation expenses:
  - Mental Health: \$1,963,156
  - EMS Dispatch: \$1,392,790
- The Healthy Babies Healthy Children and Infant Child Development Service programs have continued to reduce positions in order mitigate any reliance on the Regional Levy. In 2020, these programs are underfunded by the Province to the order of \$201,828.
- With funding increases from the Province below the rate of inflation, NRPH&ES may increasingly need to reduce service to residents further, or rely on the Regional Levy to ensure 100% Provincially funded programs are able to continue to function.

## **Financial Considerations**

There are no direct costs to Niagara Region associated with the recommendations of this report. Successful communication with the Provincial government may lead to increased provincial funding and reduced reliance on the Regional Levy.

## **Analysis**

On March 21, 2017, PHSSC received MOH 01-2017: *Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health*. As outlined in MOH 01-2017, the Public Health department administers local public health programs and services under the *Health Protection & Promotion Act, R.S.O. 1990* and the attendant regulations and *Ontario Public Health Standards*. In addition, the department administers the Mental Health program and Emergency Medical Services (EMS) including EMS dispatch services.

In Ontario, Public Health is funded through provincial and municipal contributions. Most public health programs are cost-shared, though a few are 100% funded by the province. In 2019, the Province announced a reduction in the province’s share of funding, necessitating that the contribution of municipal governments would increase from 25% to 30% in 2020. In addition, several 100%-funded programs were turned into cost-shared programs, placing a new financial burden on municipal governments.

This downloading of costs occurred in the context of funding being frozen for Public Health in six of the past eight years. Public Health received a 1% increase in base budget for 2022, a welcome increase. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continues to increase with inflation estimated to be 6.8%<sup>1</sup>.

Stable, predictable funding is imperative for the long term successful functioning of any organization. This is especially true for Public Health and Emergency Services, where the COVID-19 pandemic has added significant pressures through negative impacts on the health of the population. Predictable funding year-to-year is necessary to enable multi-year planning and thoughtful, prudent budgeting. When funding is announced mid-year, after Council has already approved the Levy Operating budget, it creates avoidable costs and complexities to amend budgets and alter services to account for changes in funding. Additionally, moving forward there is catch-up work to be completed (e.g. missed grade 7 vaccinations) to ensure the population continues to receive necessary health services, and multi-year funding plans from the province would allow a careful planning of this work.

This report focuses on funding shortfalls in Public Health, Mental Health, and Emergency Medical Services (EMS) Dispatch programs that receive 100% of their funding from the provincial government. Not all expenses are reimbursed by the province; notably some indirect allocation expenses including corporate services (e.g. human resources, information technology) are not covered by the provincial government, requiring subsidization by Region through the Levy.

The Mental Health program is 100% funded through provincial funds, allocated via Ontario Health (OH). OH provides an annual lump sum of \$39,500 to cover indirect allocations; however, the expenses incurred by the Region greatly exceed this, and the Regional levy has needed to cover costs ranging from \$340,942 to \$462,207 over the past five fiscal years. The annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental Health budget. This has left the program in deficit. Overall, the Regional levy has covered a deficit of \$1,963,156 over the past five years.

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<sup>1</sup> [Consumer price index portal](https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)  
([https://www.statcan.gc.ca/en/subjects-start/prices\\_and\\_price\\_indexes/consumer\\_price\\_indexes](https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes))

EMS dispatch is funded by the Ministry of Health where indirect allocations related to capital financing expenses are not eligible for funding. Other indirect allocations are funded for this program. Overall, the program is also underfunded for its operations, with a deficit of \$1,241,912 over the past five fiscal years and \$150,878 of that being ineligible expenses for capital financing. Partly, this deficit may reflect a change in service demand as there has been a three-fold increase in call volume with no increase in funding to increase capacity. This has led to staffing challenges relative to call volume and increased costs through additional sick time, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be impacted unless additional funding is available to increase the staffing complement in proportion to the call volume.

Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS) are both Public Health programs funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. These two programs have reduced staffing costs by \$201,828, achieved through gapping from staff layoffs in 2020, to mitigate any reliance on the Regional Levy as costs have grown with inflation. The staffing reductions have also resulted in a change in service delivery model, partly necessitated by the COVID-19 pandemic, with the impacts still to be evaluated.

Moving forward, as core Public Health work resumes, efforts to catch-up on missed programming (e.g. school vaccinations, dental screening) will require additional funds to ensure the health needs of the population are met. Requests for additional funding have been made to the Ministry of Health; however, they have not been approved. This may impact the Regional Levy if further funding is not provided by the Ministry of Health, or will require some portion of our residents to lose the benefit of critical health interventions (e.g. grade 7 vaccinations).

### **Alternatives Reviewed**

A decision could be made not to request further funding from the province. Options to ensure a balanced budget without additional provincial funding include:

1. Use the Regional Levy to cover funding shortfalls. This would put a strain on the Levy Operating budget and necessitate an increase in the levy. This is not recommended as the provincial government is responsible for adequately funding

programs it requires the Region to deliver. Such a decision would also be inconsistent with Council's budget guidance.

2. Reduce costs through staff layoffs and reduced service delivery. This is not recommended as Niagara Region Public Health may fail to meet the requirements of the Ontario Public Health Standards if this option is chosen. The health of residents in the Region will also be negatively impacted by this option through the impacts on both Public Health and Emergency Medical Services.

### **Relationship to Council Strategic Priorities**

The recommendations from this report reinforce Council's Strategic Priority to build Healthy and Vibrant communities, and support for the community in times of crisis. Funding advocacy to the provincial government will ensure that NRPH&ES can adequately meet the health needs of the population and continue to provide services of the highest level, especially to the most vulnerable in our community.

### **Other Pertinent Reports**

MOH 01-2017 Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health

PHD-C 3-2022 Ministry of Health Funding Adjustments

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#### **Prepared by:**

Dr. Azim Kasmani, MD, FRCPC  
Associate Medical Officer of Health  
Public Health and Emergency Services

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#### **Recommended by:**

M.M. Hirji, MD, MPH, FRCPC  
Medical Officer of Health &  
Commissioner (Acting)  
Public Health and Emergency Services

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#### **Submitted by:**

Ron Tripp, P.Eng.  
Chief Administrative Officer

This report was prepared in consultation with Michael Leckey and Amanda Fyfe, Program Financial Specialists.

July 28, 2022

*Via Email*

Sylvia Jones  
Deputy Premier and Minister of Health  
College Park, 5<sup>th</sup> Floor  
777 Bay Street Toronto, ON M7A 2J3

Dear Minister:

Please accept my congratulations on behalf of the Board of Health for Algoma Public Health on your appointment as Minister of Health for the province of Ontario. Thank you also for your tireless work, in collaboration with your predecessor, former Minister Elliott, in supporting local Public Health throughout the pandemic.

The Board of Health looks forward to your leadership in ensuring all Ontarians have equal opportunities for health. We are keen to engage in ongoing collaboration with the provincial government and municipal governments to support policy development that will have positive health and health equity outcomes.

While we face some unique public health challenges in Northern Ontario, we also have very strong community and academic engagement and are optimistic about health in the north.

Again, on behalf of the Board of Health, I wish you success in this important role, and we look forward to supporting you in your mandate.

Sincerely,



Sally Hagman  
Chair, Board of Health, District of Algoma Health Unit

cc: Dr. K. Moore, Chief Medical Officer of Health Northern Boards of Health  
Dr. J. Tuinema, Acting Medical Officer of Health and Chief Executive Officer

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September 7, 2022



The Honourable Sylvia Jones  
Deputy Premier and Minister of Health  
Ministry of Health and Long-Term Care  
777 Bay Street, 5<sup>th</sup> Floor  
Toronto, ON M7A 2J3

The Honourable Monte McNaughton  
Minister of Labour, Immigration, Training  
and Skills Development  
777 Bay Street, 5<sup>th</sup> Floor  
Toronto, ON M7A 2J3

Dear Ministers Jones and McNaughton:

**Re: Support for a Local Board of Health**

On August 26, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Board of Health for Niagara Region on the matter of employer-paid sick days in Ontario. The following motion was passed:

Motion No: 2022-65

**Moved by: Alan Barfoot**

**Seconded by: Brian O'Leary**

"THAT, the Board of Health endorse the correspondence from the Board of Health for Niagara Region on the Matter of Employer-Paid Sick Days in Ontario."

**Carried.**

Sincerely,

A handwritten signature in cursive script, appearing to read "Susan Paterson".

Sue Paterson  
Chair, Board of Health  
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health  
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound  
Honourable Brian Saunderson, MPP for Simcoe-Grey  
Honourable Lisa Thompson, MPP for Huron-Bruce  
Warden for Bruce, Warden Janice Jackson  
Warden for Grey, Warden Selwyn Hicks  
Loretta Ryan, Association of Local Public Health Agencies  
Ontario Boards of Health

Encl.  
/mh

*A healthier future for all.*

101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5

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**Office of the Regional Chair | Jim Bradley**

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July 19, 2022

The Honourable Sylvia Jones  
Deputy Premier and Minister of Health  
Ministry of Health and Long-Term Care  
777 Bay Street, 5th Floor  
Toronto, Ontario M7A 2J3

The Honourable Monte McNaughton  
Minister of Labour, Immigration, Training  
and Skills Development  
777 Bay Street, 5th Floor  
Toronto, ON M7A 2J3

Dear Ministers Jones and McNaughton,

First, let me congratulate you on behalf of Niagara Region Council and all Niagara residents for your reappointments to Cabinet. We look forward to working with you over the next four years and seeing our province benefit from your sage leadership.

On behalf of Niagara Region's Board of Health, I write today to you on the matter of employer-paid sick days in Ontario. Specifically, on June 23, 2022, our Board of Health passed a motion requesting that:

1. The Government of Ontario extend the currently temporary three paid sick days in the Employment Standards Act, 2000 (ESA) set to expire July 31, 2022.
2. The Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with the recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day policies, and identify the supports necessary to enable increasing the number of sick days and making them permanent.
3. The Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country.

A copy of our Public Health Department's report (PHD 11-2022) is enclosed for reference.

Staying home when sick is one of the most effective containment strategies for infectious disease, yet it is a benefit currently more accessible to some workers than others.

Workers without paid sick days are more likely to go to work sick, putting others at risk. Throughout the pandemic workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures

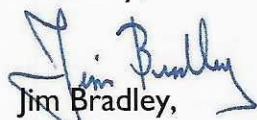


during outbreaks. Low-wage racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness<sup>i</sup> as well as business owners in these areas that, therefore, suffered greater disruption and loss when unable to operate due to staff illness.

Paid sick days should form part of a suite of long-term, sustainable changes to our society to create a post-pandemic “new normal” where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption. As well, paid sick days would reduce lost productivity and absenteeism due to transmission of other infections, which was estimated to be \$16.6 billion dollars nationally by the Conference Board of Canada in 2012; no doubt it has grown since then.<sup>ii</sup>

Paid sick days is a good policy for us to control this pandemic sustainably, make us more resilient to future pandemics, increase productivity, and enhance health equity. We urge your government to extend the current paid sick days policy, and study enhancing it and making it permanent.

Sincerely,



Jim Bradley,  
Chair, Board of Health, Niagara Region  
Regional Chair, Niagara Region

Enclosure: PHD 11-2022

cc: Premier Doug Ford  
Jeff Burch, MPP, Niagara Centre  
Wayne Gates, MPP, Niagara Falls  
Sam Oosterhoff, MPP, Niagara West  
Jennifer (Jennie) Stevens, MPP, St. Catharines  
Dean Allison, MP, Niagara West  
Vance Badawey, MP, Niagara Centre  
Tony Baldinelli, MP, Niagara Falls  
Chris Bittle, MP, St. Catharines  
All Boards of Health

<sup>i</sup> Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: <https://www.decentworkandhealth.org/beforetoolate>)

<sup>ii</sup> The Conference Board of Canada. Available from (<https://www.conferenceboard.ca/e-Library/abstract.aspx?did=5780>). Published September 23, 2013.

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**Subject:** A Renewed Call for Paid Sick Leave in Ontario

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, June 14, 2022

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## Recommendations

1. That Regional Council **RECOMMEND** that the Government of Ontario extend the currently temporary three paid sick days in the *Employment Standards Act, 2000* (ESA) set to expire July 31, 2022;
2. That Regional Council **RECOMMEND** that the Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day polices, and identify the supports necessary to enable increasing the number of sick days and making them permanent;
3. That Regional Council **RECOMMEND** that the Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country; and
4. That Regional Council **DIRECT** the Regional Chair to communicate the above recommendations to the Premier, relevant Members of provincial Cabinet, Niagara's Members of Provincial Parliament, Niagara's Members of Parliament, and all Ontario Boards of Health.

## Key Facts

- The purpose of this report is to seek Council's support for extending beyond July 31, 2022, the currently temporary paid sick days through the *Employment Standards Act*
- Staying home when sick is one of the most effective containment strategies for infectious disease, yet a benefit currently more accessible to some workers than others.<sup>1</sup>

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<sup>1</sup> Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: <https://www.decentworkandhealth.org/beforetoolate>)

- The gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces<sup>2</sup> including COVID-19, as many lower paid employees are compelled to work while sick and infectious so as to be able to earn the income they need to live.
- In December 2021, Regional Council endorsed the recommendations in Report PHD 14-2021, expressing support for legislated paid sick days through the *Employment Standards Act*. Similar motions were also passed by Municipalities and Boards of Health across Ontario.
- In December, the Ontario Government extended the temporary three days employer paid sick time to expire on July 31, 2022.

### **Financial Considerations**

As a corporation, Niagara Region has experienced a total cost of \$943,700 (not including Payroll Related costs) for time encoded as Paid Infectious Disease Emergency Leave for the period of April 19, 2021 to April 18, 2022.

### **Analysis**

As stated in Reports PHD 14-2021 and PHD 1-2021, access to employer paid sick leave is an important policy measure for the following reasons<sup>1</sup>:

- It is one of the most effective containment strategies for infectious disease;
- Workers without paid sick days are more likely to go to work sick, putting others at risk;
- Parents with paid sick days have been found to be less likely to send sick children to school, preventing outbreaks in schools;
- Workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures during outbreaks;
- Low-wage and racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness.

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<sup>2</sup> Drago R, Miller K. Sick at Work: infected employees in the workplace during H1N1 pandemic IWPR.org (2010). (Available from: <https://iwpr.org/iwpr-general/sick-at-work-infected-employees-in-the-workplace-during-the-H1N1-pandemic/>)

The Ontario government's temporary pandemic-specific paid sick days is set to expire July 31, 2022. Since the start of the pandemic there have been many calls on the Ontario government to legislate adequate paid sick days. Calls on the government include, but are not exclusive to

- Bill-7 and Bill-8 introduced to the Ontario legislature in 2021;
- Ontario's Big City Mayors made up of Mayors from 29 cities across Ontario with a population of 100,000 or more;
- The City of St. Catharines as well as other municipalities across Ontario, including both Hamilton and Toronto;
- The Association of Local Public Health Agencies (aLPHa);
- The Decent Work and Health Network.

Canada lags behind other nations globally in guaranteeing workers access to adequate paid sick days for short-term illness. On December 17, 2021, the federal government amended the Canada Labour Code to provide up to 10 days of paid sick leave to all federal employees. It was also announced that the federal government will convene the provinces and territories in early 2022, to develop a national action plan to legislate paid sick leave for all workers across the country. Starting January 1, 2022, British Columbia became the first province to expand permanent, employer-paid sick days, with five paid sick days for all full-time and part-time workers.

Paid sick days would form part of a suite of long-term, sustainable changes to our society to create a post-pandemic "new normal" where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption from the pandemic, as well as lost productivity and absenteeism due to transmission of other infections. Moreover, paid sick days would improve health equity, supporting a Healthy and Vibrant Community.

### **Alternatives Reviewed**

If the temporary paid sick days benefit expires on July 31, 2022, the burden of responsibility will fall to an individual to decide between staying home if they are sick, or going to work in order to get paid. Evidence indicates this results in spread of infectious disease, most pressingly COVID-19, to both customers and co-workers. However, as the pandemic continues, there will be substantial economic losses and inequitable human impacts due to infectious disease such as influenza, and COVID-19 will continue to afflict workplaces further increasing these losses and impacts.



## Relationship to Council Strategic Priorities

Paid sick days will help to reduce transmission of COVID-19 and other infectious illnesses. Additionally, paid sick days will help to lessen the disproportionate impact COVID-19 is having on workers that do not have access to paid sick leave. This healthy public policy is linked to Council's Healthy and Vibrant Community strategic priority, in particular, the desire to improve health equity.

## Other Pertinent Reports

[PHD 14-2021 Collaborative Action to Support the Need for Permanent Paid Sick Days](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502)  
(<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502>)

[PHD 01-2021 Collaborative Acton to Prevent COVID-19 Transmission and Improve Health Equity by Increasing Access to Paid Sick Days](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323)  
(<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323>)

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### Prepared by:

Lindsay Garofalo  
Manager  
Chronic Disease and Injury Prevention

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### Recommended by:

M. Mustafa Hirji, MD, MPH, PCPC  
Medical Officer of Health &  
Commissioner (Acting)  
Public Health and Emergency Services

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### Submitted by:

Ron Tripp, P.Eng.  
Chief Administrative Officer

This report was prepared in consultation with Dan Schonewille, Health Promoter, Chronic Disease and Injury Prevention and Leanne Mannell, Senior HR Business Analyst, Corporate Administration and reviewed by David Lorenzo, Associate Director, Chronic Disease and Injury Prevention.

September 22, 2022

**VIA ELECTRONIC MAIL**

The Honourable Doug Ford  
Premier of Ontario  
Legislative Building  
Queen's Park  
Toronto ON M7A 1A1

Dear Premier Ford:

**Re: Saving Lives Through Lifejacket and Personal Flotation Device Legislation**

At its meeting on September 15, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution # 25-22:

*WHEREAS over the 10-year period 2012 – 2021, 2147 Ontarians had emergency visits that resulted from a drowning or submersion injury related to watercraft and 208 Ontarians died because of a drowning or submersion injury related to watercraft over the last 10 years of complete data (2006-2015); locally during the same periods 65 Sudbury & districts residents had emergency visits that resulted from a drowning or submersion injury related to watercraft and 8 died because of a drowning or submersion injury related to watercraft; and*

*WHEREAS the Ontario Public Health Standards require boards of health to be aware of and use data to influence and inform the development of local healthy public policy for preventing injuries; and*

*WHEREAS although there is federal legislation requiring that lifejackets or personal flotation devices (PFD) be on board vessels, there is no legislation requiring that individuals wear a lifejacket or PFD while on a pleasure boat; and*

*WHEREAS legislation requiring the wearing of lifejackets and PFDs has been demonstrated in other jurisdictions to save lives;*

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Letter to Premier of Ontario

Re: Saving Lives Through Lifejacket and Personal Flotation Device Legislation

September 22, 2022

*THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly advocate for legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment;*

*AND FURTHER THAT a copy of this motion be submitted to the Premier of Ontario, the Minister of Health, Minister of Transportation, local members of Provincial Parliament, the Chief Medical Officer of Health, the Association of Local Public Health Agencies (alPHA), and all Ontario Boards of Health.*

The Board of Health is pleased to lend its voice to the many others who are calling for this common sense solution to saving lives. We would respectfully request the Government of Ontario to enact legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

Thank you for your attention on this important issue.

Sincerely,



René Lapierre. Chair  
Board of Health

cc: All Ontario Boards of Health  
Association of Local Public Health Agencies  
Honourable C. Mulroney, Minister of Transportation  
Honourable S. Jones, Minister of Health  
Jamie West, Member of Provincial Parliament, Sudbury  
France Gélinas, Member of Provincial Parliament, Nickel Belt  
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin  
Viviane Lapointe, Member of Parliament, Sudbury  
Marc Serré, Member of Parliament, Nickel Belt  
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing

**From:** [allhealthunits](#) on behalf of [Loretta Ryan](#)  
**To:** "All Health Units"  
**Cc:** [board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)  
**Subject:** [allhealthunits] News Release: COVID-19 Vaccine Bookings to Open For Children Aged Six Months to Under Five Years  
**Date:** Thursday, July 21, 2022 10:42:36 AM

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---

Hello,

Please see below a news release:

Take Care,

Loretta

---

Loretta Ryan, CAE, RPP  
Executive Director  
**Association of Local Public Health Agencies (alPHa)**  
480 University Avenue, Suite 300  
Toronto, ON M5G 1V2  
Tel: 416-595-0006 ext. 222  
Cell: 647-325-9594  
[loretta@alphaweb.org](mailto:loretta@alphaweb.org)  
[www.alphaweb.org](http://www.alphaweb.org)



---

**From:** Ontario News <[newsroom@ontario.ca](mailto:newsroom@ontario.ca)>  
**Sent:** July 21, 2022 10:33 AM  
**To:** Loretta Ryan <[loretta@alphaweb.org](mailto:loretta@alphaweb.org)>  
**Subject:** COVID-19 Vaccine Bookings to Open For Children Aged Six Months to Under Five Years

Ontario Logo



## NEWS RELEASE

# COVID-19 Vaccine Bookings to Open For Children Aged Six Months to Under Five



## Years

### COVID-19 Paid Sick Days Extended to March 31, 2023

**July 21, 2022**

[Ministry of Health](#)

TORONTO — As of 8:00 a.m. on Thursday, July 28, 2022, parents and caregivers of children aged six months to under five years will be able to book appointments for the paediatric COVID-19 vaccine.

[Immunocompromised](#) youth aged 12 to 17 will also become eligible to schedule their second booster dose (fifth dose) if at least six months have passed since their first booster (fourth dose).

“The approval of a lower dose paediatric Moderna vaccine will give families the opportunity to provide an additional layer of protection against COVID-19 for the youngest members of their families,” said Sylvia Jones, Deputy Premier and Minister of Health. “Getting vaccinated remains the best defence against COVID-19 and I encourage parents with questions to reach out to their health care provider, the Provincial Vaccine Contact Centre or the SickKids COVID-19 Vaccine Consult Service to make an informed choice for their family.”

Over the next several days, paediatric vaccines are being distributed across the province and will be available through public health unit clinics, as well as participating paediatricians, primary care providers and pharmacies. Starting July 28, appointments will be available through the [COVID-19 vaccination portal](#) and the Provincial Vaccine Contact Centre, directly through [public health units](#) using their own booking system, participating primary care providers and paediatricians, as well as at [participating pharmacies](#) and Indigenous-led vaccination clinics.

Parents and caregivers with questions are encouraged to speak with their health care provider or call the Provincial Vaccine Contact Centre at 1-833-943-3900 to speak to a health specialist or visit [COVID-19 Vaccine Consult Service](#) to book a confidential phone appointment with a SickKids Registered Nurse.

“We know that COVID-19 vaccines are safe and have helped lower the rate of infection in our communities throughout the pandemic,” said Dr. Kieran Moore, Chief Medical Officer of Health. “Although most children who get infected have no symptoms or mild symptoms, some can become very sick and require hospitalization. The vaccine offered to children aged six months to under five years is a lower dose that is safe and effective at protecting this age group from COVID-19. Even if a child has already had COVID-19, vaccination will help to further improve the

immune response and provide more robust protection. I encourage every parent and caregiver to consider getting their younger children vaccinated and protected, especially if they are immunocompromised or have other serious medical conditions.”

The Ontario government is also ensuring workers do not lose pay if they miss work due to COVID-19 by extending [paid sick days](#) to March 31, 2023.

Eligible workers will continue to receive up to \$200 a day for up to three days if they need to get tested, vaccinated, receive booster shots, self-isolate, or care for a family member who is ill from COVID-19. The government will continue to reimburse eligible employers for the paid leave days.

## Quick Facts

- Children aged six months to under five years old will receive the paediatric Moderna COVID-19 vaccine which is a slightly modified, lower dose (half the amount given to children aged six to 11), in a two-dose series at a [recommended interval of eight weeks](#) between first and second doses.
- Parents or caregivers of children aged six months to under five years will have to provide consent on behalf of the child before or at the time of the appointment. To receive a vaccine, children must already be at least six months old.
- As of July 19, 2022, Ontario has administered more than 33 million doses of the COVID-19 vaccine, with more than 93 per cent of Ontarians aged 12 and over having received at least one dose, more than 91 per cent having received a second dose and more than 57 per cent having received a booster.
- Certain [immunocompromised](#) Ontarians are eligible for a three dose primary vaccination series and a first booster (fourth dose). Starting on July 28, immunocompromised individuals aged 12 to 17 will become eligible for their second booster (fifth dose) at a recommended interval of six months since their first booster (fourth dose). Immunocompromised individuals aged 18 and older are already eligible to receive their second booster dose (fifth dose).
- If you have questions about vaccine eligibility, please contact the Provincial Vaccine Contact Centre at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007), which is open seven days a week from 8 a.m. to 8 p.m. and capable of providing assistance in more than 300 languages.

## Additional Resources

- [Ontarians Aged 18+ Eligible for Second Booster Shot](#)
- [COVID-19 vaccines for children and youth](#)
- [Staying Up to Date with COVID-19 Vaccines: Recommended Doses](#)
- Visit [COVID-19 Vaccine Consult Service](#) to book a confidential phone appointment with a SickKids Registered Nurse
- [Ontario COVID-19 Worker Income Protection Benefit](#)
- For resources in multiple languages to help local communication efforts in responding to COVID-19, visit Ontario's [COVID-19 communication resources webpage](#).
- Visit Ontario's [website](#) to learn more about how the province continues to protect the people of Ontario from COVID-19.

## Media Contacts

### Stephen Warner

Minister Jones' Office

[Stephen.Warner@ontario.ca](mailto:Stephen.Warner@ontario.ca)

### Anna Miller

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**From:** [allhealthunits](#) on behalf of [Loretta Ryan](#)  
**To:** ["All Health Units"](#)  
**Cc:** [board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)  
**Subject:** [allhealthunits] News Release: Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery  
**Date:** Thursday, August 18, 2022 10:02:41 AM

---

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---

Hello,

Please see below a news release: Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery.

Take Care,

Loretta

---

Loretta Ryan, CAE, RPP  
Executive Director

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---

**From:** Ontario News <[newsroom@ontario.ca](mailto:newsroom@ontario.ca)>  
**Sent:** August 18, 2022 9:07 AM  
**To:** Loretta Ryan <[loretta@alphaweb.org](mailto:loretta@alphaweb.org)>  
**Subject:** Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery

Ontario Logo



## NEWS RELEASE

# Ontario Introduces A Plan to Stay Open:

## Health System Stability and Recovery

Plan hires up to 6,000 additional health care workers, frees up 2,500 more hospital beds and temporarily covers cost of examination, application and registration fees for retired and internationally trained nurses

**August 18, 2022**

[Ministry of Health](#)

TORONTO — The Ontario government introduced its [Plan to Stay Open: Health System Stability and Recovery](#), a five-point plan to provide the best care possible to patients and residents while ensuring the resources and supports are in place to keep the province and economy open. The plan further bolsters Ontario's health care workforce, expands innovative models of care and ensures hospital beds are there for patients when they need them.

"When we released our first Plan to Stay Open in March 2022, we made a promise to build an Ontario that is ready for the challenges of tomorrow because we can no longer accept the status quo," said Sylvia Jones, Deputy Premier and Minister of Health. "The second phase of our plan will provide the support our health system needs to address the urgent pressures of today while preparing for a potential winter surge so our province and economy can stay open."

When fully implemented, this next phase of the Plan to Stay Open will add up to 6,000 more health care workers. Combined with the initiatives included in the first phase of the plan that are adding 13,000 more staff, the two plans together are adding 19,000 more health care workers, including nurses and personal support workers, to Ontario's health workforce. It will also free up over 2,500 hospital beds so that care is there for those who need it, and expand models of care that provide better, more appropriate care to avoid unnecessary visits to emergency departments.

The next phase of Ontario's Plan to Stay Open also temporarily covers the costs of examination, application and registration fees for internationally trained and retired nurses, so they can resume or begin caring for patients sooner.

Some key highlights of the [plan](#) include:

### **Preserving our Hospital Capacity**

- To further bolster the fight against COVID-19 and help stop its spread, the government is continuing to provide access to testing for COVID-19, Paxlovid and Evusheld therapies for treatment for those who are eligible, with plans on expanding eligibility for Evusheld for high-risk populations in the coming weeks.
- COVID-19 and flu shots will also continue to be provided to Ontarians so they can stay up to date with their vaccinations to protect themselves and reduce the number of hospitalizations due to respiratory illnesses.
- Free rapid antigen tests will continue to be available to the general public at participating grocery and pharmacy retailers throughout the province as well as for workplaces, schools, and congregate settings.

### **Providing the Right Care in the Right Place**

- Ontario is expanding the hugely successful 9-1-1 models of care to include additional ailments and is now giving paramedics the flexibility to provide better, more appropriate care. Patients diverted from emergency departments through these models received the care they needed up to 17 times faster with 94 per cent of patients avoiding the emergency department in the days following treatment.
- Ontario is implementing several initiatives to help avoid unnecessary hospitalizations, improve the process for ambulance offloading, and reintroduce respite services in long-term care.
- Ontario is introducing legislation that, if passed, will support patients whose doctors have said they no longer need hospital treatment and should instead be placed in a long-term care home, while they wait for their preferred home.
- Ontario continues to fund community paramedicine to provide additional care for seniors in the comfort of their own homes before their admission to a long-term care home. These initiatives will free up to 400 hospital beds.

### **Further Reducing Surgical Waitlists**

- Timely access to surgery is important for keeping patients healthy and reducing pressure on the health care system in the long-term. That is why the government is investing over \$300 million in 2022–23 as part of the province’s surgical recovery strategy, bringing the total investment to \$880 million over the last three fiscal years.
- Ontario is working with hospital partners to identify innovative solutions to reduce wait times for surgeries and procedures,

including considering options for further increasing surgical capacity by increasing the number of OHIP-covered surgical procedures performed at independent health facilities.

- Ontario is investing more to increase surgeries in paediatric hospitals and existing private clinics covered by OHIP, as well as to fund more than 150,000 additional operating hours for hospital-based MRI and CT machines.

### **Easing Pressure on our Emergency Departments**

- Ontario is also launching a new provincial emergency department peer-to-peer program to provide additional on-demand, real-time support and coaching from experienced emergency physicians to aid in the management of patients presenting to rural emergency departments.
- Ontario is adding 400 physician residents to support the workforce in northern and rural Ontario.
- Ontario is working with the College of Physicians and Surgeons of Ontario to expedite the registration of doctors, including those from out-of-province and who may want to work in rural and northern emergency departments, so they can start working and caring for patients sooner.

### **Further Expanding Ontario's Health Workforce**

- Ontario is working with the College of Nurses of Ontario and Ontario Health to expand funding for the supervised practice experience partnership program which has already supported over 600 international nurses in getting licensed since January. The province anticipates that by the end of the fiscal year another 400 international nurses will gain the practice and language requirements necessary to work in Ontario.
- The Ontario government is also working with the College of Nurses of Ontario to reduce the financial barriers that may be stopping some retired or internationally trained nurses from receiving accreditation to resume or begin practicing by temporarily covering the cost of examination, application, and registration fees, saving them up to \$1,500.
- The province is aware that agency rates have increased significantly, creating instability for hospitals, long-term care homes and emergency departments. In response, Ontario will engage with our frontline partners to better understand how we can bring stability to hospitals and emergency departments, while protecting quality of care.

As actions in this plan are implemented in the coming weeks and months, Ontarians can expect to see faster access to health care, including lower wait times in emergency departments, lower wait times for surgical procedures and more care options right in their communities. Ontario will also significantly reduce the risk of a hospital bed shortage during a possible winter surge so that the province and economy can stay open.

“Expanding specialized supports for people with complex needs and supporting the transition from hospitals into long-term care, when appropriate, are key pieces of our government’s Plan to Stay Open: Health System Stability and Recovery,” said Paul Calandra, Minister of Long-Term Care. “We are taking action to get Ontarians the right care in the right setting, where they can have the best possible quality of life, while freeing up much-needed hospital beds.”

"We are committed to working with our system partners to deliver on this plan and support front line health care workers," said Matthew Anderson, President & CEO of Ontario Health. "This plan provides both immediate and long-term strategies that will allow us to respond to current challenges and better integrate the system for the future."

Since the start of the pandemic Ontario has taken immediate action to ensure we can continue to manage COVID-19 and prepare for the long term.

## Quick Facts

- Ontario has processed over 25 million lab-based COVID-19 PCR tests and distributed close to 240 million free rapid antigen tests to date.
- Ontario has administered over 34.5 million COVID-19 vaccinations to date.
- Over 36,000 doses of Paxlovid have been prescribed to protect Ontarians against the worst effects of COVID-19, helping to reduce hospital admissions.
- Ontario has invested \$880 million in surgical recovery investments over the last three fiscal years, including increasing surgical capacity through funding for innovative hospital projects.
- To strengthen long-term care and alternate levels of care, Ontario has invested \$175.2 million to expand home care services and \$117 million for sustainability of home care services, and \$1 million to inter-facility transfer of medically stable patients in Northern Ontario.
- The Ontario government has approved new patient care models,



giving paramedics more flexibility to treat and refer patients when responding to 911 calls.

- Over 10,900 health care professionals (including over 7,800 nurses and externs) have been added to the health system since Winter 2020.
- The government has invested \$764 million to provide Ontario's nurses with a retention incentive of up to \$5,000 per person.
- If you have questions about COVID-19 vaccine, please contact the Provincial Vaccine Contact Centre at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007), which is open seven days a week from 8 a.m. to 8 p.m. and capable of providing assistance in more than 300 languages.
- For more information about treatment options, contact your primary care provider, visit a clinical assessment centre, or call Health Connect Ontario at 811 or 1-866-797-0007 (toll-free TTY) for more information on treatments, assistance, or eligibility for virtual care options.

## Quotes

"Our health care teams – at Sunnybrook and across Ontario – have been working very hard and effectively, under difficult conditions, and we are very proud of them. To address the ongoing challenges we face, we join the government in taking bold and creative actions, to ensure that we can continue to best take care of Ontarians and their families"

**- Dr. Andy Smith**

**President and Chief Executive Officer of Sunnybrook Health Sciences Centre**

"Today's announcement is great news for Ontario hospitals. These measures address one of our biggest system challenges – the ability to transition patients who no longer require hospitalization into appropriate care spaces. These changes will provide faster access to care, positively impact quality patient outcomes, and improve the patient experience."

**- David Graham**

**CEO (interim), Scarborough Health Network**

"The nursing crisis is deepening – yet there are thousands of internationally trained nurses (IENs) residing in Canada who have been waiting years for regulatory registration. RNAO commends the government's intention to accelerate the integration of IENs as one of the urgent actions required to address the nursing crisis. We will continue to partner on programs to retain, recruit and build careers for nurses in our province."

**- Dr. Doris Grinspun**  
**CEO of the Registered Nurses' Association of Ontario (RNAO)**

"The Association of Local Public Health Agencies (alPHa) appreciates the announcement from the Hon. Sylvia Jones, Minister of Health, and welcomes the ongoing leadership and support from the province to enable local public health and the health care system's ongoing response to the pandemic."

**- Trudy Sachowski**  
**President, alPHa**

"The province has properly diagnosed the pressures on the health system. The challenges being felt by hospitals are connected to similar challenges in home care and long-term care as well. What we see with today's announcement is government beginning to build health care capacity in the community, which is exactly what Ontarians want and need."

**- Sue VanderBent**  
**CEO of Home Care Ontario**

"The Ontario Association of Radiologists welcomes the government's announcement to further reduce surgical and diagnostic waitlists. MRI is central to the detection and management of diseases, including cancer, strokes, cardiac disease, and sports injuries. By addressing MRI infrastructure, MRI wait times worsened by the pandemic will become more manageable. Diagnostic and Interventional Radiologists remain committed to working alongside the government and Ministry to provide high-quality diagnostic care to Ontario patients."

**- Dr. David Jacobs, President**  
**Ontario Association of Radiologists**

"The Ontario Hospital Association (OHA) supports the strategy announced today by the Government of Ontario for the Fall and Winter 2022/23 as it will help maintain access to health services during what is expected to be a challenging period. It is essential that all partners continue to work closely together with a 'Team Ontario' approach to overcome the complex, underlying issues facing the healthcare system. Hospitals are here to serve the people of Ontario and will continue to do everything possible to meet their health service needs."

**- Anthony Dale, President and CEO**  
**Ontario Hospital Association**

## **Additional Resources**

- [Plan to Stay Open: Health System Stability and Recovery](#)

[COVID-19 Vaccine Bookings to Open For Children Aged Six Months to Under Five Years](#)

- [Ontarians Aged 18+ Eligible for Second Booster Shot](#)
- [Ontario Announces New Ontario Health Team in Windsor-Essex](#)
- [How to access treatment](#)

## Media Contacts

### **Anna Miller**

Communications Division

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[416-314-6197](tel:416-314-6197)

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Minister Calandra's Office

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**From:** [allhealthunits](#) on behalf of [Loretta Ryan](#)  
**To:** "All Health Units"  
**Subject:** [allhealthunits] Message from the BOH Chair  
**Date:** Wednesday, July 6, 2022 1:04:00 PM

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**PLEASE ROUTE TO:**  
**All Board of Health Members**

Dear Members,

As the 2022-2023 Chair for the Boards of Health Section of the Association of Local public Health Agencies (alPHA), I would like to introduce myself. I am Carmen McGregor, a second term Municipal Councillor with Chatham-Kent and a member of the Board of the Chatham-Kent Public Health Unit. I have represented the South Western Region PHUs at the alPHA Board since 2015 and I am a Past-President of alPHA. If interested, my bio can be found on the [alPHA website](#).

I would also like to share with you that our alPHA Board of Directors and Executive will continue to work on behalf of members on the key strategic initiatives to contribute to public health policy and to effectively liaise with our partners and stakeholders. Through alPHA's strong, unified public health leadership voice, the 2022-2023 alPHA Board will advocate to remind Ontario's decision makers of local public health's enduring value.

Should you wish to contact me I can be reached through Loretta Ryan, our Executive Director, at [Loretta@alphaweb.org](mailto:Loretta@alphaweb.org). I look forward to representing you over the next year.

Sincerely,

Carmen McGregor  
Chair  
Boards of Health Section

---

Loretta Ryan, CAE, RPP  
Executive Director  
**Association of Local Public Health Agencies (alPHA)**  
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**From:** [allhealthunits](#) on behalf of [Loretta Ryan](#)  
**To:** ["All Health Units"](#)  
**Cc:** [board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)  
**Subject:** [allhealthunits] Ontarians Aged 18+ Eligible for Second Booster Shot  
**Date:** Wednesday, July 13, 2022 11:05:58 AM

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Hello,

Please see a new release: Ontarians Aged 18+ Eligible for Second Booster Shot.

Take Care,

Loretta

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Loretta Ryan, CAE, RPP  
Executive Director  
**Association of Local Public Health Agencies (alPHA)**  
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**From:** Ontario News <[newsroom@ontario.ca](mailto:newsroom@ontario.ca)>  
**Sent:** July 13, 2022 11:03 AM  
**To:** Loretta Ryan <[loretta@alphaweb.org](mailto:loretta@alphaweb.org)>  
**Subject:** Ontarians Aged 18+ Eligible for Second Booster Shot

Ontario Logo



## NEWS RELEASE

# Ontarians Aged 18+ Eligible for Second Booster Shot

# Free rapid antigen tests extended to December 31, 2022, including for general public

**July 13, 2022**

[Ministry of Health](#)

TORONTO — The Ontario government, in consultation with the Chief Medical Officer of Health, is expanding eligibility for second booster doses to Ontarians aged 18 and over in order to provide an extra layer of protection to those who may need it.

Starting on Thursday, July 14 at 8:00 a.m., eligible individuals can book an appointment through the [COVID-19 vaccination portal](#) or by calling the Provincial Vaccine Contact Centre at 1-833-943-3900. Eligible individuals can also book an appointment directly through public health units that use their own booking systems, through Indigenous-led vaccination clinics and [participating pharmacies](#). Appointments are based on availability, which may vary by region.

“As we continue to manage COVID-19 for the long term, we’re expanding second booster doses and extending the availability of free rapid antigen tests to give people the tools they need to stay safe and to ensure Ontario stays open,” said Sylvia Jones, Deputy Premier and Minister of Health. “Vaccines continue to be our best defence against COVID-19 and protecting our hospital capacity for those who need it most.”

Second booster doses are being offered at an interval of five months after an individual receives their first booster dose. While most individuals aged 18 to 59 years old will continue to have strong protection more than six months after their first booster dose, expanding second booster dose eligibility will ensure that Ontarians can make an informed decision based on their personal circumstances. A new bivalent COVID-19 vaccine is anticipated to be approved by Health Canada this fall, which may offer more targeted protection against the Omicron variants. Ontarians are encouraged to speak with their health care provider about whether getting a second booster dose now is right for them.

High-risk individuals who should get their second booster dose as soon as possible and many of whom have been eligible to do so for months include:

- Individuals aged 60 and over;
- First Nation, Inuit and Métis individuals and their non-Indigenous household members aged 18 and over;
- Residents of a long-term care home, retirement home, or Elder Care Lodge and older adults living in other congregate settings that provide assisted-living and health services; and

- [Individuals who are moderately to severely immunocompromised](#).

The Ontario government will also continue to provide free rapid antigen tests to [the general public](#) through existing channels like [grocery stores and pharmacies](#), as well as to workplaces, schools, hospitals, long-term care and retirement homes and other congregate settings until December 31, 2022.

“Expanding eligibility to second booster doses and providing continued access to testing will empower Ontarians to make the best decisions for their circumstances and help keep our communities safe,” said Dr. Kieran Moore, Chief Medical Officer of Health. “Staying up to date on vaccination is the best protection against severe outcomes from COVID-19.”

As part of the province’s [plan to stay open](#), Ontario is expanding Ontario’s health care workforce, shoring-up domestic production of critical supplies and investing more than \$40 billion for over 50 major hospital projects that will bring over 3,000 new hospital beds. Since the start of the pandemic, the province has added over 8,600 health care professionals to the health care system with programs in place to recruit thousands more.

## Quick Facts

- Ontarians aged 60 and over, as well as First Nation, Inuit and Métis individuals and their non-Indigenous household members aged 18 and over have been eligible for second boosters since April 7, 2022.
- As of July 11, 2022, Ontario has administered more than 33 million doses of the COVID-19 vaccine, with more than 93 per cent of Ontarians aged 12 and over having received at least one dose, more than 91 per cent having received a second dose and more than 57 per cent having received a booster.
- If you have questions about your vaccine eligibility, please contact the Provincial Vaccine Contact Centre at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007), which is open seven days a week from 8 a.m. to 8 p.m. and capable of providing assistance in more than 300 languages.
- As of July 8, 2022, Ontario has distributed more than 238 million free rapid antigen tests, with more than 140 million going to highest risk settings, schools and licensed child care, essential industries and small and medium-sized businesses. More than 98 million free rapid antigen tests have been distributed to the public through participating grocery and pharmacy retailers and targeted

distribution to high priority communities that have been disproportionately impacted by the virus.

- Publicly-funded PCR testing remains accessible for [high-risk individuals](#) including as a qualifier for accessing treatment such as antivirals. Learn more about COVID-19 treatments and determine if you are eligible by using [Ontario's antiviral screener tool](#) or calling 811.

## Additional Resources

- [Staying Up to Date with COVID-19 Vaccines: Recommended Doses](#)
- [Rapid testing for at-home use](#)
- For resources in multiple languages to help local communication efforts in responding to COVID-19, visit Ontario's [COVID-19 communication resources webpage](#).
- Visit Ontario's [website](#) to learn more about how the province continues to protect the people of Ontario from COVID-19.

## Media Contacts

### **Stephen Warner**

Minister Jones' Office

[Stephen.Warner@ontario.ca](mailto:Stephen.Warner@ontario.ca)

### **Anna Miller**

Communications Division

[media.moh@ontario.ca](mailto:media.moh@ontario.ca)

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**From:** [allhealthunits](#) on behalf of [Loretta Ryan](#)  
**To:** ["All Health Units"](#)  
**Cc:** [board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)  
**Subject:** [allhealthunits] alPHa Information Break - July 2022  
**Date:** Tuesday, July 19, 2022 2:08:40 PM  
**Attachments:**

---

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**PLEASE ROUTE TO:**  
**All Board of Health Members**  
**All Members of Regional Health & Social Service Committees**  
**All Senior Public Health Managers**



**July 19, 2022**

*This update is a tool that contains important information 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](http://alphaweb.org).*

#### **Future of Public Health Letter**

alPHa has sent correspondence to the new Minister of Health, Hon. Sylvia Jones, [alPHa Letter - The Future of Public Health](#). The July 18, 2022, letter provides several documents (including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response.

#### **2022 alPHa Conference, AGM proceedings and Resolutions**



Thank you again to all of the alPHA members who participated in the 2022 alPHA Conference, AGM, and Pre-Conference Workshop. The proceedings are now [posted](#) (log-in required).

The gift card winners for the conference are being announced. Congratulations to Jim Neil from KFL&A who won the door prize and Dr. Larry Oehm from SMDHU who won the prize for filling out the post-conference survey.

### Leader to Leader – A Message from the alPHA President - July 2022



alPHA's 2022-2023 Board and the alPHA Executive have indeed 'hit the ground running' since taking office in mid-June.

On behalf of the alPHA membership, your alPHA Board has sent congratulations to the Hon. Sylvia Jones upon her appointment and new mandate as Ontario's Deputy Premier and Minister of Health. Most importantly, alPHA has respectfully advised Minister Jones there is ample time for careful review and full consultation to inform recommendations that will reinforce Ontario's locally based public health system, strengthen its contributions to the effectiveness of health care, and ensure better health outcomes for all Ontarians, in both ordinary and extraordinary times. This was accompanied by supporting documents that outline who we are, what we do and why it matters; our positions and recommendations related to system foundations, requirements for resourcing and renewal; and a compendium of the recommendations.

As the unified voice of Ontario's local public health leadership, alPHA is pleased to share these materials and recommendations with Minister Jones at this pivotal time for the Province of Ontario and to welcome opportunities to meet with her and her staff.

Wishing you a safe, refreshing, and rejuvenating summer!

*Trudy*

Trudy Sachowski

*'A leader is one who knows the way, goes the way and shows the way.'*

**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. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#).

[alPHA Letter - President & CEO, PHO](#)

July 18, 2022 letter from the alPHA ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

[alPHA Letter - Resolution A22-5 - Harm Reduction](#)

July 18, 2022 letter to the Minister of Health that introduces alPHA Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

[alPHA Letter - Resolution A22-4 - Opioids](#)

July 18, 2022 alPHA letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

[alPHA Letter - Resolution A22-3 - Cooling Towers](#)

July 18, 2022 alPHA letter to the Minister of Municipal Affairs and Housing that introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

[alPHA Letter - Resolution A22-1 - Racism & Health](#)

July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

[alPHA Letter - The Future of Public Health](#)

July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHA's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the [welcome letter](#) sent to the new Minister on June 27, 2022.

[alPHA Letter - 2022 Resolutions](#)

July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

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**Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference**



Next month, alPHA President, Trudy Sachowski, CEO, Southwestern Public Health, Cynthia St. John, Dr.

Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health, will be in a panel at the AMO 2022 Annual General Meeting and Conference. The session is called 'Public Health COVID Learnings- informing future modernization,' and will discuss "before the government embarks again on modernizing the public health system, we need a better understanding of what worked well, what didn't, and where improvements can be made. This session will contribute to the growing local COVID learnings and insights on managing the challenges of a tenacious pandemic with an eye on the horizon." The moderator for the session is Monika Turner, Director of Policy, AMO.

Are you an alPHA member planning on going to the AMO conference, working on briefings for Board of Health members who are attending, or participating as a municipal councillor in a delegation to a Minister? Many alPHA members are using the following alPHA resources to help prepare their key messages on local public health:

- alPHA Resolution: Public Health Restructuring/Modernization & COVID-19 :[A22-2\\_PH\\_Restructuring.pdf \(ymaws.com\)](#)
- alPHA's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response*. [report](#) and [executive summary](#)
- [Pre-Budget Consultations](#)
- [alPHA 2022 Elections Primer](#)
- alPHA's [submissions on PH Modernization](#), including the [Statement of Principles](#)
- ["What is Public Health?"](#)

### 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](mailto:gordon@alphaweb.org) for posting in the appropriate library.

Resources available on the alPHA website include:

- [Orientation Manual for Board of Health \(To be revised Fall 2022\)](#)
- [Review of Board of Health Liability \(PowerPoint presentation\)](#)
- [Governance Toolkit \(To be revised Fall 2022\)](#)
- [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 (PHO) has recently announced an open call for proposals to support research or evaluation projects focusing on the consequences of the COVID-19 pandemic in Ontario. This year, to facilitate timely public health unit research and evaluation activities, Locally Driven Collaborative Projects (LDCP) funding will be used to fund two to three projects (up to \$125,000 per project) that fit within one of the three following priority areas:

- Public health innovations
- Public health programs impacted by the pandemic
- Understanding pandemic impacts on mental health

For full application instructions, examples of project ideas and evaluation criteria, please see the [Call for Proposals](#).

## Public Health Ontario Resources

### New Routine Monkeypox Epidemiological Report

PHO's new [Monkeypox in Ontario](#) report outlines up-to-date information on:

- confirmed and probable/suspected case counts
- case counts broken down by public health unit, gender, and age
- reported symptoms

The report is published twice per week on Tuesdays and Fridays on PHO's [monkeypox webpage](#).

### New Weekly COVID-19 Epidemiology Summary

Starting June 16, PHO transitioned to weekly COVID-19 surveillance reporting and released a new, comprehensive weekly epidemiological summary: [COVID-19 in Ontario](#) with the aim of providing an overview of key trends in COVID-19. This report is published weekly on Thursdays on PHO's [data and surveillance webpage](#).

### Variants of Concern

- [SARS-CoV-2 Omicron Variant Sub-Lineages BA.4 and BA.5: Evidence and Risk Assessment](#)
- [SARS-CoV-2 Omicron Variant BA.2 and Sublineages of BA.2: Evidence and Risk Assessment](#)
- [SARS-CoV-2 Genomic Surveillance in Ontario, June 17, 2022](#)

### [Response and Recovery](#)

- [Focus On: Response and Recovery from Public Health Emergencies: Assessment Activities](#)

### Upcoming Events

- July 20: [PHO Webinar: Catch-Up of Routine and School Based Immunization](#)

## Upcoming DLSPH Events and Webinars

# Dalla Lana

## School of Public Health

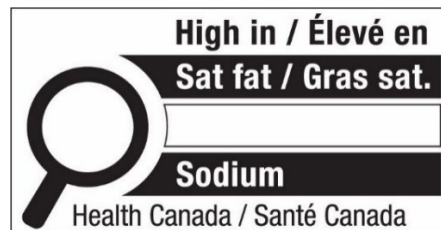
- July 27-28, 2022 [10<sup>th</sup> UCG Edition on Diabetes and Endocrinology Conference](#)

### COVID-19 Update

As part of the response to COVID-19, alPHA continues to represent the public health system and work with key stakeholders. "NOTE: In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on [the Ministry of Health website](#) and through the [Public Health Ontario's COVID-19 data tool](#)."

- [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](#)

### Update on Canada's Healthy Eating Strategy



On June 30, 2022, Health Canada [announced](#) new nutrition labelling regulations for packaged foods. By January 2026, a new symbol featuring a magnifying glass will appear on the front of most packaged foods that contain more than 15% of the recommended daily intake of saturated fat, sugars and/or sodium and will complement the Nutrition Facts table displayed on the back. Front-of-package nutrition labelling is a key part of Health Canada's [Healthy Eating Strategy](#), which aims to improve the food environment in Canada, make it easier for Canadians to make informed food choices, and lower the risk of diet-related chronic diseases. alPHA has communicated its support for the Strategy, with a focus on the pledge to restrict marketing of unhealthy food and beverages to children as per alPHA Resolutions [A08-13](#) and [A09-1](#). alPHA's latest letter (March 4, 2022) on the subject can be viewed [here](#).

### RRFSS for summer 2022



Data is available to HUs approximately 10 weeks after data collection –giving current local data which is essential for HUs particularly given the delay of the CCHS data.

There is still opportunity to collect 2022 RRFSS data and customizable budget packages can be created. For further information contact: Lynne Russell, RRFSS Coordinator: [lynnerussell@rrfss.ca](mailto:lynnerussell@rrfss.ca). To read more, click [here](#).

### **It is TRAVAX Renewal Time!**



It is renewal time for Travax (Travel Health Information Website) subscription licenses for alPHA members who have existing subscriptions, and it is also an opportunity for Public Health Units to sign up and take advantage of the special rate for alPHA members. For more information, members can visit [www.shoreland.com](http://www.shoreland.com). To obtain the alPHA member discount, please contact Maggie Liefert, Shoreland, Inc. at 703-399-5424.

### **News Releases**

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

#### **Association of Local Public Health Agencies**

480 University Avenue, Suite 300 | Toronto ON | M5G 1V2  
416-595-0006 | [www.alphaweb.org](http://www.alphaweb.org) | [info@alphaweb.org](mailto:info@alphaweb.org)



Take Care,

Loretta

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Loretta Ryan, CAE, RPP

Executive Director

**Association of Local Public Health Agencies (alPHA)**

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**From:** [allhealthunits](#) on behalf of [Loretta Ryan](#)  
**To:** ["All Health Units"](#)  
**Cc:** [board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)  
**Subject:** [allhealthunits] News Release: Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery  
**Date:** Thursday, August 18, 2022 10:02:41 AM

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Hello,

Please see below a news release: Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery.

Take Care,

Loretta

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Loretta Ryan, CAE, RPP  
Executive Director

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**From:** Ontario News <[newsroom@ontario.ca](mailto:newsroom@ontario.ca)>  
**Sent:** August 18, 2022 9:07 AM  
**To:** Loretta Ryan <[loretta@alphaweb.org](mailto:loretta@alphaweb.org)>  
**Subject:** Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery

Ontario Logo



## NEWS RELEASE

# Ontario Introduces A Plan to Stay Open:

## Health System Stability and Recovery

Plan hires up to 6,000 additional health care workers, frees up 2,500 more hospital beds and temporarily covers cost of examination, application and registration fees for retired and internationally trained nurses

**August 18, 2022**

[Ministry of Health](#)

TORONTO — The Ontario government introduced its [Plan to Stay Open: Health System Stability and Recovery](#), a five-point plan to provide the best care possible to patients and residents while ensuring the resources and supports are in place to keep the province and economy open. The plan further bolsters Ontario's health care workforce, expands innovative models of care and ensures hospital beds are there for patients when they need them.

"When we released our first Plan to Stay Open in March 2022, we made a promise to build an Ontario that is ready for the challenges of tomorrow because we can no longer accept the status quo," said Sylvia Jones, Deputy Premier and Minister of Health. "The second phase of our plan will provide the support our health system needs to address the urgent pressures of today while preparing for a potential winter surge so our province and economy can stay open."

When fully implemented, this next phase of the Plan to Stay Open will add up to 6,000 more health care workers. Combined with the initiatives included in the first phase of the plan that are adding 13,000 more staff, the two plans together are adding 19,000 more health care workers, including nurses and personal support workers, to Ontario's health workforce. It will also free up over 2,500 hospital beds so that care is there for those who need it, and expand models of care that provide better, more appropriate care to avoid unnecessary visits to emergency departments.

The next phase of Ontario's Plan to Stay Open also temporarily covers the costs of examination, application and registration fees for internationally trained and retired nurses, so they can resume or begin caring for patients sooner.

Some key highlights of the [plan](#) include:

### **Preserving our Hospital Capacity**

- To further bolster the fight against COVID-19 and help stop its spread, the government is continuing to provide access to testing for COVID-19, Paxlovid and Evusheld therapies for treatment for those who are eligible, with plans on expanding eligibility for Evusheld for high-risk populations in the coming weeks.
- COVID-19 and flu shots will also continue to be provided to Ontarians so they can stay up to date with their vaccinations to protect themselves and reduce the number of hospitalizations due to respiratory illnesses.
- Free rapid antigen tests will continue to be available to the general public at participating grocery and pharmacy retailers throughout the province as well as for workplaces, schools, and congregate settings.

### **Providing the Right Care in the Right Place**

- Ontario is expanding the hugely successful 9-1-1 models of care to include additional ailments and is now giving paramedics the flexibility to provide better, more appropriate care. Patients diverted from emergency departments through these models received the care they needed up to 17 times faster with 94 per cent of patients avoiding the emergency department in the days following treatment.
- Ontario is implementing several initiatives to help avoid unnecessary hospitalizations, improve the process for ambulance offloading, and reintroduce respite services in long-term care.
- Ontario is introducing legislation that, if passed, will support patients whose doctors have said they no longer need hospital treatment and should instead be placed in a long-term care home, while they wait for their preferred home.
- Ontario continues to fund community paramedicine to provide additional care for seniors in the comfort of their own homes before their admission to a long-term care home. These initiatives will free up to 400 hospital beds.

### **Further Reducing Surgical Waitlists**

- Timely access to surgery is important for keeping patients healthy and reducing pressure on the health care system in the long-term. That is why the government is investing over \$300 million in 2022–23 as part of the province’s surgical recovery strategy, bringing the total investment to \$880 million over the last three fiscal years.
- Ontario is working with hospital partners to identify innovative solutions to reduce wait times for surgeries and procedures,

including considering options for further increasing surgical capacity by increasing the number of OHIP-covered surgical procedures performed at independent health facilities.

- Ontario is investing more to increase surgeries in paediatric hospitals and existing private clinics covered by OHIP, as well as to fund more than 150,000 additional operating hours for hospital-based MRI and CT machines.

### **Easing Pressure on our Emergency Departments**

- Ontario is also launching a new provincial emergency department peer-to-peer program to provide additional on-demand, real-time support and coaching from experienced emergency physicians to aid in the management of patients presenting to rural emergency departments.
- Ontario is adding 400 physician residents to support the workforce in northern and rural Ontario.
- Ontario is working with the College of Physicians and Surgeons of Ontario to expedite the registration of doctors, including those from out-of-province and who may want to work in rural and northern emergency departments, so they can start working and caring for patients sooner.

### **Further Expanding Ontario's Health Workforce**

- Ontario is working with the College of Nurses of Ontario and Ontario Health to expand funding for the supervised practice experience partnership program which has already supported over 600 international nurses in getting licensed since January. The province anticipates that by the end of the fiscal year another 400 international nurses will gain the practice and language requirements necessary to work in Ontario.
- The Ontario government is also working with the College of Nurses of Ontario to reduce the financial barriers that may be stopping some retired or internationally trained nurses from receiving accreditation to resume or begin practicing by temporarily covering the cost of examination, application, and registration fees, saving them up to \$1,500.
- The province is aware that agency rates have increased significantly, creating instability for hospitals, long-term care homes and emergency departments. In response, Ontario will engage with our frontline partners to better understand how we can bring stability to hospitals and emergency departments, while protecting quality of care.

As actions in this plan are implemented in the coming weeks and months, Ontarians can expect to see faster access to health care, including lower wait times in emergency departments, lower wait times for surgical procedures and more care options right in their communities. Ontario will also significantly reduce the risk of a hospital bed shortage during a possible winter surge so that the province and economy can stay open.

“Expanding specialized supports for people with complex needs and supporting the transition from hospitals into long-term care, when appropriate, are key pieces of our government’s Plan to Stay Open: Health System Stability and Recovery,” said Paul Calandra, Minister of Long-Term Care. “We are taking action to get Ontarians the right care in the right setting, where they can have the best possible quality of life, while freeing up much-needed hospital beds.”

"We are committed to working with our system partners to deliver on this plan and support front line health care workers," said Matthew Anderson, President & CEO of Ontario Health. "This plan provides both immediate and long-term strategies that will allow us to respond to current challenges and better integrate the system for the future."

Since the start of the pandemic Ontario has taken immediate action to ensure we can continue to manage COVID-19 and prepare for the long term.

## Quick Facts

- Ontario has processed over 25 million lab-based COVID-19 PCR tests and distributed close to 240 million free rapid antigen tests to date.
- Ontario has administered over 34.5 million COVID-19 vaccinations to date.
- Over 36,000 doses of Paxlovid have been prescribed to protect Ontarians against the worst effects of COVID-19, helping to reduce hospital admissions.
- Ontario has invested \$880 million in surgical recovery investments over the last three fiscal years, including increasing surgical capacity through funding for innovative hospital projects.
- To strengthen long-term care and alternate levels of care, Ontario has invested \$175.2 million to expand home care services and \$117 million for sustainability of home care services, and \$1 million to inter-facility transfer of medically stable patients in Northern Ontario.
- The Ontario government has approved new patient care models,

giving paramedics more flexibility to treat and refer patients when responding to 911 calls.

- Over 10,900 health care professionals (including over 7,800 nurses and externs) have been added to the health system since Winter 2020.
- The government has invested \$764 million to provide Ontario's nurses with a retention incentive of up to \$5,000 per person.
- If you have questions about COVID-19 vaccine, please contact the Provincial Vaccine Contact Centre at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007), which is open seven days a week from 8 a.m. to 8 p.m. and capable of providing assistance in more than 300 languages.
- For more information about treatment options, contact your primary care provider, visit a clinical assessment centre, or call Health Connect Ontario at 811 or 1-866-797-0007 (toll-free TTY) for more information on treatments, assistance, or eligibility for virtual care options.

## Quotes

"Our health care teams – at Sunnybrook and across Ontario – have been working very hard and effectively, under difficult conditions, and we are very proud of them. To address the ongoing challenges we face, we join the government in taking bold and creative actions, to ensure that we can continue to best take care of Ontarians and their families"

**- Dr. Andy Smith**

**President and Chief Executive Officer of Sunnybrook Health Sciences Centre**

"Today's announcement is great news for Ontario hospitals. These measures address one of our biggest system challenges – the ability to transition patients who no longer require hospitalization into appropriate care spaces. These changes will provide faster access to care, positively impact quality patient outcomes, and improve the patient experience."

**- David Graham**

**CEO (interim), Scarborough Health Network**

"The nursing crisis is deepening – yet there are thousands of internationally trained nurses (IENs) residing in Canada who have been waiting years for regulatory registration. RNAO commends the government's intention to accelerate the integration of IENs as one of the urgent actions required to address the nursing crisis. We will continue to partner on programs to retain, recruit and build careers for nurses in our province."

**- Dr. Doris Grinspun**  
**CEO of the Registered Nurses' Association of Ontario (RNAO)**

"The Association of Local Public Health Agencies (alPHa) appreciates the announcement from the Hon. Sylvia Jones, Minister of Health, and welcomes the ongoing leadership and support from the province to enable local public health and the health care system's ongoing response to the pandemic."

**- Trudy Sachowski**  
**President, alPHa**

"The province has properly diagnosed the pressures on the health system. The challenges being felt by hospitals are connected to similar challenges in home care and long-term care as well. What we see with today's announcement is government beginning to build health care capacity in the community, which is exactly what Ontarians want and need."

**- Sue VanderBent**  
**CEO of Home Care Ontario**

"The Ontario Association of Radiologists welcomes the government's announcement to further reduce surgical and diagnostic waitlists. MRI is central to the detection and management of diseases, including cancer, strokes, cardiac disease, and sports injuries. By addressing MRI infrastructure, MRI wait times worsened by the pandemic will become more manageable. Diagnostic and Interventional Radiologists remain committed to working alongside the government and Ministry to provide high-quality diagnostic care to Ontario patients."

**- Dr. David Jacobs, President**  
**Ontario Association of Radiologists**

"The Ontario Hospital Association (OHA) supports the strategy announced today by the Government of Ontario for the Fall and Winter 2022/23 as it will help maintain access to health services during what is expected to be a challenging period. It is essential that all partners continue to work closely together with a 'Team Ontario' approach to overcome the complex, underlying issues facing the healthcare system. Hospitals are here to serve the people of Ontario and will continue to do everything possible to meet their health service needs."

**- Anthony Dale, President and CEO**  
**Ontario Hospital Association**

## **Additional Resources**

- [Plan to Stay Open: Health System Stability and Recovery](#)

[COVID-19 Vaccine Bookings to Open For Children Aged Six Months to Under Five Years](#)

- [Ontarians Aged 18+ Eligible for Second Booster Shot](#)
- [Ontario Announces New Ontario Health Team in Windsor-Essex](#)
- [How to access treatment](#)

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**PLEASE ROUTE TO:**

**All Board of Health Members  
All Members of Regional Health & Social Service Committees  
All Senior Public Health Managers**



**August 19, 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](http://alphaweb.org).*

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**Leader to Leader – A Message from the alPHa President – August 2022**



The recently held Association of Municipalities of Ontario (AMO) AGM and conference had over 2,000 attendees in Ottawa from August 14th to the 17th and presented a tremendous opportunity to profile alPHa, the importance of local public health and

our association's public policy positions. As your President, I participated along with Cynthia St. John, CEO, Southwestern Public Health, Dr. Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health as part of a panel at the conference - 'Public Health COVID Learnings- informing future modernization.' The moderator was Monika Turner, Director of Policy, AMO. The panel discussed the need to have a better understanding of what worked well, what did not, and where improvements can be made, before embarking on any type of public health transformation. The goal was to have the session contribute to the growing local COVID learnings and insights to better manage the challenges ahead. The room was filled with many attendees, actively engaging. Thank you to all who attended the session. You can read access available speaking notes and slides [here](#).

These events were also a time to reacquaint with and meet municipal leadership who support the work of public health, including those who serve on their local boards of health. Thank you to the members who let us know they used alPHA resources to help prepare their key messages on the importance of local public health during encounters with delegates, meetings with colleagues, and delegations with Ministers. *(See July Issue of Information Break for a list of resources.)* Thank you to Loretta Ryan, alPHA's Executive Director, for her work in ensuring that alPHA representatives and members had the information they needed to make the most out of the conference.

While at the AMO events, I had the opportunity to speak to several board of health members who want to ensure good governance, due diligence and that the important work of public health carries on during and post-election. This is done by establishing provisions and ensuring these are in place until new board of health members are appointed. Given that Ontario's boards of health can be autonomous, semi-autonomous or regional and that each board has their own by-laws and policies, as expected, I heard variations on how they will make this happen. Some boards will put in place an 'acting' chair if the current chair or vice-chair are elected municipal councillors, since their current term is expiring. This would be a short-term position during the transition period. It would be a board member whose term continues throughout this time. For example, they may have been appointed provincially under an Order in Council or as a local representative by their board of health. While some boards will provide limited delegation powers to their MOH/CEO to manage any emergencies between October 24th, 2022, and the first meeting of the appointed municipal members to the board of health. This second scenario is what municipal councils do to get through the same time-period for other municipal related boards. A resolution delegating these powers can be clear on matters that can not be dealt with during the interim period without the board in place, such as spending limits and budgetary matters etc. With no legislative tools per se on this, alPHA's goal is to support its membership and is interested in collecting best practices, protocols, and policies on such procedures during the municipal election process and leading up to

until the new municipal board of health members are in place. If you would like to share, please contact Loretta Ryan, alPHA's Executive Director [loretta@alphaweb.org](mailto:loretta@alphaweb.org).

Looking forward to touching base in September!

## Trudy

Trudy Sachowski

***'The leadership role is to build the riverbanks and let the water flow freely.'***

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### Government Announcement at the Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference



At the AMO Conference, the provincial government announced *Working with Municipalities to Move Ontario Forward*. To read more about the government's announcement, click [here](#).

Additionally, on August 18th, the government issued [a news release](#) *Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery*. The government webpage also includes a quote from Trudy Sachowski, alPHA's President:

*"The Association of Local Public Health Agencies (alPHA) appreciates the announcement from the Hon. Sylvia Jones, Minister of Health, and welcomes the ongoing leadership and support from the province to enable local public health and the health care system's ongoing response to the pandemic."*

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### Hold the Date: Upcoming alPHA Events



Please hold the date for our Winter Symposium that is taking place on Friday, February 24th, 2023. If you are a Board of Health or Affiliate member, please also hold the date for a Pre-Symposium Workshop happening in the afternoon on Thursday, February 23rd, 2023.

The Conference and AGM (in person) will be from Sunday, June 11th-Tuesday, June 13th, 2023.

If you are a COMOH member, please hold the date for a Section meeting and workshop that is being held on Friday, November 18th, 2022.

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## **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. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#).

### [alPHA Letter - President & CEO, PHO](#)

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#### [alPHa Letter - 2022 Resolutions](#)

July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

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### **Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference**



Next month, alPHa President, Trudy Sachowski, CEO, Southwestern Public Health, Cynthia St. John, Dr. Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health, will be in a panel at the AMO 2022 Annual General Meeting and Conference. The session is called 'Public Health COVID Learnings- informing future modernization,' and will discuss "before the government embarks again on modernizing the public health system, we need a better understanding of what worked well, what didn't, and where improvements can be made. This session will contribute to the growing local COVID learnings and insights on managing the challenges of a tenacious pandemic with an eye on the horizon." The moderator for the session is Monika Turner, Director of Policy, Association of Municipalities of Ontario, AMO.

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### **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](mailto:gordon@alphaweb.org) for posting in the appropriate library.

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  - [Ontario Boards of Health by Region](#)
  - [List of Units sorted by Municipality](#)
  - [List of Municipalities sorted by Health Unit](#)
- 

## Public Health Ontario



### Reminder! Public Health Ontario Call for Proposals: Consequences of COVID-19 (up to \$125,000)

PHO is still accepting applications for its call for proposals to support research or evaluation projects focusing on the consequences of the COVID-19 pandemic in Ontario. This year, to facilitate timely public health unit research and evaluation activities, LDCP funding will be used to fund two to three projects (up to \$125,000 per project) that fit within one of the three following priority areas:

1. **Public health innovations:** Projects may focus on the evaluation of a COVID-19 innovation, continuous quality improvement, or research to scale up existing innovations.
2. **Public health programs impacted by the pandemic:** Projects may focus on understanding the impact of reduced public health services, programs or strategies.
3. **Understanding pandemic impacts on mental health:** Projects may focus on understanding pandemic impacts on mental health, including harm reduction and prevention in substance use, and may consider specific populations. Project may also focus on understanding and/or strategies related to pandemic mental health impacts for the public health workforce.

### Funding Eligibility

- Applications are open to all public health units that meet the following criteria:
- be led by a PHU, in cooperation with at least one other PHU as a co-applicant

- work in meaningful collaboration with local academic and/or community organizations
- meaningfully engage at least one student
- promote health equity
- address a public health issue within the identified priority areas of COVID-19 consequences
- involve research and/or program evaluation activities
- create knowledge that is transferable across the public health system, and share that knowledge by developing and implementing a knowledge exchange plan

For full application instructions, examples of project ideas and evaluation criteria, please download the [complete application package](#) and refer to the full Call for Proposals document.

## How to Apply

1. Download the [complete application package](#), which includes:

- Project Charter
- Guidance resources to support filling out your application:
  - Project Teams and Knowledge Users (Section 1.0)
  - Project Information and Plan (Section 2.0)
  - Knowledge Exchange and Dissemination Plan (Section 3.0)
  - Acceptable Use of Funding (Section 6.0)

2. Complete the Project Charter document. Please ensure all sections of the application are filled out.

3. Submit your Project Charter, as your funding application, in Word format by emailing it to [LDCP@oahpp.ca](mailto:LDCP@oahpp.ca) by **September 19, 2022**.

If you have any questions about the program or application process, contact [LDCP@oahpp.ca](mailto:LDCP@oahpp.ca).

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## PHO Events

[PHO Webinar: Blastomycosis in Ontario: Public health and clinical considerations](#) (Aug. 22)

[PHO Rounds: Coronavirus in the Urban Built Environment \(CUBE\)](#) (Aug. 23)

[PHO Rounds: Opioid Toxicity Among Ontarians Who Worked in the Construction Industry](#) (Aug. 30)

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## TOPHC 2023

Please stay tuned for news about Spring 2023 TOPHC.

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## Public Health Ontario Resources

### Variants of Concern



[SARS-CoV-2 Omicron Variant Sub-Lineage BA.4 and BA.5](#)  
[Impact of SARS-CoV-2 main Protease Mutations on Nirmatrelvir/Ritonavir \(Paxlovid\) Resistance](#)  
[SARS-CoV-2 Omicron Variant Sub-Lineage BA.2.75](#)

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

## Data and Surveillance

[Vaccine coverage estimates now available for the newly eligible population of adults aged 18 to 59 years old.](#)

## Infection Prevention and Control

[COVID-19: Personal Protective Equipment \(PPE\) and Non-Medical Masks in Congregate Living Settings \(2nd Edition\)](#)  
[COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes](#)  
[Use of Portable Air Cleaners and Transmission of COVID-19](#)

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

## Additional Resources - New

[Monkeypox Resources](#)  
[Report on lives lost to opioid toxicity among Ontarians who worked in the construction industry](#)

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## Upcoming DLSPH Events and Webinars

# Dalla Lana

## School of Public Health

- [The 13th International Conference on Maternal and Child Health \(MCH\) Handbook](#) (Aug 24-25)
- [CVPD Fall Symposium: Healthy Aging and Immunization](#) (Sept. 16)

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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. **"NOTE:** In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on [the Ministry of Health website](#) and through the [Public Health Ontario's COVID-19 data tool](#)."

[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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## RRFSS for Aug. 2022



There has never been a greater need for Health Units (HUs) to collect RRFSS data! HUs will be undertaking pandemic recovery planning and will need to have data for this purpose including data on the success of the vaccination roll-out, concerns about the vaccine and improving uptake. In addition, data will be necessary on other health conditions, attitudes and behaviours that were de-prioritised during the pandemic as the direct and indirect effects of COVID-19 on the population's longer-term health become apparent.

RRFSS data is available to HUs approximately 10 weeks after data collection –giving current local data which is essential for HUs particularly given the delay of the CCHS data. Data collection is also available in a variety of modes: telephone (dual-frame landline and cell phone) and online (panel and convenience samples). There are data collection options to meet most budgets and customizable budget packages can be created. For further information contact: Lynne Russell, RRFSS Coordinator: [lynnerussell@rrfss.ca](mailto:lynnerussell@rrfss.ca)

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## News Releases

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

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### Association of Local Public Health Agencies

480 University Avenue, Suite 300 | Toronto ON | M5G 1V2  
416-595-0006 | [www.alphaweb.org](http://www.alphaweb.org) | [info@alphaweb.org](mailto:info@alphaweb.org)



**From:** [allhealthunits](#) on behalf of [alPHa communications](#)  
**To:** [AllHealthUnits@lists.alphaweb.org](mailto:AllHealthUnits@lists.alphaweb.org)  
**Cc:** [board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)  
**Subject:** [allhealthunits] September 2022 InfoBreak  
**Date:** Friday, September 16, 2022 12:49:36 PM

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**PLEASE ROUTE TO:**

**All Board of Health Members  
All Members of Regional Health & Social Service Committees  
All Senior Public Health Managers**

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**September 16, 2022**

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Logo



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## September 2022 InfoBreak

*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](http://alphaweb.org).*

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**Leader to Leader – A Message from the alPHa President -  
September 2022**



*"We cannot be mere consumers of good governance, we must be participants, we must be co-creators." – Rohini Nilekani*

This speaks true for alPHA members. That is why I am pleased to tell you that the alPHA Board ensures a focus on good governance and the goals as set out by alPHA's Strategic Plan, its principles, and policies and procedures.

Good governance is the hallmark of integrity and with that in mind, and at the risk of being repetitious, I feel it is important to reiterate some key points from the August 2022 issue of *Information Break*. Recently, at the Association of Municipalities of Ontario Conference, I had the opportunity to speak to attendees, many of them board of health members from across Ontario, who want to ensure good governance, due diligence and that the important work of public health carries on during and post-election. Establishing provisions and ensuring these are in place until new board of health members are appointed is key to achieving this. Given that Ontario's boards of health can be autonomous, semi-autonomous or regional, and that each board has their own by-laws and policies, there are variations on how boards will make this happen.

Some boards will put in place an 'acting' chair if the current chair or vice-chair are elected municipal councillors since their current term is expiring. This would be a short-term position during the transition period. It would be a board member whose term continues throughout this time. For example, they may have been appointed provincially, under an Order in Council, or as a local representative by their board of health. Some boards will give limited delegation powers to their MOH/CEO to manage any emergencies before the first meeting of the appointed municipal members to the board of health. This second scenario is what municipal councils do to get through the same time-period for other municipal related boards. A resolution delegating these powers can be clear on matters that cannot be dealt with during the interim period without the board in place such as spending limits and budgetary matters etc.

Here is a call to action to share your best practices in this regard so alPHA can share with others. Your contributions will be attributed to your health unit and board of health. alPHA's goal is to support its membership and is interested in collecting best practices, protocols, and policies on such procedures deployed during the municipal election process and leading up to and until the new municipal board of health members are in place. Send your submissions to Loretta Ryan, alPHA's Executive Director [loretta@alphaweb.org](mailto:loretta@alphaweb.org).

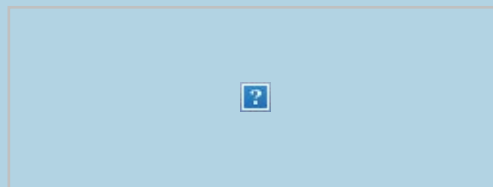
Risk management, ethics, compliance, administrative policies, and procedures are all aspects of good governance and its accountable mechanisms encompass the entire organization. As such, alPHa's 2023 Winter Symposium will be offering orientation and governance training to its membership. So, stay tuned for details!

*Trudy Sachowski  
President*

*"The quality of a leader is reflected in the standards they set for themselves."*

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## **AMO - Strengthening Public Health in Ontario: Now and for the Future**



The Association of Municipalities of Ontario (AMO) has submitted to the government, "[Strengthening Public Health in Ontario: Now and for the Future](#)." The submission notes that Ontario's municipal governments have a vested interest in strengthening the public health system for the residents they serve given their role as governors, co-funders, and employers. AMO states their goal is to work with the Province of Ontario to strengthen public health, help end hallway health care, and reduce overall health care costs while strengthening the public health system in Ontario now and in the future.

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**The municipal elections are fast approaching!**




Many alPHA members are using the following resources to help prepare their key messages on local public health:

1. The Future of Public Health in Ontario  
[alPHA Letter PH Restructuring 180722.pdf \(ymaws.com\)](#) (Includes alPHA Resolution: Public Health Restructuring/Modernization & COVID-19 :[A22-2 PH Restructuring.pdf \(ymaws.com\)](#))
2. alPHA's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response*. [report](#) and [executive summary](#)
3. [Pre-Budget Consultations](#)
4. [alPHA 2022 Elections Primer](#)
5. alPHA's [submissions on PH Modernization](#), including the [Statement of Principles](#)
6. ["What is Public Health?"](#)
7. [alPHA Resource Page on Public Health Modernization](#)
8. [Public Health Matters](#) video

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**Thank you to PHUs**



As we head into the fall season, I would like to give a shout out to alPHA's many volunteers, particularly our Board members and those who participate on our many committees and working groups. If you have not yet had a chance to see who is on the 2022-2023 alPHA Board, you can view a list with their bios on the [alPHA website](#). Thank you to all of these public health leaders who are taking time out of their busy schedules to represent the public health system and to contribute to the work of the association.

On behalf of alPHA, I would also like to thank the Public Health Units who have directly partnered with us to support alPHA during the pandemic response. We quite literally could not have done what we did over the past two and a half years without the dedicated efforts of staff from the PHUs who assisted with public policy reports, communication products, alPHA educational events, and other association activities. In particular, I would like to thank the following:

- Eastern Ontario Health Unit
- Halton Region Health Department
- Haliburton, Kawartha, Pine Ridge District Health Unit
- Northwestern Health Unit
- Public Health Sudbury & Districts
- Simcoe Muskoka District Health Unit
- Toronto Public Health

Thank you again to all of alPHA's volunteers! #PublicHealthLeaders

*Loretta Ryan*  
*Executive Director*

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**alPHA Correspondence**



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[MMAH Response - Resolution A22-3 - Cooling Towers](#)

August 24, 2022 letter from the Minister of Municipal Affairs and Housing to the President of the Association of Local Public Health Agencies.

[alPHa Letter - Chief of Nursing/ADM](#)

September 6, 2022 letter from the Association of Local Public Health Agencies congratulating the new Chief of Nursing & Professional Practice & Assistant Deputy Minister of Health.

[alPHa Letter - President & CEO, PHO](#)

July 18, 2022 letter from the alPHa ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

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[alPHa Letter - The Future of Public Health](#)

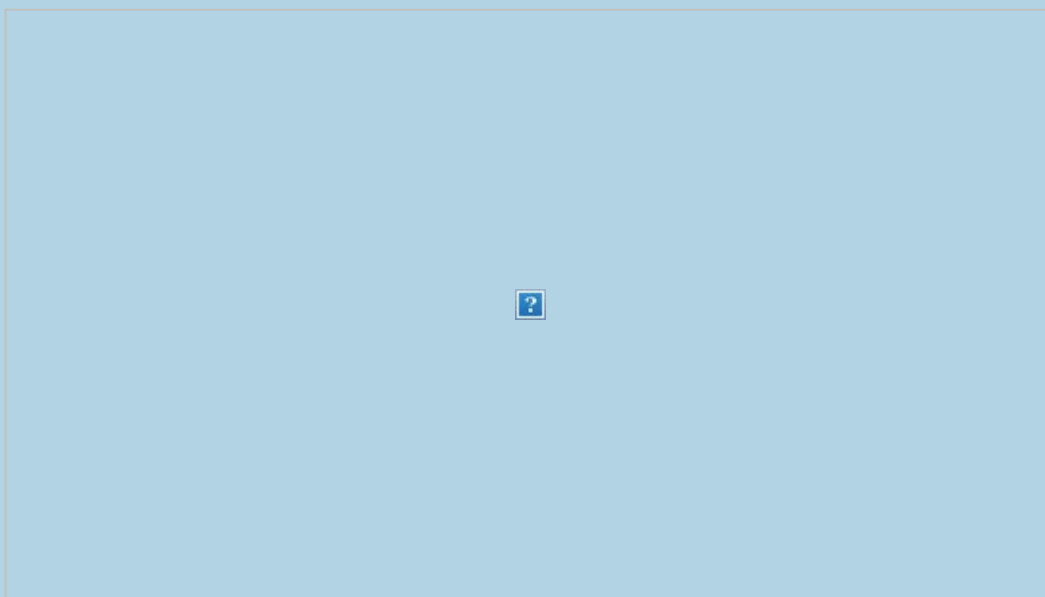
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**Public Health Ontario**





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

- **Variants of Concern**

- [COVID-19 in Ontario: Focus on August 28, 2022 to September 3, 2022](#)

- [Estimates of Omicron BA.2 Lineage Severity in an Ontario-based Matched Cohort Study of Cases: March 1-April 30, 2022](#)

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

## **Immunizations**

- [Management of Anaphylaxis Following Immunization in the Community](#)

## **Infection Prevention and Control**

- [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#)

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

## **Additional Resources - New**

- [Monkeypox Resources](#)
- [Public Health Actions from Wastewater Surveillance on Poliovirus](#)
- [Hepatitis B Vaccines and Schedules](#)
- [Activities to Support Infection Prevention and Control Practices in Congregate Living Settings](#)

## **Open Call for Members | Ontario Public Health Emergencies Science Advisory Committee**

The Ontario Public Health Emergencies Science Advisory Committee (OPHESAC) is currently recruiting members. Check out the [full call for members](#) for more details and requirements. Interested candidates should send their expression of interest, with a curriculum vitae and complete contact details to [secretariat@oahpp.ca](mailto:secretariat@oahpp.ca) by **Friday, September 23, 2022 at 11:59 p.m. ET.**

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## PHO Events

In case you missed these sessions last month, here are the Presentations PHO posted on their website:

- [PHO Rounds: Opioid Toxicity Among Ontarians Who Worked in the Construction Industry](#)
- [PHO Rounds: Building Climate Resilient Health Systems: Lessons from Health of Canadians in a Changing Climate - Science Assessment 2022](#)

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## Upcoming DLSPH Events and Webinars



- [CVPD Fall Symposium: Healthy Aging and Immunization](#) (Sept. 16)
- [One on One with Steini Brown: Towards a Sustainable Recovery](#) (Sept. 21)
- [Indigenizing Health Symposium: Rethinking with Spirit](#) (Sept. 28-29)

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## COVID-19 Update

The digital team at the Ministry of Health has launched a new landing page and new streamlined content pages for COVID-19 content.

The new landing page, which replaces [covid-19.ontario.ca](https://www.ontario.ca/page/covid-19-ontario), can now be found at:

<https://www.ontario.ca/page/covid-19-coronavirus> (English)

<https://www.ontario.ca/fr/page/covid-19-le-coronavirus> (French)

As well, the ministry has overhauled the previous versions of the public health measures pages, six vaccine pages, and testing and treatment pages, which can now be found at:

<https://www.ontario.ca/page/public-health-measures-and-advice>

<https://www.ontario.ca/page/covid-19-vaccines>

<https://www.ontario.ca/page/covid-19-testing-and-treatment>

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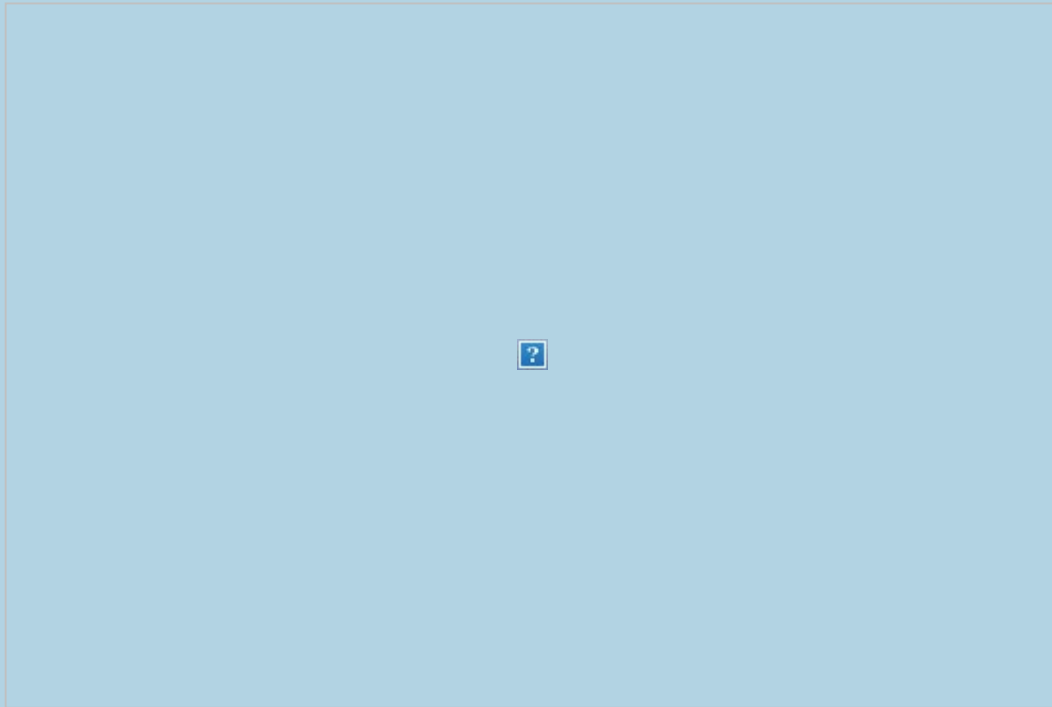
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[Visit the Ministry of Health's page on guidance for the health sector](#)

[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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## **Hold the date for the Winter Symposium and Annual Conference & AGM**



alPHA's Winter Symposium is being held on February 24, 2023.

The Annual Conference and AGM is being held from June 11-13, 2023. Please stay tuned for further information.

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## **News Releases**

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

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September 1, 2022

Hon. Jean-Yves Duclos  
Minister of Health  
House of Commons  
Ottawa, ON K1A 0A6

via email: [jean-yves.duclos@parl.gc.ca](mailto:jean-yves.duclos@parl.gc.ca)

Dear Minister Duclos,

**Re: Federal Dental Care Program – Northern Perspectives**

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With the launch of the federal dental care program looming, we- northern Ontario boards of health- wish to communicate our northern concerns and recommendations with you as you plan the structure of the new Canadian dental care program.

In Ontario, provincial dental programs such as Healthy Smiles Ontario (HSO) and the Ontario Seniors Dental Care Program (OSDCP) have positioned boards of health to work in tandem with local dental service providers. Through this experience, we have gained rich insight and compiled lessons learned from the lens of both the public and private sectors.

Our message is clear- health disparities in northern communities are greater than in southern communities. This truth will have implications for thousands of eligible children and adults across the country seeking dental care under the new program. We foresee challenges such as inequities in dental care service delivery (i.e. access to care), and a demand that will outpace service provider capacity in the north (i.e. volume of eligible people in the north will increase, with not enough service providers).

Poor health outcomes in the north are influenced by limitations to social and economic opportunities- income, housing, childhood development, social supports, and access to services in general, to name a few.<sup>1</sup> Social and health structures significantly impact how services are delivered in the north; a fact that cannot be ignored when thousands of eligible northerners are awaiting much needed dental care.

The following recommendations stem from our experience working with service providers in the north to implement HSO and the OSDCP. We feel that the new federal dental care program can only be successful if existing gaps in the system are addressed, including disparities that northern communities experience.

**General system recommendations**

We support the recent letter submitted by the Ontario Association of Public Health Dentistry (OAPHD),<sup>2</sup> and wish to elaborate on, and add to, their set of recommendations:

- Establish a **technical advisory committee** to guide planning and implementation
  - Establish a dental consultant/officer to provide consistent technical advice to program implementers; the need is especially great in the north, where there are fewer salaried dentists at public health units, making navigation of the OSDCP difficult

---

<sup>1</sup> Health Quality Ontario (2018). Northern Ontario Health Equity Strategy: A plan for achieving health equity in the North, by the North, for the North. Retrieved from <https://www.hqontario.ca/Portals/0/documents/health-quality/health-equity-strategy-report-en.pdf>

<sup>2</sup> Ontario Association of Public Health Dentistry (OAPHD). June 2022. Federal Dental Care Program Letter.

- Create a national **oral health strategy**, and/or encourage the provinces to do so
  - Identify metrics that are important to collect and standardize data collection
- Implement **robust surveillance data**
  - Consider cloud-based EMR so that clients have one record; easier for clients accessing care across districts and for surveillance (i.e. identification of health needs, trends)
  - Mandate the collection of oral health indicators across the province and report on findings to establish appropriate baseline data
- Review and adjust remuneration rates for service providers to 75% of the current Ontario Dental Association Suggested Fee Guide for General Practitioners<sup>3</sup>
  - Existing payments do not reflect the rising cost of living, COVID-19 requirements for businesses, and the cost of running a dental clinic
  - The Ontario government has not raised fees paid to dental practitioners for their care since 1998, other than an inflation adjustment in 2009-10, and currently pays fees at approximately 37% of the current Ontario Dental Association Suggested Fee Guide while overheads approximate 65-70%<sup>3</sup>

### Northern recommendations

Northern communities will experience the new federal dental care program differently, due to accessibility challenges in the north, the ongoing challenge of service provider recruitment and retention, and the unique disparities experienced by northern clients and service providers, whose collective voice is sometimes not heard while planning large-scale programs.

- Plan for accessibility challenges in the north
  - Consider the cost of delivering care in rural and remote communities in the funding formula (i.e. greater outreach costs for providers who must travel to provide care)
  - Continue to include provincial programs such as northern health travel grants; include this for all dental public health programs (i.e. children and adults)
- Work with qualifying Universities and Colleges to strategically promote living and working in northern communities
  - Recruit new and future dental professionals to the north to help respond to a high demand for services (i.e. address the problem of not having enough dentists, especially those that value health equity)
  - There is great risk that this program may mirror family medicine challenges currently experienced in the north:
    - Service providers may not accept new clients due to full practices
    - Clients may be forced to wait months until an appointment is available; this is especially true for specialists (e.g. surgeons)
- Engage northern voices from the start
  - Create an opportunity for northern residents and service providers to voice their thoughts/share experiences

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<sup>3</sup> Ottawa City Council- carried motion. Wednesday, June 22 2022. Retrieved from: <https://app05.ottawa.ca/sirepub/mtgviewer.aspx?meetid=8584&doctype=SUMMARY>

- Data indicates that northern disparities are real,<sup>1</sup> however first-hand stories from residents and service providers can help meaningfully address northern-specific issues

Thank you for recognizing the importance of oral health care for those who need it the most. Public policy that prioritizes health equity by offering low-income residents the opportunity to live healthier, happier lives, inspires us. We hope that you consider these recommendations as you plan the structure of the new federal dental care program. We are available for any future collaboration opportunities, especially as they pertain to equitable planning for northern communities.

Sincerely,

**Northern Ontario Medical Officers of Health**

Cc: (via email) Algoma Public Health – Dr. John Tuinema

North Bay Parry Sound District Health Unit – Dr. Jim Chirico

Northwestern Health Unit – Dr. Kit Young Hoon

Porcupine Health Unit – Dr. Lianne Catton

Public Health Sudbury & Districts – Dr. Penny Sutcliffe

Thunder Bay District Health Unit – Dr. Janet DeMille

Timiskaming Health Unit – Dr. Glenn Corneil