Algoma
PUBLIC HEALTH
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October 26, 2022

BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

www.algomapublichealth.com

Meeting Book - October 26, 2022, Board of Health Meeting

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Board of Health Meeting
AGENDA
October 26, 2022 at 5:00 pm
SSM Algoma Community Room & Videoconference

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
Antoniette 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
Dr. Emma Pillsworth - PH and Preventive Medicine Resident
Tania Caputo - Board Secretary
Tanya Storozuk - Executive Assistant

GUESTS
Hilary Cutler, Manager of Community Wellness & Oral Health, Lisa O'Brien - Health Promotion Specialist,
Kelly Godson - Public Health Nurse, Amanda Perri - Epidemiologist
Michael Meraglia & Mackenzie Wood-Salomon - BScN Consolidation Students

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 October 26, 2022 be approved as presented.

3.0 Delegations / Presentations

a. **Substance Use Program Update: A holistic approach to addressing and preventing opioid-related harms** — *H. Cutler, K.Godson, L. O'Brien, A. Perri,*

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

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

5.0 Business Arising from Minutes — *S. Hagman*

6.0 Reports to the Board

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

i. MOH Report - October 2022

RESOLUTION

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

ii. Algoma Ontario Health Team (AOHT) - Memorandum of Understanding (MOU) *J. Tuinema*

(posted in addendum)

b. Finance and Audit *L. Mason*

i. Finance and Audit Committee Chair Report

RESOLUTION

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

ii. Unaudited Financial Statements for the period ending August 31, 2022. *L. Mason*

RESOLUTION

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

iii. 2023 Recommended Capital and Operating Budget Report *L. Mason*

RESOLUTION

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee to approve the 2023 Public Health Capital and Operating Budget Report.

iv. Briefing Note - Reimbursement of Funds to Garden River Wellness Centre (GRWC) for Services Not Rendered *L. Mason*

RESOLUTION

THAT the Board of Health approve full reimbursement to the GRWC for services billed but not rendered during the COVID 19 pandemic.

v. Briefing Note - Options for 2021 Public Health Surplus *L. Mason*

RESOLUTION

THAT the Board of Health approve Option 1 as outlined in the briefing note, to leave a portion of the 2021 surplus in the business account.

7.0 New Business/General Business

a. Increase in Provincial Base Funding for Local Public Health *J. Tuinema*

RESOLUTION

THAT the Board of Health of Algoma Public Health write to the Ontario Minister of Health to request that the provincial government commit to increased base funding to local public health units, such that public health units are able to sustain and routinize COVID-19 response and immunization, while simultaneously restoring the delivery of mandated public health programs and services, addressing the backlog of services suspended during the pandemic, and rebuilding local public health for resilience to protect the wellbeing of residents in Northern Ontario.

b. Northern Public Health Human Resource Requirement Strategy *J. Tuinema*

RESOLUTION

THAT the Board of Health of Algoma Public Health write to the Ontario Minister of Health to request that the provincial government commit to developing and supporting the implementation of a northern public health human resource strategy, with specific attention to public health inspectors, in collaboration with northern public health units, to address the longstanding public health human resource challenges in the north.

c. Review Base-Funding Needs for the Healthy Babies Healthy Children Program *J. Tuinema*

RESOLUTION

THAT the Board of Health of Algoma Public Health endorse the letter from Public Health Sudbury & Districts to the Ontario Ministry of Children, Community and Social Services (Appendix) urging a review and increase of base-funding for the Healthy Babies Healthy Children program to ensure this critical program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

d. Pandemic Restrictions Take a Toll on Kids' Physical Fitness *S. Hagman*
(*posted in addendum*)

8.0 Correspondence *S. Hagman*

a. Letter to the Minister of Health from Peterborough Public Health regarding **AMO Submission - Strengthening Public Health In Ontario: Now and For the Future** dated October 4, 2022.

b. Letter to the Minister of Health from Algoma Public Health regarding **Response to the Opioid Poisoning Crisis: A Comprehensive Public Health Approach for Substance Use Prevention and Harm Reduction** dated October 24, 2022.
(***posted in addendum)***

9.0 Items for Information *S. Hagman*

a. alPHa Information Break - October 2022

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 and Audit Committee Meeting - Tentative

Wednesday, November 9, 2022 @ 5:00 pm
Video Conference │SSM Algoma Community Room

Governance Committee Meeting - Tentative

Wednesday, November 16, 2022 @ 5:00 pm
Video Conference │SSM Algoma Community Room

BOH Reconciliation Training - Tentative

Wednesday, November 23, 2022 @ 4:30 pm
Video Conference │SSM Algoma Community Room

Board of Health Meeting - Tentative

Wednesday, November 23, 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.

Substance Use Program Update:

A holistic approach to addressing & preventing opioid-related harms

Hilary Cutler, Program Manager, Community Wellness
Dr. Amanda Perri, Epidemiologist
Lisa O'Brien, Health Promotion Specialist
Kelly Godson, Public Health Nurse

October 26, 2022

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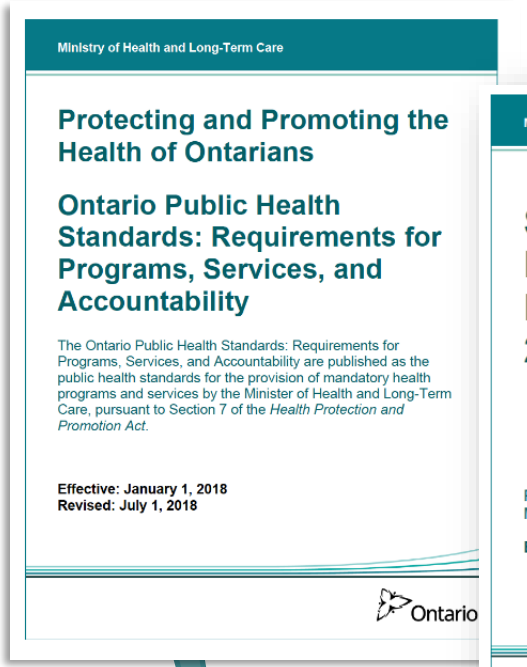
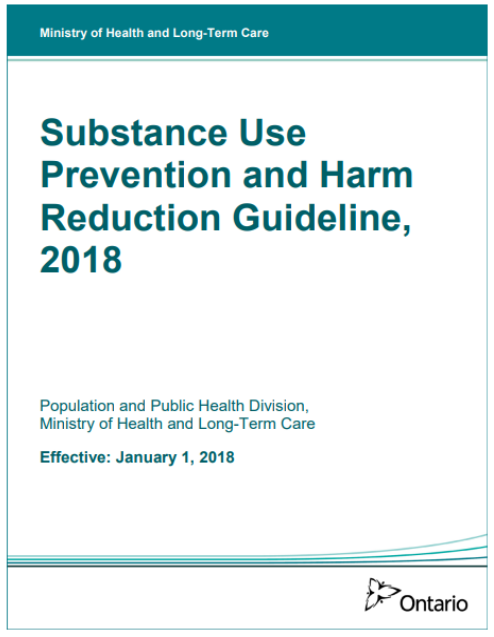
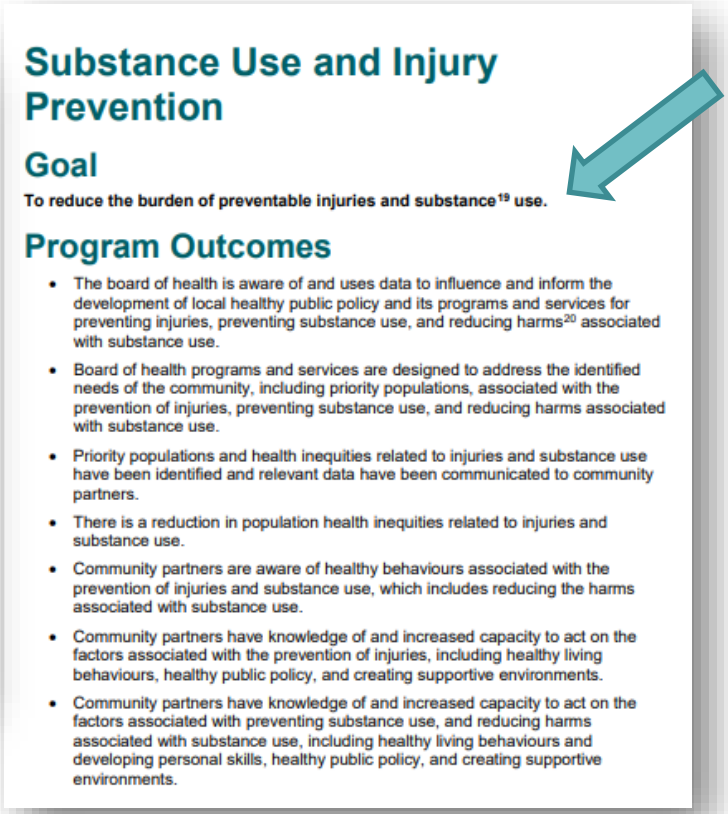
Overview

- Opioids – a complex public health issue
- Surveillance update
- Local response plan
- Next steps

Ontario Public Health Standards







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- Ministry of Health and Long-Term Care. (2018). Substance use prevention and harm reduction guideline, 2018.
- Ministry of Health and Long-Term Care. (2021). Ontario public health standards: Requirements for programs, services, and accountability.

APH Strategic Plan

- Program activities underway align with our 3 strategic directions
- Direction 1c: Working with priority populations to develop a shared, holistic understand of community needs is at the **core of this work**

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.

a. 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.
b. Work with partners to exchange knowledge and align our shared data to have more impact on population health.
c. 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.

a. Align programs to population health priorities and to the unique role of public health.
b. Use evidence and data to plan and evaluate for program effectiveness and impact.
c. Support agency-wide, integrated strategies for health.
d. 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.

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

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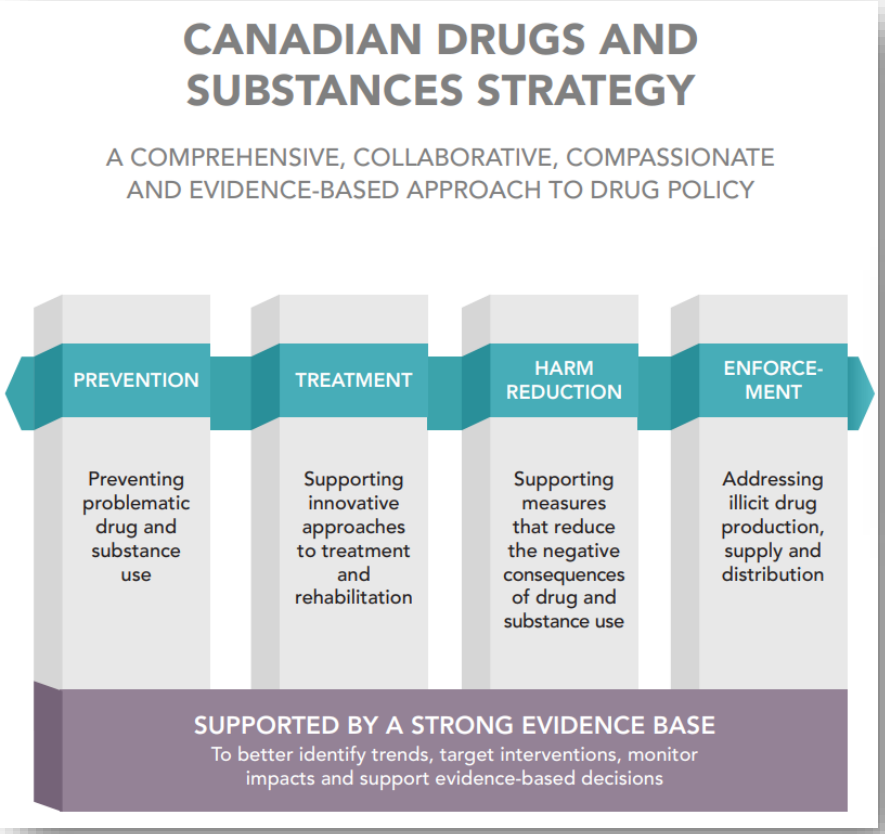
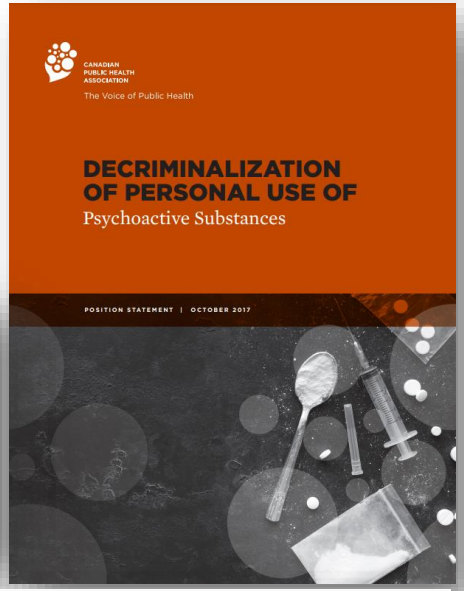
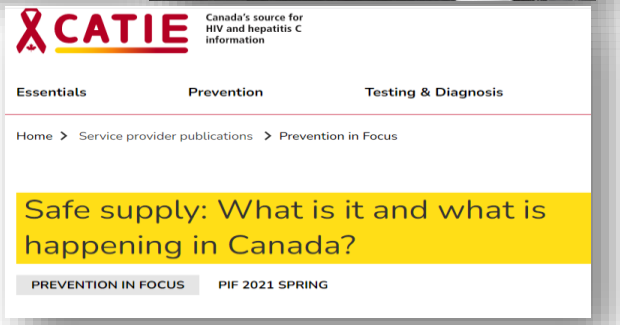
• Algoma Public Health. (2020). 2020-2025 strategic plan. Internal document.

Opioids: A complex public health issue







- Canadian Public Health Association. (2017). Position statement: Decriminalization of personal use of psychoactive substances.
- CATIE. (2021). Safe supply: What is it and what is happening in Canada?
- Government of Canada. (2019). Canadian drugs and substances strategy.

Opioid Surveillance Update

Northern and Local Data

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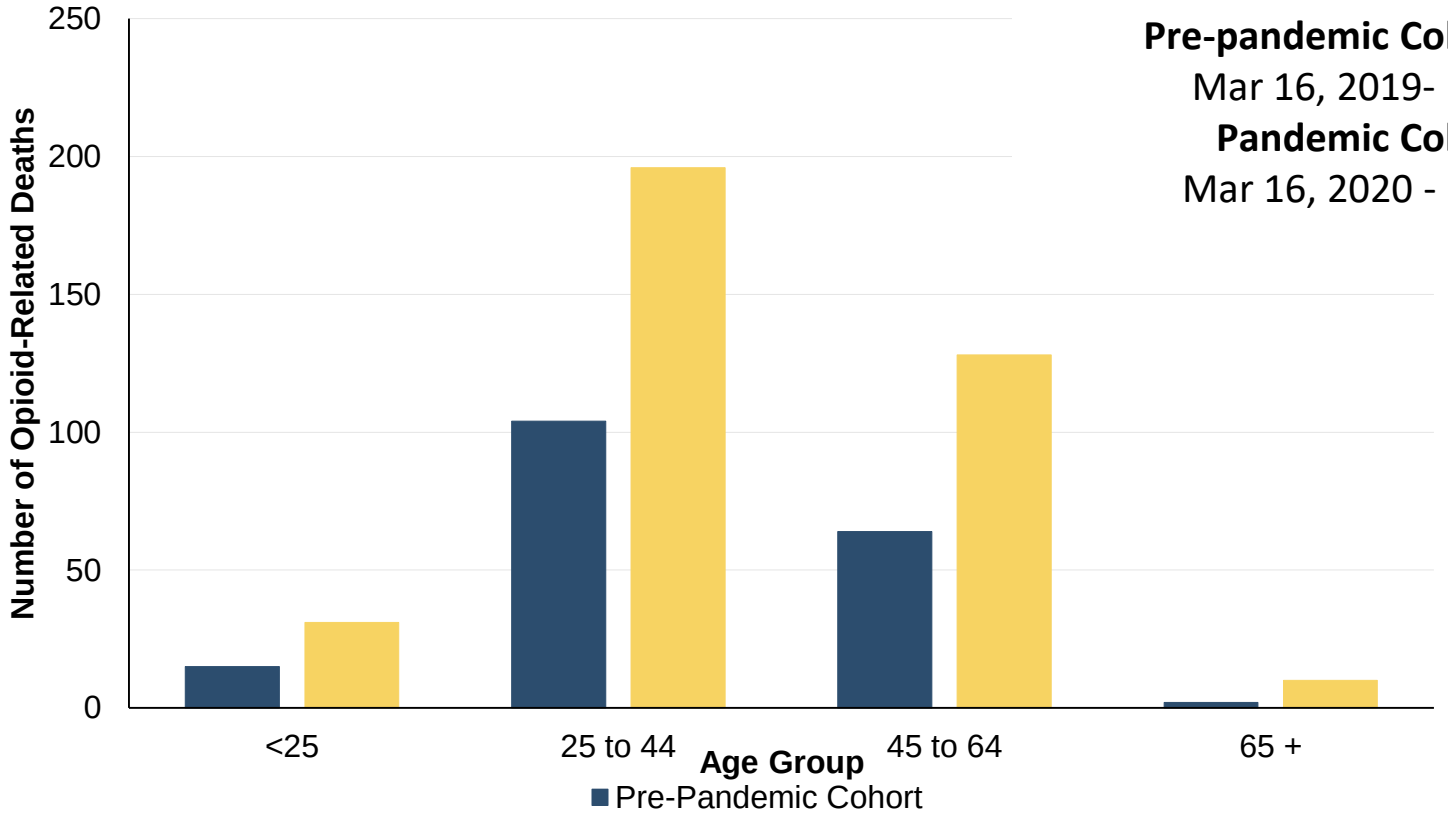
Northern Ontario: Distribution of Opioid Related Deaths by Age



Pre-pandemic Cohort (n=185):
Mar 16, 2019- Mar 15, 2020
Pandemic Cohort (n=365):
Mar 16, 2020 - Mar 15, 2021

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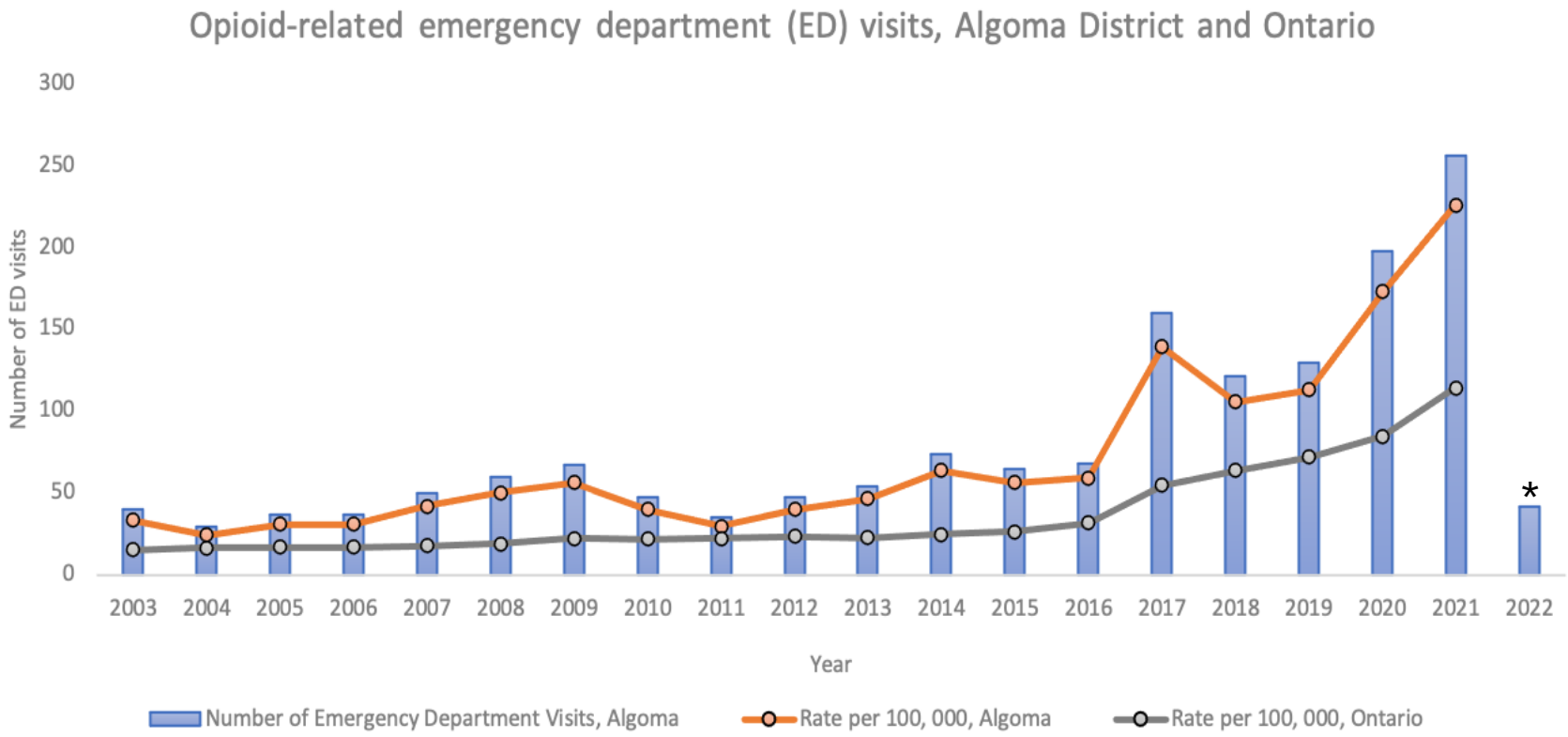
- Opioid-Related Deaths During COVID-19 North, 2021; date retrieved: July 20, 2021.

Local Snapshot: Algoma



*Preliminary data, including up until March 31, 2022

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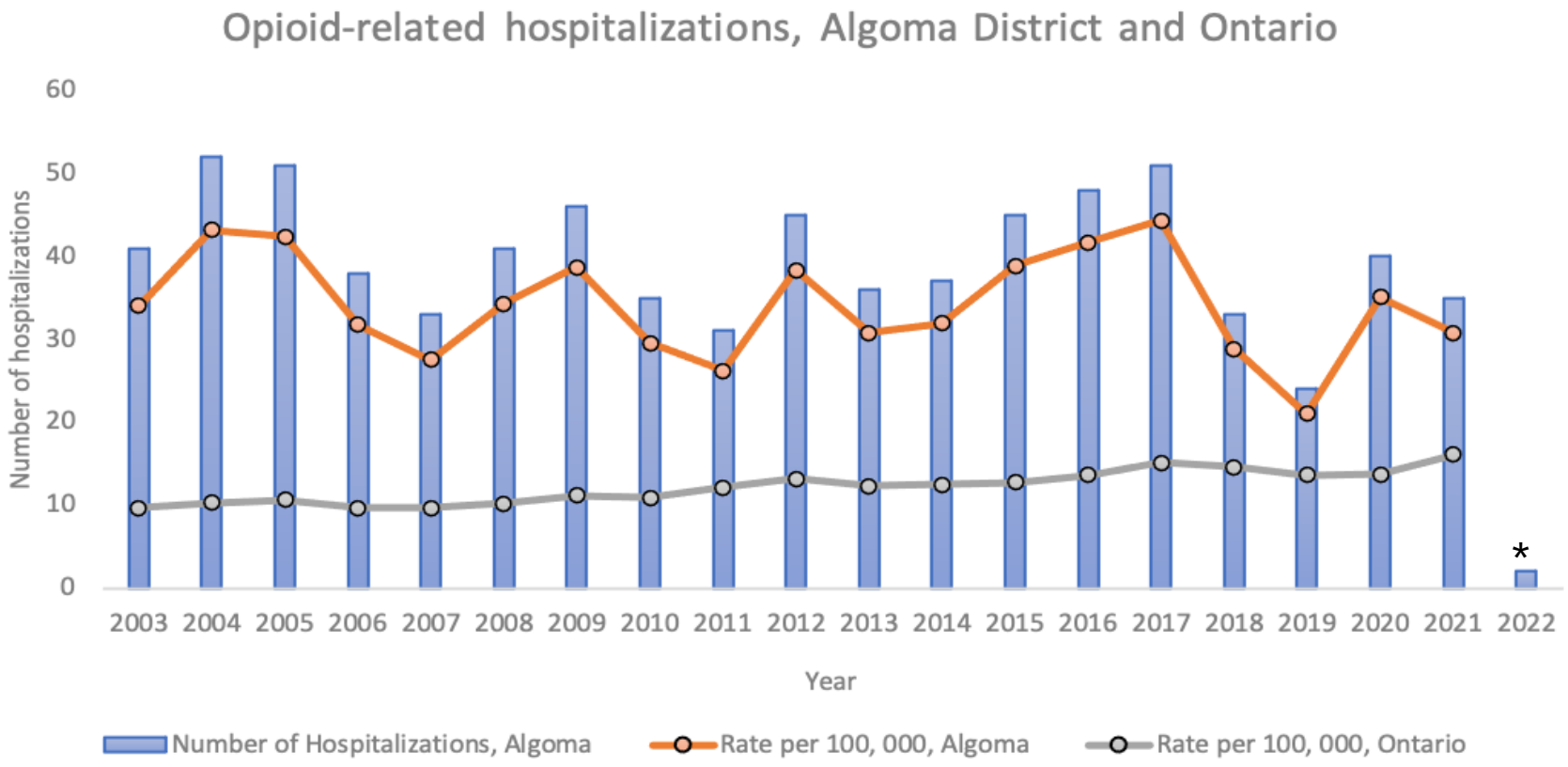
- Public Health Ontario. Interactive opioid tool: Opioid-related morbidity and mortality in Ontario.

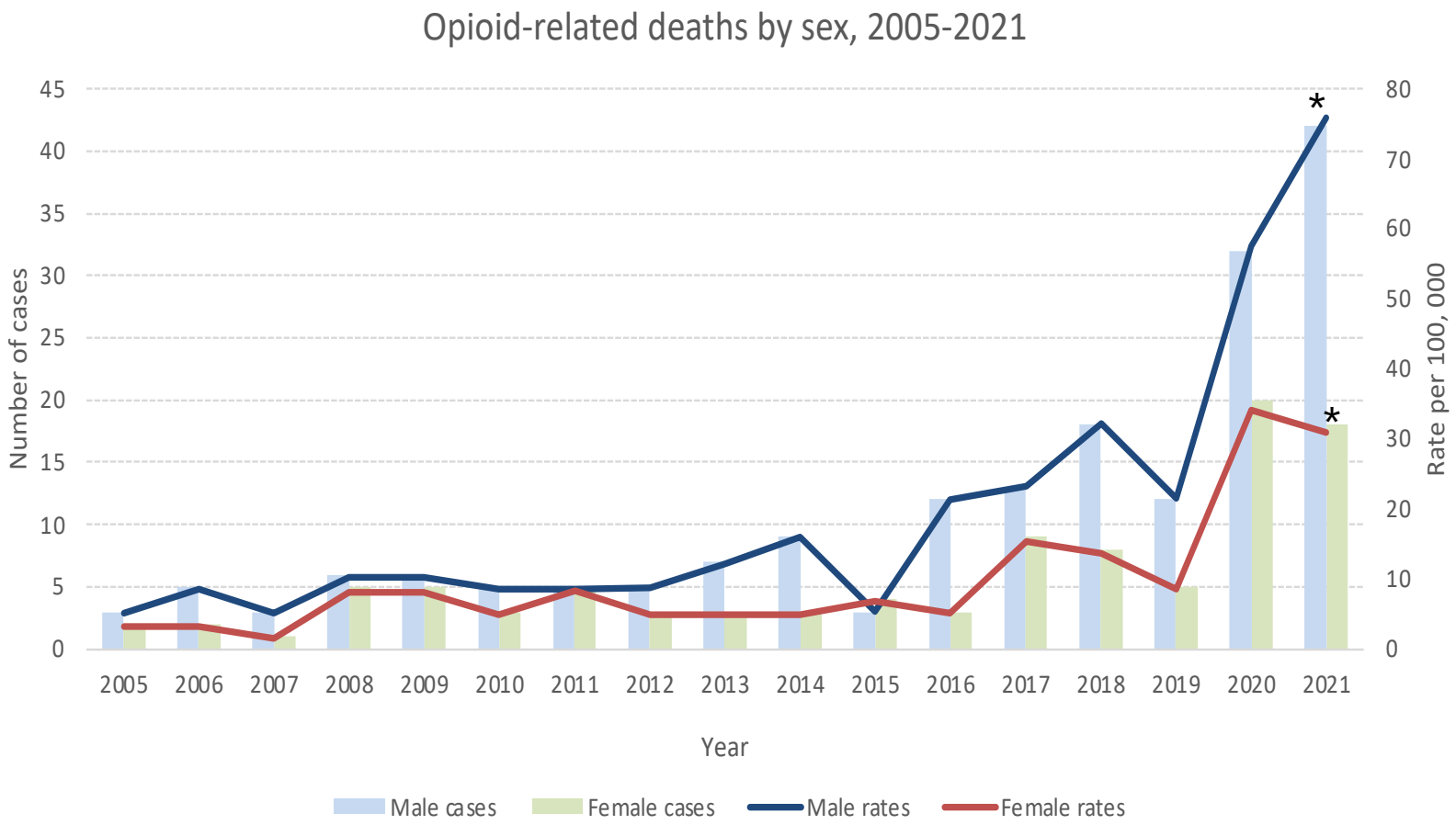
Local Snapshot: Algoma



*Preliminary data, including up until March 31, 2022

- Public Health Ontario. Interactive opioid tool: Opioid-related morbidity and mortality in Ontario.

Local Snapshot: Algoma



*Data for 2021 should be considered preliminary and subject to change.

- Public Health Ontario. Interactive opioid tool: Opioid-related morbidity and mortality in Ontario.

Local Response Plan & Community Engagement

Local Response Plan

Why?

- To get a better understanding of the current opioid climate in Algoma, in order to provide accurate information and useful recommendations to influence change

How?

- The following data is being gathered:
  - Local surveillance data
  - Early warning systems
  - Community engagement*
  - Best-practice evidence

What?

- Findings will be summarized in a community report to help inform community partners, as well as the general public, about the current opioid situation in Algoma and how to effectively move forward to improve health for all, together

Local Response Plan

Community Partner Interviews (Jan-Feb 2020)

- 15 interviews with people working in a variety of settings within the pillars of harm reduction, enforcement, treatment and recovery and prevention and education

- Questions aim to understand their role, the clients they work with, substances used, barriers to accessing services, ideas for overcoming barriers, and how empowered they feel to influence change

- Interview transcripts are being analyzed and themed by the Research and Policy Advisor (RPA) and Health Promotion Specialist (HPS)

Community Engagement

Client Interviews (Aug 2022 – Present)

- Interviewing clients who are using or have used substances in the past
- All APH district offices participating
- Aim to understand barriers to treatment and recovery and stigma in Algoma

Family & Friend Interviews (Sept 2022 - Present)

- Client interview questions revised for family and/or friends of people who are using or have used substances, or have lost somebody who had a substance use disorder
- Similar aim as client interviews, with the addition of trying to understand how to support mental health of family/friends

What are we hearing?
Emerging themes from community partners

Barriers identified:

- System Navigation
- Wait lists and time to access services
- Staffing and burnout
- SDOH (housing, food, transportation, access to HCP)
- Stigma (health care, non-health care, community)
- Communication between agencies
- Limited hours of operation for services
- Policies

"… it [stigma] is out there where it really shouldn't be. We should be past that point by now."

"How can anyone get better – how can we expect them to get better – when there is no housing, no shelter, no food, limited access to support?"

"We could reach so many more people, but there is not enough time in the day/enough people – you can only work so many hours in a week before you burn yourself out."

What are we hearing?

Emerging themes from client interviews

Contributing factors leading to substance use:

- Homelessness
- Trauma

What is helping?

- Services are being accessed (e.g. Narcotics Anonymous)

What is needed?

- Stigma reduction (all people are important)
- Not enough services available (e.g. counselling)

Our Way Forward…

Next Steps

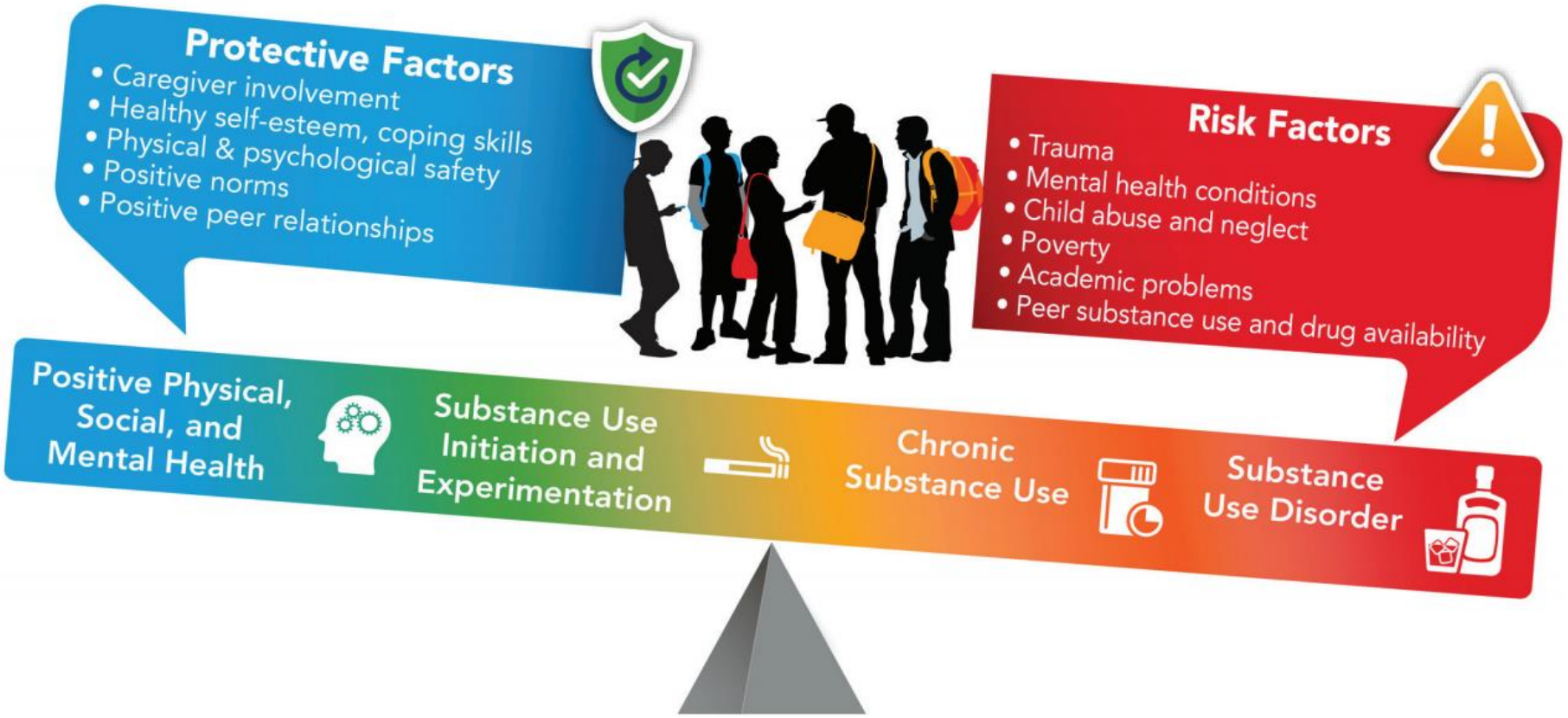
Community Report

- Theme, analyze, and summarize all interview responses
- Share results with partners and the general public

2022-2023 Program Goals

- Influence community dialogue re: the importance of prevention and harm reduction
- Continue to collaborate with partners to integrate community intel and knowledge into planning processes
- Reduce stigma associated with substance use
- Continue to advocate for local needs
- Continue to advocate for health, social, and economic policies

Thinking Upstream



- Conrad N. Hilton Foundation's Youth Substance Use Prevention and Early Intervention Strategic Initiative. (n.d.) Moving upstream: Addressing youth substance use.

Thank you. Questions?

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October 26, 2022

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. John Tuinema and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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APH AT-A-GLANCE

COVID-19 Pandemic in Algoma: An Update

In late September and early October 2022, we began to see a rise in high-risk COVID-19 cases and in other pandemic indicators (e.g. hospitalizations, outbreaks). This was not unexpected, as COVID-19 infections are predicted to increase in the fall with colder weather and more time spent indoors. In response, public messaging was sent out via a news release[1] on October 6th and social media messaging to inform the public of the situation and provide information on how to stay safe during respiratory season (e.g. self-screening and staying home if ill, staying up to date on vaccinations, wearing a mask when in indoor or crowded spaces, etc.).

A further surge of cases occurred following the Thanksgiving weekend. This further increase in high-risk COVID-19 cases seems to be reducing, but case rates have not fallen to pre-October levels. So far, this increase in cases has been manageable for the Infectious Diseases team from a case management standpoint. Outbreaks in high-risk settings have also increased, and our public health inspectors and facility liaisons are working diligently with partners to keep residents of and staff in these settings as safe as possible.

We continue to strongly recommend that all Algoma residents stay up to date on their COVID-19 vaccinations this fall. Staying up to date means receiving all recommended vaccine doses, including any booster doses, when eligible. Appointments remain available at public health clinics, Indigenous community clinics, select primary care offices, and participating pharmacies.

As of October 12th, Ontarians aged 12+ are eligible to receive a bivalent booster dose of COVID-19 vaccine at a recommended 6 months since their last dose. Booster doses remain most important for high-risk individuals (i.e. those aged 65+) in Algoma, who should receive a booster dose at the minimum 3-month interval after their last dose.

We continue to monitor the ongoing pandemic and will adjust our response as it develops.

Flu Shots Become Available

In early October, APH, pharmacies, and participating health care providers opened booking for annual influenza immunizations. Many appointments remain available, and we encourage residents to receive an annual flu shot to protect themselves and others in our community.

Residents of Algoma aged 5+ are able to safely receive their annual flu shot at the same time or at any time before or after the COVID-19 vaccine. Children under 5 are recommended to receive their COVID-19 vaccine 14 days before or after receiving any other immunization to allow for differentiation of any adverse effects.

Although a separate vaccine is needed to protect ourselves from the flu, many of the measures we use daily to protect ourselves against COVID-19 are effective in protecting us against influenza (masking, distancing, etc.).

COVID-19 Pandemic Recovery and Strategic Plan

The Recovery Taskforce continues to meet regularly to plan for recovery through the use of our Recovery Action Plan to routinize COVID-19 response, restore core programs, and rebuild public health, all centred in the

[1] Algoma Public Health. COVID numbers on the rise: residents are reminded to take necessary precautions. Published October 6, 2022. Accessed October 20, 2022. https://www.algomapublichealth.com/news/covid-numbers-on-the-rise-residents-are-reminded-to-take-necessary-precautions/

revitalization of our public health teams. We have begun introducing staff to the plan through various means and continue work to ensure it guides and informs all aspects of our work.

As part of recovery, I have sent out bi-weekly MOH e-mail updates to all employees. In a recent update to staff on the National Day for Truth and Reconciliation/Orange Shirt Day, it was discussed how we can entrench the values of reconciliation into our work through the strategic plan. The following is an excerpt from this update as an example of how our strategic plan can be used to advance health equity in Algoma and our work towards the shared goal of Reconciliation:

"Wearing an orange shirt to honour residential school survivors, those who died, as well as their families and communities sends an important message, but it's not sufficient. We have to be careful to ensure that outward expressions of support don't become empty gestures. It's important to take action, but even that may not be enough as sometimes these actions fall to the wayside as competing priorities come up. To prevent that from happening, organizations need to entrench these values and directions into the very core of their guiding documents and plans.

As mentioned at the town hall, we plan on launching our strategic plan that was approved just prior to the pandemic. I brought it to the board Wednesday night [September 22nd, 2022], and they were in favour of moving forward. I'd like to introduce the plan and hopefully show some ways in which we can entrench reconciliation into our work.

Review the APH Strategic Plan: Vision, Mission and Strategic Directions

I'd like to start with our Vision: "Health for all. Together." It's important to note that "Health for all." means health for All. It doesn't mean improving health where it is easiest to do so or improving health at the expense of others, it means that everyone's health is important.

How can we ensure that? Moving down the plan, we see that our mission states, "We promote and protect health and advance health equity in Algoma". Advancing health equity can happen at all levels of our strategic directions but most notable in 1(c) Work with priority populations to develop a shared, holistic understanding of community health needs, 2(d) Meaningfully engage clients, partners, and communities based on shared goals and accountabilities, and 3(c) Recognize and share the stories of our people and partners.

Entrenching this in our guiding plan is crucial, but it's really just the beginning. Now it's time for action, and this is where you [employees of APH] come in. Today is a great day to begin recognizing and really listening to the stories of Indigenous partners and Peoples. This is one of many steps towards developing that shared understanding of their communities' health needs in a way that originates from the communities themselves. With that understanding, we can help advance health equity in a way that respects the needs, preferences, and self-determination of Indigenous communities to help ensure health for All. It won't always be easy, but it is critical to do so. Much work has already been done, but we must continue the momentum and make strides towards our shared goal of Reconciliation."

MEMORANDUM OF UNDERSTANDING
Partnership Agreement ("Agreement")

This Agreement is made as of the _____ day of _____, 2022
BETWEEN:

Algoma Ontario Health Team

(hereinafter referred to as "Algoma OHT")

-and-

Algoma Public Health

(hereinafter referred to as "Member Organization")

WITNESSETH that:

WHEREAS Algoma OHT is an integrated team that jointly plans and delivers health, social and health promotion services;

AND WHEREAS Algoma OHT was designated by the Minister of Health under the *Connecting Care Act, 2019;*

AND WHEREAS Member Organization would like to participate as a partner or an advisor as part of the Algoma OHT;

NOW, THEREFORE, in consideration of mutual covenants and agreements between the parties hereto, it is agreed as follows:

1. Term of Agreement

The term of this Agreement will be effective on the date set above and will expire on March 31, 2023 (the "Term") or if during the Term, such time as the Ministry of Health requests a review, revision or termination of the Agreement.

2. Withdraw/ Termination

This Agreement may be terminated by the Algoma OHT by providing thirty (30) days written notice to the Member Organization.

A Member Organization may withdraw from the Algoma OHT or terminate its membership at any time by providing a minimum of thirty (30) days written notice to the Algoma OHT's Leadership Council. Such withdraw and/or termination shall not be unreasonably withheld.

3. Algoma OHT Background

The Algoma OHT was designated on 23rd day of July, 2020 by the Minister of Health under the *Connecting Care Act, 2019* with the intention to work together to achieve their shared vision of providing a continuum of integrated health, social and health promotion services to the persons to whom they provide care and services for the people of Algoma.

Integrated health care represents a fundamental shift in the way that health, social and health promotion services are provided. It involves putting people and communities; not diseases, providers or organizations, at the center of the health care system and empowering people to take charge of their own health rather than being passive recipients of services. When health, social and health promotion services are integrated, it means they are delivered in a way that people receive the continuum of services as part of a coordinated team, no matter where care is provided.

4. Algoma OHT Program

In order for the Algoma OHT to be successful, it will be important to focus on learning together as an integrated local health system to better serve the people of Algoma. This will require embracing ambiguity as we learn to work together across health and social sectors; including home and community care, hospital services, housing, long-term care, mental health and addictions, palliative, primary care services, public health and specialty care among others.

Through this engagement the Algoma OHT is seeking to put in place this partnership agreement to enable partners and advisors to improve care experiences and outcomes. Each Member Partner and Member Advisor who are part of the Algoma OHT will retain its own independence, with an independent board and oversight. Any decisions made by the Algoma OHT are recommendations. Member Organizations are highly encouraged to support greater alignment between the Algoma OHT and their respective organizations in order to improve service delivery within the Algoma district.

The partnership agreement, and the Algoma OHT, should in no way be a barrier or impede decisions to serve people, families and communities and should facilitate the coming together of people at all levels of respective organizations to work towards the mission and vision of the Algoma OHT outlined in Appendix 1.

5. Role / Responsibilities of Algoma OHT

The Algoma OHT is working on meeting the Year 1 expectations of the Ontario Health Team (OHT) and eventually at maturity with respect to the 8 OHT building blocks which responsibilities include:

- Defining patient population
- In-scope services
- Patient partnership and community engagement

- Patient care and experience
- Digital health
- Leadership, accountability and governance
- Funding and incentive structure
- Performance measurement, quality improvement and continuous learning

6. Role / Responsibilities of Member Organization

Member Organizations will participate as a partner or an advisor with the current focus on being inclusive in contributing to the Algoma OHT objectives. Member organization, whether participating as a Member Partner or a Member Advisor agrees to the Algoma OHT mission and vision outlined in Appendix 1.

Member Partners will:

- Work jointly for the delivery of health, social and health promotion services (i.e. project implementation) which includes a commitment to aligning initiatives and resources towards the work of the Algoma OHT.
- Partners are eligible to be on the Leadership Council as voting members.

Member Advisors will:

- Advisors agree with the mission / vision, and may still be 'exploring' full partnership or contributing towards the OHT in a different capacity other than the delivery of services.
- Advisors are non-voting on the Leadership Council.

All Member Partners and Member Advisors will review the Algoma OHT Terms of Reference outlined in Appendix 2.

In participating in this Agreement Member Organizations agree that their respective Member Organization Board of Directors have been made aware of the partnership agreement. Where required, Member Organizations shall seek their Member Organization Board of Directors approval and/or endorsement, as the case may be, should their respective policies and procedures require such.

7. Funding Arrangements

It is recognized that Sault Area Hospital ("SAH") is the designated fund holder, acting on behalf of the Algoma OHT in accordance with the conditions set out in the SAH Fund Holder Agreement. SAH is responsible to ensure that financial reports related to the Algoma OHT funding is reported back to the Algoma OHT Leadership Council on a regular basis.

Beyond utilizing the earmarked Algoma OHT funding, it is further expected and intended that Algoma OHT Member Partners will leverage this funding by aligning their strategies, work and resources in a way that is consistent with the vision and mission of the Algoma OHT where possible.

8. Privacy and Confidentiality

Through the Term of this agreement the Parties may transmit and exchange private and confidential information that may include; documents, materials, research and/or personal health information of patients which collectively herein is referred to as ("Confidential Information"). It is agreed that appropriate administrative, technical and physical safeguards will be established and maintained by all Parties to protect the Confidential Information and to prevent unauthorized access to it. The protection of all Confidential Information under this Agreement shall survive the Term of this Agreement.

9. No Conflict of Interest

The Member Organization shall: (a) avoid any Conflict of Interest in the performance of its contractual obligations; (b) disclose to the Algoma OHT Chair without delay any actual or potential Conflict of Interest that arises during the performance of its contractual obligations; and (c) comply with any requirements prescribed by Algoma OHT to resolve any Conflict of Interest. In addition to all other contractual rights or rights available at law or in equity, Algoma OHT may immediately terminate the Agreement upon giving notice to the Member Organization where: (a) the Member Organization fails to disclose an actual or potential Conflict of Interest; (b) the Member Organization fails to comply with any requirements prescribed by the Algoma OHT to resolve a Conflict of Interest; or (c) the Member Organization's Conflict of Interest cannot be resolved. This paragraph shall survive any termination or expiry of the Agreement.

10. Intellectual Property

The Member Organization agrees that any intellectual, industrial or other proprietary right of any type in any form protected or protectable under the laws of Canada, any foreign country, or any political subdivision of any country, including, without limitation, any intellectual, industrial or proprietary rights protected or protectable by legislation, by common law or at equity Intellectual Property and every other right, title and interest in and to all concepts, techniques, ideas, information and materials, however recorded, (including images and data) ("Intellectual Property") provided by Member Partner shall remain the sole and exclusive property of the Member Partner. Furthermore, Algoma OHT shall be the sole owner of any Intellectual Property created by the Supplier in the course of performance of its obligations under the Agreement ("Newly Created Intellectual Property").

11. Dispute Resolution

Any dispute, controversy, or claim arising out of, or in connection with this Agreement or the failure of the Parties to agree on any matters requiring or contemplating their Agreement hereunder (a "Dispute") shall be dealt with as hereafter set out.

- Meeting to Negotiate Resolution, A meeting shall be held between the parties hereto (the "Parties) promptly after a Dispute has arisen. The meeting will be attended by representatives of the Parties with decision-making authority to settle the Dispute. At the meeting, the Parties will attempt in good faith to negotiate a resolution of the Dispute. The parties will make all attempts reasonable to obtain resolution. In the event a resolution cannot be met, the Dispute will move to arbitration.

12. Notice

Any notice or communication required to be given under the terms of this Agreement shall be in writing and shall be served personally, delivered by courier or sent by certified or registered mail, postage prepaid with return receipt requested, addressed to the other party at the address set forth or at such other address as either party shall hereafter designate to the other in writing. All notices shall be in writing and set by regular postage paid mail, registered mail, or electronic mail, addressed as follows:

To **Algoma OHT:**
750 Great Northern Rd.
Sault Ste. Marie, ON P6B0A8
Name: Victoria Aceti Chlebus
Title: Director, Integrated Care
Email: victoria.aceti@algomaoht.ca

To **Member Organization:**
294 Willow Ave.
Sault Ste. Marie, ON P6B 0A9
Name: Dr. John Tuinema
Title: Acting Medical Officer of Health & CEO
Email: jtuinema@algomapublichealth.com

All notices shall be effective when personally served, one (1) day following the date sent by electronic mail, or five (5) days after deposited in the mail.

13. Amendment of Agreement

In the event that any changes to this agreement are deemed necessary, either an amendment shall be prepared an executed by the Parties hereto or a new Agreement will be prepared and executed. An amendment will have no force or effect until compliance with the terms of this section.

14. Assignment

This Agreement is not assignable by either Party without the consent of the other Party. Subject to the foregoing, this Agreement continues to the benefit of and is binding upon the Parties, their successors and assigns.

15. Entire Agreement

This agreement constitutes the entire agreement between the Parties and except as herein written, there are no oral representations or warranties between the Parties of any kind.

16. Applicable Law

This agreement will be interpreted exclusively in accordance with the laws of the Province of Ontario and the federal laws of Canada as applicable therein.

17. Counterparts

This Agreement may be executed by the Parties in counterpart, who together shall be deemed to constitute one agreement, and delivery of the counterparts may be affected by means of a telecopier (followed immediately by delivery of the original copies by an overnight carrier).

IN WITNESS OF WHICH the Parties have signed and delivered this Agreement.

Algoma OHT:

Per:

Name: Victoria Aceti Chlebus

Title: Director, Integrated Care

Algoma Public Health

Pursuant to Section 6 'Role of Member/ Partner Organization' we hereby sign this MOU acknowledging and committing to the role of:
(Complete one of the following checkboxes in alignment with Section 6 Role/ Responsibilities of Organization)

☐ Member Partner

- Or -

☐ Member Advisor

Per: _____ Per: _____

Name: _____ Name: _____

Title: _____ Title: _____

I have authority to bind the company. I have authority to bind the company

MEMORANDUM OF UNDERSTANDING
Partnership Agreement ("Agreement")

Appendix 1 – Vision, Mission, Collaboration

Background on Collaborative Decision Making Arrangements

The CDMA is intended to have an established process to use the implementation funding; that is meant to build the necessary infrastructure for the Algoma OHT.

Shared Vision, Guiding Principles and Commitments

Vision
An integrated health system focused on the unique needs of Algoma residents; where people receive seamless, excellent care where and when they need it.

Mission
The Algoma Ontario Health Team will collaborate in a model of care that is person-centered, efficient and simplified for both patient and provider.

MEMORANDUM OF UNDERSTANDING
Partnership Agreement ("Agreement")

Appendix 2 – Algoma Ontario Health Team
Terms of Reference (ToR)

MANDATE

The Algoma Ontario Health Team (AOHT) has a vision for an integrated health system focused on the unique needs of Algoma residents; where people receive seamless, excellent care where and when they need it. The Leadership Council's role is to provide a forum for its Members to plan, design, implement and oversee the AOHT.

ROLES AND RESPONSIBILITIES

Planning and Project Implementation

- establish an overall strategic plan for the AOHT and develop an annual work plan consistent with the strategic plan;
- identify and measure the priority populations for the AOHT and the impact of decisions on them;
- develop the name and central brand for the AOHT;
- identify, implement, and oversee Projects and Project Agreements; and
- ensure there is a commitment to share information, set joint performance targets, align service delivery and quality improvement for identified projects.

Quality and Risk

- review, collaborate on, and monitor safety and quality standards and performance and quality improvement for the AOHT;
- identify risk issues and consider risk allocation, mitigation, and corrective actions for AOHT activities;
- develop a complaints and significant event process for issues that impact more than one Member; and
- develop a risk management process for issues that could negatively impact the AOHT.

Resources and Accountability

- develop guidelines for the allocation and sharing of costs and resources, including funding earmarked for the AOHT as well as human resources, capital, and facilities and costs related to supporting the work of the AOHT;
- review and collaborate on financial performance, resource allocation and use, best practice, and innovation;
- develop clinical and financial accountability standards;
- determine Membership fees to be paid by Members, if any; and
- facilitate and oversee the development of a digital health strategy.

Engagement and Reporting

- develop and implement a joint communications strategy, including communication to stakeholders and the community;
- engage people, families and communities to ensure meaningful partnership and co-design across all OHT initiatives;
- engage with and seek input from Members and Networks;
- ensure engagement at a board to board level among Members; and
- report from time to time to Members on the work of the Leadership Council and any subcommittees and working groups.

Governance and Compliance

- evaluate and identify areas of improvement in the integrated leadership and governance structure of the AOHT on an ongoing basis, including the establishment of a standardized process to identify and admit additional Members to the AOHT;
- as part of efforts to set up a long-term governance structure for the OHT, engage the boards of each respective Partner organization to:
    - understand what it means to have a duty to an integrated local health system that serves the residents of Algoma
    - prioritise steps towards collaborative governance in the first year of operation
    - consider possible long-term options for collaborative governance;
- discuss compliance with, and amendments to, these Terms of Reference, the Framework, or a Project Agreement;
- facilitate dispute resolution; and
- ensure compliance with all reporting requirements.

Integration

- act as a forum for the defined geographic area to support any potential voluntary or involuntary integration initiatives ordered by the Ministry of Health and
- develop recommendations vis-à-vis proposed integrations.

Other

- Perform the roles assigned to the Leadership Council under the Framework.

SUBCOMMITTEES AND WORKING GROUPS

The Leadership Council has an Executive Committee that is comprised of the Tri-Chairs.

The Leadership Council may establish one or more subcommittees or working groups / action teams to assist it in fulfilling its role. The Leadership Council shall determine the mandate and composition of any such subcommittee or working group.

MEMBERSHIP

The Leadership Council shall be a representative group across Algoma, that includes both organizational and independent-level representation. At minimum, the Leadership Council shall be comprised of 7 voting members; however, must include the following representation:

- Organizational: community health and social services, long-term care, primary care and hospital services
- Independent: Patient Partner and Physician Lead

Organizational voting members are referred to as Partners and are identified as organizations that have signed a Memorandum of Understanding (Partnership Agreement) identified a commitment to work jointly for the delivery of health, social and health promotion services as part of the AOHT. Each Partner is eligible to have a senior-level representative on Leadership Council and may identify an alternate in case of absence. Independent voting members are appointed by Leadership Council and typically include patient and clinical representation without any organizational affiliation.

Non-voting members are referred to as Advisors and are identified as organizations that have signed a Memorandum of Understanding identifying alignment with the mission and vision of the AOHT, however may not be directly involved in the delivery of health and

social services related to the identified projects. Advisors may also be exploring full Partner status.

TRI-CHAIRS
The Leadership Council shall have a Tri-Chair model, which is elected for a two-year term by the majority vote of the Leadership Council. It should strike a balance representing administrative, clinical and patient leadership for the AOHT. The Tri-Chairs may alternate the meeting chair responsibilities, at their discretion and fully participate in deliberations as well as decision-making.

In addition to chairing responsibilities; the Tri-Chairs are responsible for:
- Acting on behalf of the Leadership Council (as the Executive Committee) in-between regularly scheduled meetings, including bringing those decisions (as information items) to the Leadership Council
- Preparing meeting agendas, including a governance calendar for future items
- Ensuring appropriate engagement of members and the regular evaluation of the governance model for the AOHT
- Providing day-to-day guidance, management and mentorship to the Administrative Director of the AOHT (Director, Integrated Care)

FUND MANAGER
The Leadership Council shall, by majority vote, select a Member Organization to be a "Fund Manager" (for a term to be agreed) to, as directed by the Leadership Council receive, manage, distribute and keep accurate accounts of, pooled resources, including funding earmarked for the AOHT. The Administrative Director of the AOHT will be responsible for managing the funds, in accordance with the Fund Manager's policies and procedures, as well as ensuring that any funds are in accordance with the strategic priorities set out by the Leadership Council. The Fund Manager will submit financial reports and retain financial records for at least seven years.

MEETINGS
Meetings shall be held at a minimum quarterly, and where possible be scheduled in advanced according to a governance calendar. Ad hoc meetings may be called by the Tri-Chairs or at the request of a minimum of 3 Members. Agendas will be sent in advance and indicate whether items are for information, discussion or approval. In an effort to foster transparency, guests are welcome to participate in all meetings, except for in-camera portions, but may not vote.

QUORUM
Quorum will be a majority of Members, who may be present in-person or virtually. If a Member is not able to attend, the Member may send an alternate (who may count for quorum and vote). If quorum is not present, the Members present may meet for discussion purposes only and no decisions shall be made.

DECISIONS
UNLESS OTHERWISE SPECIFIED APPROVAL OF THE LEADERSHIP COUNCIL, DECISIONS WILL BE MADE BY CONSENSUS. CONSENSUS MEANS THAT EACH MEMBER IS PREPARED TO SUPPORT THE DECISION OR, IF APPLICABLE, RECOMMEND IT TO THEIR BOARD OF DIRECTORS, ORGANIZATION, OR RESPECTIVE MEMBERS, AS THE CASE MAY BE, EVEN IF THEY DO NOT AGREE

WITH THE DECISION/RECOMMENDATION. IN THE EVENT OF A TIE, A MAJORITY VOTE BY THE TRI-CHAIRS WILL CONSTITUTE THE TIE BREAKER. MOREOVER, ALL PROJECTS AND INITIATIVES MOVING FORWARD REQUIRE APPROVAL VIA VOTE OF THE LEAD (SPONSOR) ORGANIZATION. AS SUCH, LEADERSHIP COUNCIL CANNOT COMPEL AN ORGANIZATION TO LEAD OR ACT AS THE SPONSORING ORGANIZATION OF AN INITIATIVE WITHOUT ITS APPROVAL.

THE LEADERSHIP COUNCIL IS RESPONSIBLE FOR PUTTING A PROCESS IN PLACE FOR DISPUTE RESOLUTION, AS PART OF A PARTNERSHIP AGREEMENT APPLICABLE TO ALL ITS VOTING MEMBERS.

MINUTES
Meeting minutes will document deliberations and recommendations. All minutes will be available as part of the AOHT repository that may be accessed by the public, except for any confidential or in-camera discussions. Discussion during meetings shall be open, frank, and free-flowing, and while contents of minutes will be shared, they will not include attribution of individual contributions.

CONFIDENTIALITY
THE LEADERSHIP COUNCIL MEMBERS SHALL RECOGNIZE THAT FROM TIME-TO-TIME ITS MEMBERS MAY HAVE ACCESS TO CONFIDENTIAL INFORMATION. ALL MEMBERS ARE TO RESPECT THE CONFIDENTIALITY OF INFORMATION RECEIVED BY, AND DISCUSSIONS OF, THE COLLABORATION COUNCIL THAT ARE IDENTIFIED AS CONFIDENTIAL OR AS PART OF IN-CAMERA DISCUSSIONS.

POLICIES
The Leadership Council may adopt policies, protocols and procedures to support the work of the Leadership Council and its subcommittees and working groups.

REVIEW AND AMENDMENT
These Terms of Reference will be reviewed annually by the Leadership Council and may be amended with written agreement of the Leadership Council.

Algoma Public Health
(Unaudited) Financial Statements August 31, 2022

Algoma Public Health
Statement of Operations
August 2022
(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	**$ 3,141,912**	$ 3,141,912	$ (0)	$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	**5,841,695**	5,841,692	3	8,773,425	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	**2,781,416**	2,824,628	(43,212)	4,259,650	-2%	98%
Provincial Grants - Mitigation Funding	**674,571**	691,864	(17,293)	1,037,800	-2%	98%
Fees, other grants and recovery of expenditures	**248,316**	239,866	8,451	379,075	4%	104%
Total Public Health Revenue	**$ 12,687,910**	$ 12,739,961	$ (52,051)	$ 18,639,166	0%	100%
Expenditures						
Public Health Cost Shared	**$ 10,466,364**	$ 11,154,088	$ 687,724	$ 16,648,021	-6%	94%
Public Health 100% Prov. Funded Programs	**1,233,100**	1,312,291	79,191	1,991,145	-6%	94%
Total Public Health Programs Expenditures	**$ 11,699,464**	$ 12,466,379	$ 766,915	$ 18,639,166	-6%	94%
Total Rev. over Exp. Public Health	**$ 988,447**	$ 273,583	$ 714,864	$ 1		
Healthy Babies Healthy Children (Fiscal)						
Provincial Grants and Recoveries	**$ 445,011**	445,005	(6)	1,068,011	0%	100%
Expenditures	**466,366**	446,288	20,078	1,068,011	4%	104%
Excess of Rev. over Exp.	**(21,355)**	(1,283)	(20,072)	0		
Public Health Programs (Fiscal)						
Provincial Grants and Recoveries	**$ 1,267,996**	1,271,222	3,226	2,176,700	0%	100%
Expenditures	**414,498**	590,536	(176,038)	2,176,700	-30%	70%
Excess of Rev. over Fiscal Funded	**853,498**	680,686	172,812	-		
Community Health Programs (Non Public Health)						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	**$ -**	$ -	$ -	$ -		
Municipal, Federal, and Other Funding	**0**	0	-	0	#DIV/0!	#DIV/0!
Total Community Health Revenue	**$ -**	$ -	$ -	$ -	#DIV/0!	#DIV/0!
Expenditures						
Child Benefits Ontario Works	**0**	-	-	-	#DIV/0!	#DIV/0!
Algoma CADAP programs	**0**	0	-	-	#DIV/0!	#DIV/0!
Total Calendar Community Health Programs	**$ -**	$ -	$ -	$ -	#DIV/0!	#DIV/0!
Total Rev. over Exp. Calendar Community Health	**$ -**	$ -	$ -	$ -		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	**$ 124,823**	$ 92,564	$ 32,259	$ 320,308	35%	135%
Municipal, Federal, and Other Funding	**85,836**	47,684	38,152	114,447	80%	180%
Other Bill for Service Programs	**0**	0	-	-	#DIV/0!	#DIV/0!
Total Community Health Revenue	**$ 210,659**	$ 140,248	$ 70,411	$ 434,755	50%	150%
Expenditures						
Brighter Futures for Children	**33,091**	47,686	14,596	114,447	-31%	69%
Infant Development	**23,481**	0	(23,481)	0	#DIV/0!	#DIV/0!
Preschool Speech and Languages	**3,913**	53,655	49,742	58,155	-93%	7%
Nurse Practitioner	**67,092**	68,730	1,638	162,153	-2%	98%
Stay on Your Feet	**28,188**	41,667	13,479	100,000	-32%	68%
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!
Total Fiscal Community Health Programs	**$ 188,022**	$ 211,738	$ 23,716	$ 434,755	-11%	89%
Total Rev. over Exp. Fiscal Community Health	**$ 22,637**	$ (71,491)	$ 94,127	$ (0)		

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

Algoma Public Health

Revenue Statement

For Eight Months Ending August 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
Total Levies	**3,141,912**	**3,141,912**	**0**	**4,189,216**	**0%**	**75%**	**2,856,285**	**2,856,285**	**0**
MOH Public Health Funding	5,841,695	5,841,692	3	8,773,425	0%	67%	5,805,408	5,805,408	0
MOH Funding Needle Exchange	0	0	0	0	0%	0%	0	0	0
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	0	0	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	0	0	0
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	0	0	0
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	0	0	0
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	0	0	0
MOH Funding Infection Control	0	0	0	0	0%	0%	0	0	0
MOH Funding Diabetes	0	0	0	0	0%	0%	0	0	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	0	0	0
MOH Funding Harm Reduction	0	0	0	0	0%	0%	0	0	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	0	0	0
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	0	0	0
Total Public Health Cost Shared Funding	**5,841,695**	**5,841,692**	**3**	**8,773,425**	**0%**	**67%**	**5,805,408**	**5,805,408**	**0**
MOH Funding - MOH / AMOH Top Up	121,055	126,200	(5,145)	189,300	-4%	64%	147,913	101,390	46,523
MOH Funding Northern Ontario Fruits & Veg.	78,270	78,267	3	117,400	0%	67%	78,270	78,267	3
MOH Funding Unorganized	353,600	353,600	0	530,400	0%	67%	353,600	353,600	0
MOH Senior Dental	696,515	727,628	(31,113)	1,114,150	-4%	63%	465,265	465,267	(2)
MOH Funding Indigenous Communities	65,330	65,333	(3)	98,000	0%	67%	65,330	65,328	2
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/0!	0%			0
OTF COVID-19 Extraordinary Costs	1,466,646	1,473,600	(6,954)	2,210,400	0%	66%	2,054,400	2,054,400	0
Total Public Health 100% Prov. Funded	**2,781,416**	**2,824,628**	**(43,212)**	**4,259,650**	**-2%**	**65%**	**3,164,778**	**3,118,251**	**46,527**
Total Public Health Mitigation Funding	**674,571**	**691,864**	**(17,293)**	**1,037,800**	**-2%**	**65%**	**691,870**	**691,872**	**(2)**
Recoveries from Programs	(27,803)	24,117	(51,920)	11,625	-215%	-239%	24,539	24,170	369
Program Fees	40,049	34,419	5,630	50,000	16%	80%	79,640	84,618	(4,978)
Land Control Fees	182,195	130,000	52,195	183,000	40%	100%	187,565	95,000	92,565
Program Fees Immunization	13,337	33,328	(19,991)	50,000	-60%	27%	3,167	33,328	(30,161)
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	28,539	13,336	15,203	20,000	114%	143%	8,770	13,200	(4,430)
Other Revenues	12,000	4,667	7,333	24,450	157%	49%	0	10,000	(10,000)
Total Fees and Recoveries	**248,317**	**239,866**	**8,451**	**379,075**	**4%**	**66%**	**303,681**	**260,316**	**43,365**
Total Public Health Revenue Annual	**12,687,911**	**12,739,962**	**(52,051)**	**18,639,166**	**0%**	**68%**	**12,822,022**	**12,732,133**	**89,892**
Public Health Fiscal April 2022 - March 2023									
Needle Exchange Supplies	13,127	13,125	2	31,500	0%	42%			
Infection Prevention and Control Hub	806,144	808,333	(2,189)	1,240,000	0%	65%			
Practicum	12,500	12,500	0	30,000	0%	42%			
School Nurses Initiative	289,340	290,389	(1,049)	522,700	0%	55%			
Fire System Upgrade	36,632	36,625	7	87,900	0%	42%			
Smoke Free Ontario Tablets	4,918	4,917	1	11,800	0%	42%			
Temporary Retention Incentive for Nurses	79,880	79,875	5	191,700	0%	42%			
Upgrade Network Switches	25,455	25,458	(3)	61,100	0%	42%			
Total Provincial Grants Fiscal	**1,267,996**	**1,271,222**	**(3,226)**	**2,176,700**	**0%**	**58%**	**0**	**0**	**0**

Algoma Public Health

Expense Statement- Public Health

For Eight Months Ending August 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	6,891,052	7,474,356	583,304	11,220,407	-8%	61%	$ 6,847,770	$ 6,960,663	$ 112,893
Benefits	1,674,465	1,746,380	71,915	2,621,584	-4%	64%	1,678,282	1,590,246	(88,036)
Travel	84,324	125,803	41,479	188,705	-33%	45%	95,094	115,273	20,178
Program	687,891	865,488	177,597	1,320,941	-21%	52%	970,331	798,039	(172,292)
Office	32,717	44,933	12,216	67,400	-27%	49%	39,288	38,027	(1,261)
Computer Services	572,022	568,276	(3,746)	852,416	1%	67%	559,702	632,284	72,582
Telecommunications	228,131	218,352	(9,779)	327,528	4%	70%	254,829	247,467	(7,362)
Program Promotion	30,455	56,621	26,166	84,932	-46%	36%	48,348	55,182	6,834
Professional Development	21,453	57,428	35,974	86,141	-63%	25%	16,493	50,333	33,840
Facilities Expenses	864,253	737,594	(126,659)	1,106,391	17%	78%	857,803	697,577	(160,226)
Fees & Insurance	314,505	284,200	(30,305)	332,300	11%	95%	267,047	245,200	(21,847)
Debt Management	304,947	304,947	0	457,421	0%	67%	308,091	307,267	(824)
Recoveries	(6,750)	(18,000)	(11,250)	(27,000)	-63%	25%	(72,613)	(66,306)	6,307
	$ 11,699,465	$ 12,466,378	$ 766,913	$ 18,639,166	**-6%**	**63%**	$ 11,870,464	$ 11,671,251	$ (199,213)

Notes to Financial Statements – August 2022

Reporting Period

The August 2022 financial reports include eight months of financial results for Public Health. All other non-funded public health programs are reporting five 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 August 31, 2022, Public Health calendar programs are reporting a $714K positive variance driven by a $767K positive variance in expenditures and a $52K negative variance in revenues.

Public Health Revenue (see page 2)

Overall, our Public Health revenues are on budget for 2022 (within less than 1% of budget year to date). YTD we have received funding payments totaling $1.5M 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 $655K positive variance associated with Salary, Wages & Benefits driven by ongoing position vacancies. Recruitment efforts are ongoing.

Travel
There is a $41K positive variance associated with Travel expenses. This is a result of APH employees working virtually as opposed to travelling throughout the district or attending meetings outside of the district for the greater part of the current calendar year. We are starting to see this gap close as staff begin travelling throughout the district again to support regular program work.

Programs
There is a $177K positive variance associated with Programs. This is largely driven by our continued focus on COVID 19 programs and recovery planning for the majority of the calendar year thus far, 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.

Office
There is a $12K positive variance associated with Office expenses. This is driven by the majority of our staff working from home thus far in 2022. As of September 2022, all APH leadership are required to work in office full time, with front line staff being required to be in office at least 50% of the time.

Program Promotion
There is a $26K positive variance associated with Program Promotion as reduced spend on media and promotion has been realized while we work through our COVID Recovery plan and work to develop plans to get our regular mandatory programming back to normal operational levels.

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. Professional development will be a focus for 2023 as we work to re-build our workforce centered on recovery of mandatory public health programs.

Facilities Expense
There is a $127K negative variance associated with facilities expenses which is driven by increased security and janitorial requirements associated with COVID 19 response and increasing utility costs year to date. Needs for increased security and janitorial continues to be regularly assessed as we enter into the recovery phase of the COVID 19 pandemic and, for the most part, have returned to pre-pandemic levels. Also noteable 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. August YTD expenses were $1,818K (versus $3,154K this time last year). 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. August YTD expenses were $879K (versus $2,661K this time last year).

Financial Position - Balance Sheet (see page 7)

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

Date: As of August 2022	August 2022	December 2021
Assets		
Current		
Cash & Investments	$ 6,873,325	$ 5,968,595
Accounts Receivable	56,268	623,372
Receivable from Municipalities	33,726	35,481
Receivable from Province of Ontario		
Subtotal Current Assets	6,963,319	6,627,448
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,106,369	1,837,339
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
Subtotal Current Liabilities	8,778,757	10,720,863
Net Debt	(1,815,438)	(4,093,415)
Non-Financial Assets:		
Building	22,934,750	22,934,750
Furniture & Fixtures	2,026,666	2,026,666
Leasehold Improvements	1,583,166	1,583,166
IT	3,252,107	3,252,107
Automobile	40,113	40,113
Accumulated Depreciation	-11,879,577	-11,879,577
Subtotal Non-Financial Assets	17,957,225	17,957,225
Accumulated Surplus	16,141,787	13,863,810

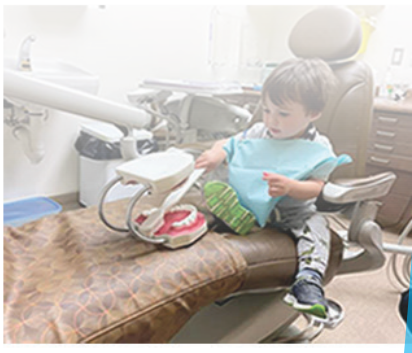
Algoma
PUBLIC HEALTH
Santé publique Algoma

October 12, 2022
For Decision

2023
Recommended Capital and Operating Budget Report

To: Finance and Audit Committee of the Board of Health for the District of Algoma Health Unit

From: Dr. John Tuinema, Acting Medical Officer of Health & Chief Executive Officer



Contents

Issue

Approval is being sought for the recommended 2023 Capital & Operating Budget for Algoma Public Health (APH). The draft budget was developed by the Executive Team and is recommended by the Acting Medical Officer of Health. It is to be reviewed at the October 12, 2022 meeting of the Board of Health Finance & Audit Committee.

Recommended Action

THAT the Finance & Audit Committee of the Board of Health for the District of Algoma Health Unit approve the 2023 Capital & Operating Budget for Algoma Public Health in the amount of $17,740,689.

Alignment to the Ontario Public Health Standards (2021)[1]

- As part of the *Organizational Requirements: Fiduciary Requirements Domain*, boards of health are accountable for using Ministry of Health (Ministry) funding efficiently and for its intended purpose, and ensuring that resources are used efficiently and in line with local and provincial requirements.
- As part of the *Organizational Requirements: Good Governance and Management Practices Domain*, the board of health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.
- As part of the *Foundational Standard: Emergency Management*, the board of health shall effectively prepare for emergencies to ensure timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts.
- The board of health shall ensure that administration implements appropriate financial management by ensuring that expenditure forecasts are as accurate as possible.
- To support municipal budget planning, APH attempts to advise contributing municipalities of their respective levies as early as possible.

1. Budget Summary

As context, the 2022 approved budget was $19,627,191 .This included $3.4M in anticipated one-time COVID-19 extraordinary costs, based on the province's commitment to reimburse APH for further extraordinary COVID-19 expenses that could not be recovered by mandatory programs. As of June 30th, 2022, it was forecasted that anticipated needs for COVID-19 extraordinary costs were $2.9M versus the original ask of $3.4M.

The **recommended 2023 budget for public health programs and services is $17,740,689**. This represents a decrease of $898,477 from the 2022-forecast budget.

The recommended budget is driven by a significant decrease in anticipated requirements in both COVID-19 Response and Immunization programs, as public health routinizes this work into mandatory program delivery. The recommendation for 2023 includes an ask of $1.1M from the Ministry to fund anticipated COVID-19 extraordinary costs that are not expected to be recovered via mandatory programs.

The Executive Team has worked diligently in the current dynamic fiscal environment to balance pressures and ensure the maintenance and restoration of quality public health programs, as aligned with agency values of excellence, respect, accountability and transparency, and collaboration.[2]

[1] Ministry of Health. (2021). Ontario public health standards: Requirements for programs, services and accountability: Protecting and promoting the health of Ontarians. Retrieved from https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/
[2] Algoma Public Health. (n.d.). About us. Retrieved from https://www.algomapublichealth.com/

The recommended budget is the minimum required to maintain COVID-19 response and immunization programming, as is expected by the Ministry, and begin the process of restoring public health programs and services as mandated by the *Ontario Public Health Standards* (OPHS).[1] The breakdown of the recommended 2023 operating budget of $17,740,689 is provided in **Table 1.0**.

As a comparison of pre-pandemic (2019) to pandemic period budgets (2020, 2021, 2022 budget and forecast), a Budget Analysis is also provided in **Table 1.0.** Comparisons can made between the recommended 2023 budget ($17,740,689) and the 2022-forecast budget ($18,639,166). The 2022-forecast budget presented is conservatively based on current funding allocations confirmed by the province.

As evident in **Table 1.0**, and as a result of the province's transition to the cost-sharing funding model of 70% provincially funded and 30% municipal funded for all programs except those 100% provincially funded for 2023, APH's budget recommendation is built assuming there will be no increase to the total municipal levy rate applied as a district.

The following sections provide details on key 2023 budget factors.

Table 1.0: Budget Analysis, 2019 – Recommended 2023

Revenues Summary	2019 Actual	2020 Actual	2021 Actual	2022 Budget	2022 Forecast	2023 Budget	% Change 2023 Budget vs 2022 Budget	% Change 2023 Budget vs 2022 Forcast
Province Portion of Jointly Funded Programs	$ 7,523,200	$ 8,703,177	$ 8,712,804	$ 8,708,100	$ 8,773,425	$ 8,795,200	1.0%	0.2%
100% Provincially Funded Programs	$ 3,405,823	$ 2,027,810	$ 5,258,846	$ 5,313,000	$ 4,259,650	$ 3,266,089	-38.5%	-23.3%
Province Mitigation Fund	$ -	$ 1,037,800	$ 1,037,800	$ 1,037,800	$ 1,037,800	$ 1,037,800	0.0%	0.0%
Municipal Levies	$ 3,519,703	$ 3,559,232	$ 3,808,378	$ 4,189,216	$ 4,189,216	$ 4,189,216	0.0%	0.0%
Other Recoveries and Fees	$ 688,282	$ 503,127	$ 455,882	$ 379,075	$ 379,075	$ 452,384	19.3%	19.3%
Total	**$ 15,137,008**	**$ 15,831,146**	**$ 19,273,710**	**$ 19,627,191**	**$ 18,639,166**	**$ 17,740,689**	-9.6%	-4.8%
Expenses:								
Salaries and Wages	$ 8,838,252	$ 9,523,270	$ 10,856,463	$ 11,958,949	$ 11,220,407	$ 10,699,084	-10.5%	-4.6%
Benefits	$ 2,148,254	$ 2,225,203	$ 2,098,164	$ 2,769,515	$ 2,621,584	$ 2,512,002	-9.3%	-4.2%
Travel	$ 214,809	$ 103,453	$ 143,484	$ 204,798	$ 188,705	$ 158,800	-22.5%	-15.8%
Program	$ 624,709	$ 642,120	$ 1,468,959	$ 1,277,209	$ 1,320,941	$ 1,237,163	-3.1%	-6.3%
Equipment	$ 75,417	$ 89,026	$ 103,245	$ 20,000	$ 20,000	$ 20,000	0.0%	0.0%
Office	$ 84,585	$ 46,451	$ 68,291	$ 67,400	$ 67,400	$ 82,400	22.3%	22.3%
Computer Services	$ 768,076	$ 750,708	$ 716,738	$ 846,600	$ 832,416	$ 875,895	3.5%	5.2%
Telecommunications	$ 260,123	$ 290,550	$ 365,098	$ 340,000	$ 327,528	$ 265,000	-22.1%	-19.1%
Program Promotion	$ 145,489	$ 55,557	$ 124,343	$ 183,541	$ 171,073	$ 125,424	-31.7%	-26.7%
Facilities Leases	$ 172,465	$ 162,414	$ 166,901	$ 160,000	$ 160,000	$ 194,000	21.3%	21.3%
Building Maintenance	$ 864,553	$ 711,183	$ 1,173,229	$ 1,036,458	$ 946,391	$ 730,000	-29.6%	-22.9%
Fees & Insurance	$ 238,689	$ 251,994	$ 311,961	$ 332,300	$ 332,300	$ 383,500	15.4%	15.4%
Expense Recoveries	$ (109,670)	$ (135,109)	$ (82,613)	$ (27,000)	$ (27,000)	$ -	-100.0%	-100.0%
Debt Management (I & P)	$ 460,900	$ 460,900	$ 460,900	$ 457,421	$ 457,421	$ 457,421	0.0%	0.0%
Total	**$ 14,786,651**	**$ 15,177,719**	**$ 17,975,163**	**$ 19,627,191**	**$ 18,639,166**	**$ 17,740,689**	-9.6%	-4.8%
Surplus/(Deficit)	**$ 350,357**	**$ 653,426**	**$ 1,298,547**	**$ 0**	**$ 0**	**$ 0**		

2. 2023 Budget Background

To provide context for the recommended 2023 budget and retention of the same total municipal levy rate applied to the district of Algoma Health Unit in 2022, despite a forecasted surplus for 2022, a background is being shared to demonstrate the:

- **Status of local public health** in the emergency management framework and COVID-19 response;
- **Work ahead to recover from the pandemic,** including revitalizing the workforce, routinizing COVID-19 response and immunization, addressing the backlog and restoring public health programs, and rebuilding local public health in 2023 and beyond; and
- **Costs of response and recovery,** including financial expenses acquired from COVID-19 response and immunization programs, those projected for recovery, and those associated with longstanding challenges in recruitment and retention.

The work in COVID-19 response and recovery, and cost, collectively demonstrate the value of public health services and programs to Algoma residents and municipalities in helping to continue achieve pandemic goals and population health and wellbeing.

This summary reinforces the minimum financial requirements needed to sustain and routinize COVID-19 response and immunization programming, alongside the initiation of pandemic recovery to revitalize the public health workforce, restore mandatory programs and services, and rebuild local public health.

2.1 Status of Local Public Health in Pandemic Response

Emergency management occurs through five interdependent, risk-based functions, including: prevention, mitigation, preparedness, response, and recovery.[3] The COVID-19 pandemic response has been situated within the emergency management framework, and due to its persistence, has required local public health to perform multiple functions at the same time through 2022, including primarily **response** and **recovery**. The simultaneous response and recovery efforts create significant novel challenges.

2.1.1 Shift in our COVID-19 Response Strategy

In April 2020, the Ministry directed boards of health to take all necessary measures to respond to COVID-19 in their catchment areas while continuing to maintain critical public health programs and services as identified in pandemic plans.

Since activation in March 2020, APH has continued to operate within an Incident Management System structure to respond to the COVID-19 pandemic.

Throughout 2022, the work of APH has continued to focus on the two pandemic goals:

- Minimize serious illness and death, and
- Minimize societal disruption (and preserve health care services).

However, the activities of our response shifted from 2021 to 2022, as the severity of COVID-19 changed with the Omicron variant (as opposed to the more severe Delta variant) and novel technologies such as COVID-19 vaccines and treatments helped significantly reduce the burden of hospitalization and death.

As presented in detail in the *2022 Recommended Operating & Capital Budget* report[4], efforts in COVID-19 response in 2020 and 2021 focused on **containment** – preventing transmission of the virus[5] in the community through large scale testing, thorough case and contact management, quarantine

[3] Ministry of the Solicitor General. (2021). Emergency management framework for Ontario. https://files.ontario.ca/books/solgen-emo-emergency-management-framework-2021-en-2021-12-30.pdf
[4] Algoma Public Health. (2021). 2022 Recommended public health operating & capital budget report. Retrieved from https://www.algomapublichealth.com/media/4972/meeting-book-november-24-2021-board-of-health-meeting-website.pdf
[5] Walensky, R. P & del Rio, C. (2020). From mitigation to containment of the COVID-19 pandemic: Putting the SARS-CoV-2 genie back in the bottle. *JAMA*, *323*(10), 1889-1890. https://doi.org/10.1001/jama.2020.6572

requirements, risk communication, broad pandemic measures, comprehensive health promotion, and enforcement related to the *Reopening Ontario Act*[6]. Containment was a necessity to keep us safe and gain time to develop COVID-19 vaccines. Once Health Canada approved vaccines arrived, efforts began immediately to administer them at rapid pace across Algoma to provide protection against COVID-19. APH teams worked with community partners to take preventive measures against COVID-19 in municipal offices and facilities, long-term care and retirement homes, health facilities, congregate settings, schools and day cares, and a variety of other workplaces.

Teams not directly involved in COVID-19 response ensured the **maintenance of high-risk programming**, as outlined by APH's Continuity of Operations Plan (COOP), which gave highest priority to programs that worked to decrease health inequities for those most affected by COVID-19 (e.g. needle exchange program, tobacco cessation services, sexual health information line, 48-hour blended model home visits for new parents, etc. continued at reduced capacity).

In late 2021, the approach to COVID-19 response shifted from containment to **mitigation** – a less invasive approach implemented out of necessity when the virus outpaced our ability to contain it,[5] and there was a need to focus efforts to reduce the risk of COVID-19 in highest risk settings and among those most vulnerable (e.g. long term care, retirement homes, elder lodges, hospitals, etc.).

With this shift to a mitigation approach, testing, case management, and facility management efforts focused in on highest risk settings and groups, as opposed to the broader public. In addition, provincial guidance changed. This included, for example, the removal of vaccination requirements in public settings, removal of mandatory masking in public settings, revoking of regulations and orders under the *Reopening Ontario Act*[6], and adjustment of sector-specific guidance based on dominant presence of the Omicron variant.

However, basic public health measures, infection prevention and control (IPAC), and risk communication have continued to encourage actions that reduce transmission in the community, workplaces, schools, and high risk settings (i.e. staying home when sick, masking, hand hygiene, etc.).

The above was done in tandem with the expansions of the COVID-19 vaccine rollout. In 2022, vaccination focused on newly eligible groups (i.e. children under 5 years) for primary series administration, and booster doses for eligible groups to combat waning immunity over time. Uptake for boosters up until September 2022 had been less than a primary series, changing the pace of vaccine administration from 2021, despite signs of increasing uptake in early October 2022 as the bivalent booster was approved.

Despite these changes in approach, it is evident that the pandemic response continues to involve a level of case management, outbreak management in high risk settings, immunization for new eligible groups, and knowledge translation for the general public, partners, and vulnerable populations.

The pandemic and related response and immunizations work have certainly not ended and uncertainty remains, as is reflected in the snapshot of 2022 efforts below and recommended 2023 budget.

2.1.2 Snapshot of Response and Immunization Efforts in 2022

APH's efforts in COVID-19 response and immunization and maintenance of high-risk programming, with the support of community partners and residents of Algoma, continued to achieve pandemic goals and benefit community health and safety throughout 2022.

For perspective on response work:

- From January to September 24, 2022, there were **7464 positive high-risk cases of COVID-19** in Algoma, with APH conducting limited case management for those associated with highest risk settings, and reporting for surveillance among general community cases. No contact management has been conducted in 2022.

  As a comparison, 79 cases were followed in 2020 with thorough case and contact management, and 2164 cases were followed in 2021 with thorough case and contact management until changes in

[6] Government of Ontario. (2020). Reopening Ontario (a flexible response to COVID-19) act, 2020, S.O. 2020, c. 17. Retrieved from https://www.ontario.ca/laws/statute/20r17

December 2021 that shifted testing and case management to highest risk groups. [7,8]

- From January 2020 to September 24, 2022, there have been **98 outbreaks** within long-term care homes, retirement homes, hospitals and congregate living settings, where APH conducted outbreak management and provided guidance.[7,8]

Within the context of the vaccine rollout, local public health has continued to lead the coordination of the vaccine rollout in Algoma by working with partners, planning, managing operations, and facilitating vaccine communication.

As a snapshot of COVID-19 vaccination efforts from January to September 30, 2022[9,10]:

- **60,280 doses of COVID-19 vaccine were administered** to Algoma residents (including all doses) across all channels, regardless of residence, of which APH has either hosted, coordinated, administered vaccine, supplied vaccine, or supported in some capacity.
- 280 vaccine clinics occurred through GFL mass immunization clinics, district mass immunization clinics, and pop-up clinics in Algoma. Pop-up clinics were strategically set-up in Algoma areas to enhance access to vaccine by populations with lower vaccine uptake or facing health inequities.
- 2,774 first doses, 5,751 second doses, 27,766 third doses, and 22,756 fourth doses were administered to Algoma residents across all vaccine channels.

Overall, response and immunization efforts with municipalities, health sector partners, community organizations, Indigenous community partners, and Algoma residents have ensured our pandemic response goal continued to be met in 2022.

Serious illness and death from COVID-19 remained limited in Algoma. From January 15, 2020 to September 24, 2022, Algoma's COVID-19-related hospitalizations and deaths were as follows[11]:

- Cumulative rates of COVID-19 hospitalizations (for or with COVID-19) were 346.2 hospitalizations per 100,000 population for Algoma, as compared to 379.3 hospitalizations per 100,000 population for Ontario.
- Cumulative rates of COVID-19-related deaths were 67.9 deaths per 100,000 population for Algoma, as compared to 97.3 deaths per 100,000 population for Ontario.

To continue achieving pandemic goals, work in COVID-19 response and immunization will remain throughout 2023. Uncertainties around persistent transmission of COVID-19 in the community, potential for new variants of concern and the need to revert to a resource-intensive containment strategy remains, new COVID-19 vaccines to be approved by Health Canada (e.g. Bivalent booster doses), and new groups to become eligible for booster doses will influence ongoing work related to COVID-19.

2.2 Start to COVID-19 Pandemic Recovery

Recovery planning efforts were paused in October 2021 to sustain COVID-19 response, immunization, and high-risk programming amid a surge in the Delta variant. However, changes to provincial guidance in late 2021 and the shift to a mitigation strategy redistributed the work of local public health and allowed for the deployment of almost all public health staff back to home programs in spring of 2022. As of September 2022, few staff remain reassigned to support highest risk case and outbreak management.

With most staff returned to home programs, our focus was redirected to COVID-19 recovery planning.

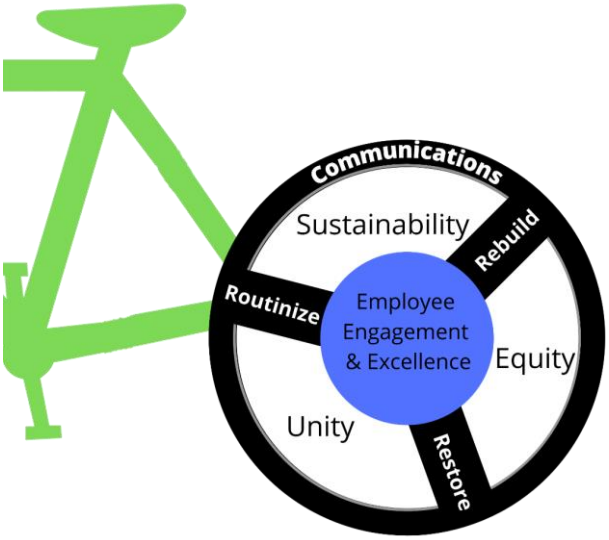
The goal of recovery planning at APH is to effectively recover from the COVID-19 pandemic using a collaborative, evidence-informed approach founded in principles of equity, sustainability, and unity.

APH's Pandemic Recovery Framework (**Figure 1.0**) was developed to provide four directions, aligned

[7] Public Health Ontario. (2022). Ontario COVID-19 data tool. Retrieved from https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=overview
[8] Note that changes to guidance in December 2021 limited testing and case management to highest risk groups and facilities, resulting in an underrepresentation of COVID-19 in the broader community within case counts. Data cleaning initiatives with the Ministry have also occurred, resulting in a change in counts of cases and outbreaks that met definition.
[9] Algoma Public Health. (2022). Data by COVID-19 vaccine event. *Internal summary*. Extracted: [Sep/29/2022]. Note: Clinics include vaccine events where 10+ doses were administered.
[10] Ontario Ministry of Health and Long-Term Care. (2022). COVaxON. Date Extracted: [Sep/29/2022]
[11] Public Health Ontario. (2022). Ontario COVID-19 data tool. Retrieved from https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=overview

with APH's strategic plan, to guide recovery planning and the work of public health in 2023 and beyond.

Figure 1.0: Algoma Public Health's Pandemic Recovery Framework



To effectively recovery from the pandemic, there is need to:

- **Revitalize** the public health workforce through employee engagement and excellence, focusing on employees' lived experience, lessons learned, employee wellness (including mental health), and organizational capacity development;
- **Routinize** COVID-19 work for sustainable prevention, mitigation, preparedness, and response to COVID-19;
- **Restore** mandatory public health programs and services to pre-pandemic levels, considering lessons learned from COVID-19, alignment with OPHS[1], and post-pandemic public health priorities in Algoma; and
- **Rebuild** and strengthen public health, with a focus on strategic advocacy, policy, and evidence to engage in change at local, provincial, and federal levels.

Recovery, as a public health agency and community, will be complicated and unpredictable given the potential for COVID-19 transmission to continue beyond 2022 and new emergencies to arise. To demonstrate the work to come in recovery and required resourcing, the following section outlines some of the necessary steps for public health, which will require collaboration with partners and the public.

2.2.1 Revitalizing the Public Health Workforce

The COVID-19 pandemic has placed unprecedented pressure on the public health system[12], as was highlighted in the *2022 Recommended Operating & Capital Budget* report[4] that detailed the volume work and dedication by APH employees as part of COVID-19 response, immunization, and the delivery of highest priority programs.

As a result of this pressure from 2020 to present, the pandemic has had a negative impact on the mental health and wellness of the healthcare and public health workforce.[12]

Adequate supports are critical to protecting and improving the public health workforce's health and resilience, and organization-level strategies are considered beneficial for supporting staff mental health.[12]

At the core of APH's recovery framework is revitalizing the public health workforce through employee engagement and excellence. This includes focusing on employees' lived experience, lessons learned,

[12] Public Health Ontario. (2021). COVID-19 – strategies adaptable form healthcare to public health settings to support the mental health and resilience of the workforce during the COVID-19 pandemic recovery. Retrieved from https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/08/covid-19-public-health-workforce-recovery.pdf?sc_lang=en

employee wellness (including mental health), and organizational capacity development.

Employee engagement and excellence has been the focus of initial recovery efforts in 2022, and will continue alongside response for the remainder of the year.

Engagement and Wellness

As a start to this process, APH initiated two programs that will continue throughout 2023 and require resourcing to support the sustained implementation of recommendations. With the support of the Board of Health, APH has contracted support from Cense Ltd. and Phelps Group for the development of:

- **A workforce wellness and workplace development strategy,** to provide opportunities for staff to reflect and learn from experiences, support growth, support health and personal care, inform innovation, and identify opportunities ahead of future threats and challenges, with a focus on actionable lessons, healing and organizational development.
- **A leadership development program,** to better understand the strengths, challenges, and needs of leadership, which will underpin recommendations and planning for enhancing cohesion and consistency in practice. For leaders to mentor, inspire, and engage, there is a need to be well, form relationships, and have a baseline understanding of strategic directions and management practices.

Capacity Development

In addition to wellness and engagement, due to the long-term redeployment of public health employees to COVID-19 response and immunization, some for nearly two full years, there is need to support opportunities for internal training, professional development, and knowledge sharing to effectively return to routine public health work. Thus, part of workforce revitalization includes promoting and supporting excellence, through the refreshing of knowledge and skills and opportunities to catch up on evidence and resources related to core work, to support best practice and effective program and service delivery.

As a start, employees will complete OnCore training to refresh core skills for public health practice, while agency- and program-specific opportunities for professional education are being reviewed and/or planned (e.g. Internal National Day for Truth and Reconciliation session; Rainbow Health LGBTQ2S+ training; Education Program for Immunization Competencies; Incident Management System 200 and 300, etc.). In addition, employees are beginning to re-engage in virtual and in-person conferences and webinars for knowledge exchange in public health, to resituate themselves in core work and understand the changing landscape of population health post-pandemic.

Return to In-Office Work

Finally, one of the most recent steps has included the implementation of our return to the workplace program, where as of September 26th, all employees are working in-office at least 50% of their time. This shift from primarily remote work for most staff has required time and logistics support to adjust workspaces across all public health programs to align with current team structure and needs.

Recovering and revitalizing our workforce will evidently require dedicated time and resources within public health programs and across the agency, which will have to be balanced with requirements for continued COVID-19 response and restoring public health programs.

2.2.2 Routinizing COVID-19 Response and Immunization

COVID-19 has not and will not go away indefinitely, but instead become a disease of public health significance that will require ongoing attention by public health. Therefore, public health will need to routinize COVID-19 related guidance, programs, and services into existing work mandated by the OPHS.[1]

Response

For response, this means that there will be ongoing need for COVID-19 activities within existing functions, primarily of the Infectious Diseases and Environmental Health programs. This includes continued high-risk case and facility outbreak management led by APH, and IPAC support for facilities.

The Algoma IPAC hub is currently focused on enhancing IPAC practices in community-based congregate living settings through education, guidance and direct support on IPAC prevention and response.[13,14] However, this initiative is one-time funded until March 2023, and requires advocacy for provincial integration into public health base funding to sustain and advance efforts in IPAC in Algoma.

The routinization of COVID-19 response will also require continued surge planning, to provide APH with operational contingency guidance for two scenarios, including:

- Where APH can maintain routine COVID-19 operations in the context of Omicron or similar variants with minimal disruption to other programs; and
- Where APH is required to mobilize and revert to a containment strategy in the context of emerging variants of concern or changing provincial guidance.

Planning is underway to ensure preparedness for both scenarios, and continued communication and collaboration will be required for emergency preparedness and response with community partners within and outside of the health sector.

Immunization

Similar to COVID-19 response, there will be need to integrate COVID-19 immunization into the Immunization Program. Routinization of this work will need to be balanced with the delivery of school-based immunizations, publically funded and travel vaccines, routine immunizations, and the Universal Influenza Immunization program, as well as program logistics (i.e. fridge inspections, investigation of adverse events following immunization, etc.) and health promotion efforts to boost vaccine confidence.

For perspective on continued demand for COVID-19 vaccines, a fall planning template from the Ministry[15] projected that Algoma could see an estimated demand of 51,739 doses of COVID-19 vaccine among eligible persons from September to December 2022 in a baseline scenario, alongside 8,513 doses of influenza vaccine.

The routinization of COVID-19 vaccines will require surge planning as well to quickly ramp up COVID-19 vaccine capacity in light of several factors (e.g. a new variant of concern, greater need to administer bivalent vaccine, etc.). In addition, there will be a need to further establish community partnerships (i.e. primary care, hospitals, paramedics, pharmacies, etc.) to support ongoing administration of COVID-19 vaccines in the community, similar to delivery of the Universal Influenza Immunization Program. Discussion with community partners also continue, to identify opportunities for collaborative community vaccination, an approach for rapidly expanding capacity for vaccine administration in Algoma.

Overall, routinization will allow for continued efforts in prevention, mitigation, preparedness, and response to COVID-19, as well as immunization, however, requires dedicated resources to conduct these functions **in addition to** routine work.

At this time, mandatory program cannot support the costs associated with COVID-19 related activities, and all activities are being charged to one-time COVID-19 extraordinary costs. Although one-time funding has been appreciated to support response and immunization, there is need to advocate to the province to increase base funding for public health units to routinize COVID-19 for the long-term.

2.2.3 Restoring Public Health Programs

The pandemic has had impacts to population health and public health service delivery, as a result of the province-wide prioritization and deployment of program staff to COVID-19 response and immunization efforts. This prioritization of response and highest risk core programming, and subsequent suspension of non-highest risk programs, has led to a **service backlog and population health outcomes** requiring health system attention, as outlined in detail in the *2022 Capital & Operating Budget* report[4] (e.g. backlogs in smoking cessation, inspections, oral health preventative clinics, routine immunizations, sexual health promotion, mental health promotion, local opioid surveillance, etc.).

Across Ontario's 34 local public health units, self-reported completion of OPHS in the context of the

[13] Algoma Public Health. (2022). Algoma IPAC hub. Retrieved from https://www.algomapublichealth.com/disease-and-illness/infection-prevention-and-control-hub/
[14] Ministry of Health. (2020). Infection prevention and control hubs. Retrieved from https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_guidance_ipac.pdf
[15] Ministry of Health. (2022). Ontario 2022 fall implementation planning template (Algoma). *Internal document*.

COVID-19 pandemic indicated that across nearly all standards, **less than 50% of pre-pandemic routine work was conducted**, aside from in emergency management and infectious and communicable disease prevention and control where COVID-19 response work and immunization fit.[16]

Many of the backlogs detailed in the *2022 Recommended Operating and Capital Budget report*[4] still remain due to setbacks from the Delta and Omicron variants, though program efforts have begun to address this necessary work.

As for population health outcomes, the pandemic has affected the community in significant ways, and the direct and indirect impacts to health and wellbeing will likely extend years into the future. There is growing concern over public health issues requiring attention to mitigate further population health risk.

In Algoma, some of these health implications are already being observed, such as[17,18]:

- Increase in vaccine preventable disease:
    - The rate of influenza cases in Algoma (51.9 per 100,000 people) as of October 5th, 2022 is approximately 4.7 times higher than the rate of cases in Ontario (11.1 per 100,000 people).
    - The rate of Hepatitis C infections in Algoma (29.9 per 100,000 people) for 2022, as of October 5th, 2022, is approximately 2.3 times higher than the rate of infections for Ontario (13.0 per 100,000 people in Ontario).
- Increase in sexually transmitted infections in Algoma:
    - The incidence rate of gonorrhoeal infections in 2022 (63.3 out of 100,000 people), as of October 5th, 2022, is 4 times higher when compared 2020 (15.7 per 100,000 people).
    - The incidence rate for infectious syphilis cases in Algoma in 2022 (7 per 100,000 people), as of October 5th, 2022, was 2.7 times higher when compared 2020 (2.6 per 100,000 people).
    - The incidence rate for early congenital syphilis cases in Algoma in 2022, as of October 5th, 2022, is 1.8 per 100,000 people. This compares to no cases for the last ten years (as of 2012) in Algoma. In Ontario, the incidence rate of early congenital syphilis was 0.1 per 100,000, as October 5th, 2022.
- Increase in mental health conditions and substance-related harms, such as opioid-related harms (e.g. increased rate of opioid-related deaths in Algoma from 45.6 per 100,000 people in 2020 to 52.9 per 100,000 people in 2021).

COVID-19 also magnified existing health inequities that will place additional demands on public health resources to address them in the future. [18]

To respond to this backlog and the many population health outcomes requiring attention, the third spoke of recovery includes the restoration of public health programs and services to pre-pandemic levels, considering lessons learned from COVID-19, post-pandemic priorities in Algoma, and the mandate of public health within the OPHS.[1]

Some of this work is already underway, as health promotion and protection divisions work to revive pre-pandemic services and programs, while balancing work to be done on the backlog. However, addressing the backlog with existing resources, limited by base funding for mandatory programs and existing position vacancies, is hindering the ability of most programs to efficiently and fully restore pre-pandemic functions.

As a high-level snapshot of current efforts to address the backlog and restore programs:

- The immunization team continues to prioritize the coordination and administration of COVID-19 vaccines, while capacity building within the team, preparing for influenza vaccine administration, and delivering routine vaccination clinics, which is causing delays in the ability to address the full backlog

[16] Association of Local Public Health Agencies. (2022).Public health resilience in Ontario: Executive summary. Retrieved from https://cdn.ymaws.com/www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/alPHa_PH_Resilience_Report_Exec_Sum_Jan2022.pdf
[17] Public Health Ontario. (2022, July 14). Query: Counts by disease and year. Toronto, ON: Ontario Agency for Health Protection and Promotion. Available from: http://www.publichealthontario.ca/en/DataAndAnalytics/Query/Pages/default.aspx
[18] Association of Local Public Health Agencies. (2022). Public health matters: A public health primer for 2022 election candidates. Retrieved from https://cdn.ymaws.com/www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/alPHa_Election_Primer_2022.pdf

in routine and school-based immunizations and needs for health promotion.

- The environmental health team continues COVID-19 outbreak management and IPAC support for highest risk settings, which along with long-standing program vacancies is delaying the completion of inspections that are backlogged and required.
- The infectious diseases team is continuing to conduct COVID-19 case management and provide IPAC support, and has ramped up case management for the increase in sexually transmitted infections reported in Algoma.
- The school health team is working to tackle the backlog of school-age immunization by facilitating school-based clinics and administration 3-4 days/week throughout the 2022-2023 school year, which is delaying the restoration and implementation of a comprehensive approach to school health required to address priorities such as youth vaping, mental health, etc.
- The healthy growth and development team is working to revisit community outreach and re-connect with partners, assessing readiness for collaboration, rebuilding areas that were paused such as preconception and prenatal health and healthy parenting, and working to build capacity to incorporate new priorities (i.e. COVID impacts on early years).
- The oral health team is working to resume oral health school screenings in October 2022 following a 2 year backlog, and looking to begin the Children's Oral Health Initiative with Garden River Wellness Centre, also after a two year absence.
- The community wellness team is prioritizing APH's local opioid response through harm reduction and the integration/amplification of personal narratives of people with lived experience, and the voices of families and friends, as well as working to reduce stigma and reinforce a focus on prevention in the community. The team is also doing catch-up on smoking cessation clinic wait lists, and work continues to re-integrate with municipal partners on healthy environments, healthy eating and active living, food security, and community safety and wellbeing.

With limited time for robust review of evidence and planning of new initiatives in summer 2022, while deployed staff reoriented to home programs, program standard implementation plans developed for 2020 were updated with consideration of current needs and priorities to form the basis of public health programming to be considered for implementation in 2023.

However, without (a) Ministry commitment to increase base funding and/or provide COVID-19 recovery funding to resource the added needs to recover the backlog and restore programs, (b) Ministry commitment and support for a Northern Ontario public health human resource strategy to address longstanding vacancies and challenges in recruitment in the north, and (c) a readiness by partners for resuming collaborative pre-pandemic work, public health will likely be unable to implement all proposed plans to fully meet the mandate set by the OPHS[1] in 2023.

2.2.4 Rebuilding Local Public Health

Rebuilding public health requires a focus on strategic policy and evidence to engage in change at local, provincial, and federal levels to improve ***health for all, together***, in Algoma.

Pandemic recovery offers an opportunity for public health to identify lessons learned and improve resilience against future emergencies at system-, community-, and individual-levels.[19] Community or population-level recovery is the focus of public health.

To rebuild, three leading actions include: implementing our strategic plan, updating the Algoma community health profile, and conducting evaluation to integrate lessons learned for the future.

Strategic Plan Implementation

In February 2020, the Board of Health approved APH's new strategic plan for 2021-2025. While the official launch was paused as a result of COVID-19 efforts, APH revisited the plan and re-presented it to

[19] Public Health Ontario. (2022). Disaster recovery frameworks: Common themes to inform COVID-19 recovery efforts. Retrieved from Disaster Recovery Frameworks: Common Themes to Inform COVID-19 Recovery Efforts (publichealthontario.ca)

the Board of Health in September 2022, and is in the early stages of launching and implementing the three strategic directions to:

- Advance the priority population health needs of Algoma's diverse communities, through population health assessment, knowledge exchange with partners, and working with priority populations.
- Improve the impact and effectiveness of public health programs, by aligning programs to priorities and the role of public health, using evidence and data to plan and evaluate programs, supporting integrated strategies for health, and engaging clients, partners, and communities.
- Grow and celebrate an organizational culture of learning, innovation, and continuous improvement, by investing in our people and developing capacity, engaging staff and partners in the role of public health, and recognizing the shared stories of our people and partners.

Revisiting the strategic plan provides a foundation for recovery and the rebuild of local public health. Actions within APH's recovery action plan, as highlighted in **Section 2.2**, are aligned to strategic directions, and as program plans evolve in 2023, they too will be further connected to the strategic plan.

Identification of Public Health Priorities

A step in population recovery includes conducting population health assessments, to inform the planning and implementation of population health interventions (e.g. healthy public policy) and partnerships, and embed a health equity lens into recovery.[19]

Understanding the adverse impacts of the pandemic and how they are experienced differently and unequally across our communities will be critical to informing how APH and partners can contribute to health for all.

APH has begun updating Algoma's Community Health Profile with a projected completion in 2023 (last updated in 2018) to provide a snapshot of community wellness and identify post-pandemic population health priorities in Algoma. These priorities will guide the selection of agency-wide priorities and direct resourcing cross-programs, as well as individual program standard implementation planning for 2024.

Rebuild of Emergency Management

In addition, to support a resilient rebuild of local public health and population health, there is need to:

- Conduct evaluations and an after action review of the pandemic response and COVID-19 vaccine rollout to inform lessons learned and future planning (e.g. mass immunization plans, emergency response plans, COOP updates, hazard specific plans, etc.); and
- Support the ongoing professional development and training of all staff in emergency management, to retain the skills necessary for pandemic response, should a future surge scenario arise for COVID-19 or a new infectious disease (i.e. case management), or other emergencies projected to increase with climate change.

Rebuilding local public health starts as part of recovery, and will support population health for the long-term. However, appropriate investment in public health for the effective recovery of programs and services is needed. This investment in public health and recovery has the potential to generate significant returns, including better health, lower health care costs and a stronger economy.[18,20]

2.3 Cost of Response and Recovery Efforts

APH's robust COVID-19 response and immunization efforts have had benefit to community health and safety throughout the pandemic. However, the work associated with COVID-19 has required an unprecedented quantity of resources, including expenses reported to the Ministry for reimbursement as COVID-19 response and COVID-19 vaccine extraordinary cost.

Table 2.0 and **Table 3.0** provide an overview of COVID-19 response and immunization hours, labour costs, and third party expenses.

[20] Masters, R., Anwar, E., Collins, B., Cookson, R., & Capewell, S. (2017). Return on investment of public health interventions: A systematic review. *Journal of epidemiology and community health, 71(8), 827–834. https://doi.org/10.1136/jech-2016-208141*

Table 2.0: COVID-19 Response Hours and Labour Costs, 2021 – 2022

Month	COVID-19 Response			
	2021		2022	
	Hours	APH Labour Cost	Hours	APH Labour Cost
Jan	7,601	$340,894.00	9,896	$567,351.00
Feb	7,601	$342,892.00	7,405	$316,194.00
Mar	7,601	$359,817.00	7,403	$320,355.00
Apr	7,601	$454,941.00	4,867	$144,023.00
May	7,338	$400,642.00	3,370	$126,776.00
Jun	8,479	$470,916.48	1,594	$62,340.00
Jul	6,258	$299,481.52	950	$41,126.00
Aug	6,191	$256,509.00	1,223	$49,167.00
Sep	7,221	$421,482.00		
Oct	6,778	$406,587.00		
Nov	9,135	$332,955.00		
Dec	9,939	$696,744.00		
Total	**90,409**	**$4,783,861.00**	**36,708**	**$1,627,332.00**

Table 3.0: COVID-19 Immunization Hours, Labour Costs and Third Party Health Service Costs, 2021 – 2022

Month	COVID-19 Immunization					
	2021			2022		
	Hours	APH Labour Cost	3rd Party Health Services	Hours	APH Labour Cost	3rd Party Health Services
Jan	1,259	$75,125.00	$0.00	6,197	$249,835.00	$0.00
Feb	2,081	$166,318.00	$0.00	3,001	$62,269.00	$5,938.00
Mar	5,562	$203,397.00	$0.00	2,066	$85,381.00	$24,007.00
Apr	4,844	$224,404.00	$63,163.42	1,501	$46,452.00	$0.00
May	6,056	$275,344.00	$61,299.00	1,648	$71,100.00	$0.00
Jun	9,301	$423,353.98	$62,843.00	816	$50,957.00	$15,601.00
Jul	7,329	$270,897.02	$101,523.00	613	$34,432.00	$0.00
Aug	5,390	$262,129.00	$83,277.00	725	$41,114.00	$0.00
Sep	4,589	$183,729.00	$39,947.00			
Oct	4,220	$152,943.00	$34,986.00			
Nov	4,933	$327,424.00	$38,055.00			
Dec	7,050	$314,061.00	$21,161.00			
Total	**62,615**	**$2,879,125.00**	**$506,254.42**	**16,567**	**$641,540.00**	**$45,546.00**

As is evident through a comparison between years, labour costs for COVID-19 response and immunization overall have decreased from 2021 to 2022. As described in **Section 2.1**, this is due to a shift in our approach to the pandemic response and the associated change in work.

COVID-19 will continue to challenge our communities and the work of public health moving forward, requiring resources for response and immunization that exceed current mandatory program funding.

However, resources are also needed to minimize further disruption to core public health programs to respond to the many community health priorities that have arisen due to the pandemic and prolonged suspension of non-highest risk health promotion and protection efforts.

Recovery from the pandemic, as a public health unit and broader community, is a complex process[19] and will take several years.[21] As per APH's recovery framework and aligned priorities described above,

[21] Baird, M. (2010). The recovery phase of emergency management: Background paper. Retrieved from https://www.memphis.edu/ifti/pdfs/cait_recovery_phase.pdf

recovery will also require appropriate resourcing to address the impacts of the pandemic on our agency and population health.

Due to direction by the Ministry that prohibits the expensing of COVID-19 recovery work to COVID-19 response and COVID-19 vaccine extraordinary cost, and lack of commitment to dollars for COVID-19 recovery, the costs to revitalize, routinize, restore, and rebuild as part of recovery must be absorbed by mandatory program budgets, limiting our ability to efficiently recover from the pandemic.

As such, response and recovery considerations have influenced 2023 budget assumptions.

2.4 Challenges with Public Health Human Resource Recruitment in the North

Significant and longstanding challenges with recruitment of skilled public health professionals in Northern Ontario remain, similar to the unique human resource challenges of the health care sector in the north. These challenges are visible in a summary of APH recruitment for 2022, and were reflected in the recommended 2023 budget that assumes a corresponding vacancy rate and the minimum finances required to sustain our local public health workforce.

2.4.1 Summary of APH Recruitment in 2022

A snapshot of 2022 health human resource recruitment indicators is provided below.

From January – October 5, 2022:

- Five (5) new permanent full-time and nine (9) new temporary employees have filled vacant positions.
- Nine (9) temporary staff hired in 2020/2021 were awarded permanent full time positions.
- Fourteen (14) permanent full time employees were successful candidate for other permanent full-time positions (e.g. in another program, leadership, or new position).
- Nine (9) permanent and nine (9) temporary positions remain vacant, for a total of 18 position vacancies.

Persistent challenges to recruitment in public health have included:

- The unknowns associated with and undesirability of temporary, time-limited positions among highly skilled public health professionals.
- Competition for health human resources across the district and beyond; and
- Lack of qualified candidates with certifications or the skill level required for specific positions.

The 18 positions remaining vacant as of October 5, 2022 demonstrate the challenge with recruitment of highly skilled health professionals in local public health in the north. The total vacancies (18) at APH result in an 11.04% vacancy rate.[22]

Limitations to One-Time Funding

One-time funding provided by the provincial government has been appreciated and critical to supporting COVID-19 response and immunization, as well as other pandemic needs (i.e., school support, infection prevention and control). However, one-time funding has been geared towards curtailing the pandemic, as opposed to annual funding for the hiring of permanent staff to build long-term public health capacity to manage the emergency of today, and prepare for the public health emergencies of tomorrow. [23]

For example, one-time funding is only able to support temporary positions, which are challenging to fill as they do not provide the job security needed for a highly skilled public health professional to relocate to Northern Ontario.

[22] Based on the total employee FTE budgeted for 2022 (n=163).
[23] Queen, et al. (2021). Threats, resignations and 100 new laws: Why public health is in crisis. *New York Times*. Retrieved from https://www.nytimes.com/2021/10/18/us/coronavirus-public-health.html

As a result of ongoing vacancies and challenges with recruitment, recruiting for existing vacancies in these necessary positions is a priority to ensure adequate, sustainable FTE to routinize COVID-19 response and immunization, as well as restore mandatory public health programs and services.

Strengthening Local Public Health Human Resources and Building Capacity for the Long-Term

In addition to combatting the COVID-19 pandemic and other public health emergencies (e.g. St. Marys River oil spill in June 2022), a strong local public health unit protects health and prevents illness every day.[24] To recover and be prepared for future public health crises, strategic and sustainable investment to recruit a full complement of qualified, permanent public health employees is needed.[24]

Without sustainable increases to provincial base funding to strengthen the local public health workforce for the long-term, with strategies for recruitment that align to Northern Ontario, APH will be unable to sustain COVID-19 response and immunization while simultaneously restoring mandated public health programming to meet the needs of our communities and prepare for future health crises in a timely manner.

Therefore, investment and advocacy are needed by the Board of Health for sustainable, annual provincial base funding for public health and a Northern Ontario public health human resource strategy.

2.4.2 Focused Recruitment Efforts for Public Health Inspectors

APH has experienced the greatest challenges with recruitment of certified public health inspectors (PHIs), an issue shared among northern public health units. A scan on September 29th, 2022 indicated that **18 PHI postings** were published across APH, North Bay, Sudbury, Timiskaming, North Western, and Porcupine health units.

PHIs working within the Infectious Diseases and Environmental Health programs have had a leading role in COVID-19 response, specifically with IPAC, outbreak management and application and enforcement of the *Reopening Ontario Act*.[6] Outside of COVID-19, PHIs routinely evaluate and monitor health and safety hazards and implement progressive and innovative approaches to control risks and ensure compliance with government regulations that keep us safe.[25, 26]

For context, Jobs Canada had 40 positions for inspectors in public and environmental health and occupational health and safety posted in Q1 for 2022 for the north region of Ontario, with the region over-represented in the total number of postings.[25]

At APH, from 2020 to 2022, the number of PHI vacancies has increased, as shown in **Table 4.0**.

Table 4: APH Public Health Inspector Recruitment Summary, 2019 – 2022

APH Office	Public Health Inspector Postings/Vacancies	2019	2020	2021	2022
Sault Ste. Marie	Temporary Full-Time	1 (0)	-	3 (2)	2 (2)
	Permanent Full-Time	2 (0)	3	-	2 (1)
Blind River	Temporary Full-Time	-	-	-	-
	Permanent Full-Time	-	-	1(1)	1 (1)
Elliot Lake	Temporary Full-Time	-	-	-	-
	Permanent Full-Time	1 (0)	2 (1)	1 (1)	1 (1)
Wawa	Temporary Full-Time	-	-	-	-
	Permanent Full-Time	1 (0)	-	-	-
Total Positions (Total Remaining Vacant)		**5 (0)**	**5 (1)**	**5(4)**	**6(5)**

Note:
- The values in brackets indicate the number of PHI positions remaining unfilled at end of year.
- Postings for vacancies have been reposted, or remained posted until filled. In 2021, there were a total of 8 PHI postings, including the 3 SSM positions and multiple reposting of 2 district PHI positions.

[24] Ontario Medical Association. (2021). Prescription for Ontario: Doctors' 5-point plan for better health care. Retrieved from https://www.oma.org/uploadedfiles/oma/media/public/prescription-for-ontario-doctors-5-point-plan-for-better-health-care.pdf
[25] Ministry of Labour, Immigration, Training and Skills Development. (2019). Inspectors in public and environmental health and occupational health and safety, NOC 2263.
[26] Algoma Public Health. (2022). Public health inspector. *Internal job posting*.

Barriers to recruitment of PHIs have included:

- Increased available positions in private industry, government, and IPAC during the pandemic;
- Limited practicum opportunities across PHUs during the pandemic due staff workloads and reduced mentorship, a requirement as part of the certification process, resulting in a backlog of graduates without practicum completion; and
- Geographic barriers, such as proximity to amenities, proximity to family, and lack of suitable employment for their partners.

APH will be developing a short and long-term local recruitment strategy, which includes:

- Posting available positions to professional association pages (e.g. alPHA, CIPHI), public career pages (e.g. SooToday, Indeed), and university career pages for graduating students and alumni (e.g. Toronto Metropolitan University, Conestoga),
- Attending job/career fairs and hosting information sessions for graduating classes (high school and post-secondary), and
- Directly forwarding information to current students through professors at universities with an accredited program.

Longstanding vacancies, despite recruitment efforts, have supported the need for local public health investment in PHI recruitment efforts, and advocacy for a broader PHI-recruitment strategy for the north.

3. 2023 Budget Financial Assumptions

Given the unknowns, a number of assumptions were required to base the 2023 estimated expenses. They are as follows:

- The Ministry will continue to apply a 70:30 funding formula to jointly funded programs. The province's portion or base provincial funding for these programs is assumed to remain status quo from 2022, with **0% growth in base funding for mandatory programs**. The 1.0% increase over 2022 budget applied to the province's portion of jointly funded programs is based on the funding increase allocated for the 2022 operating year, which was applied pro-rated for the months of April through December in 2022.
- Continuation of one-time mitigation funding of $1,037,800 is also assumed, which is consistent with approved funding for 2020 through 2022.
- As per the 2022 funding and accountability agreement, the Ministry will continue to support the Northern Ontario Fruit and Vegetable and Indigenous Communities programs at 100%, in addition to Mandatory Programs for Unorganized Territories, MOH/AMOH Compensation Initiative, and the Ontario Senior Dental Care Program (OSDCP).

  Of particular note, for the 2022 funding year, APH was allocated 100% funding for the OSDCP program in the amount of $1,252,900 to support ongoing pressures identified in this program (increased from $697,900 in 2021). For the 2023 budget, the Executive Team assumed that 100% provincial funding for the OSDCP program will remain to meet program needs in the coming year.
- No increase to the total municipal levy rate applied by the District of Algoma Health Unit.
- COVID-19 response and immunization incremental costs are estimated at $1,078,089 for 2023. As the Ministry has indicated a commitment to fund COVID-19 extraordinary expenses in 2023, it is assumed these costs will be reimbursed by the province.

  For comparison, 2022 allocations from the Ministry include $2,210,400 in funding for COVID-19 extraordinary expenses. As of June 30, 2022, 2022 forecasted incremental costs are $2,945,487, which the Ministry has indicated will be eligible for reimbursement based on ongoing quarterly submissions.

- No additional funding will be provided by the Ministry to fund COVID-19 Recovery initiatives. These anticipated costs will be managed within mandatory program base funding, impacting the restoration of programs and services as public health continues with pandemic response, addresses the backlog of programs and services suspended during the pandemic, and works to rebuild public health to identify and address population health priorities.
- Assumptions related to staffing are as follows:
    - A vacancy factor of 3% has been incorporated into overall salaries, wages and benefits ($446,000).

      For comparison purposes, and as driven largely by competitive labour markets and small labour pools, the actual vacancy rate in 2021 and year to date in 2022 is estimated to range between 7% and 11%.
    - A 1.5% wage increase for all staff.
- Fixed non-salary budgeted costs related to facilities, such as utilities and service contracts, have been estimated based on historical data, current contract rates, and assumed inflationary rates with a combined year over year increase of 2% over the 2022 approved budget. A contingency representing 6% of the fixed cost budget has been factored to support unforeseen necessary costs.
- Algoma Public Health's debt payment plan will continue to be managed with existing resources.
- COVID-19 has resulted in significant program and service interruptions, resulting in backlogs and impacts to service deliverables for 2022, and foreseeably those planned for 2023.
- Notwithstanding the need to prioritize programming in the context of the COVID-19 pandemic, the requirements of boards of health remain the same, as articulated in the *Health Protection and Promotion Act*, related regulations, and the OPHS[1], and related protocols and guidelines.
- There are many unknowns, and APH must have the capacity and competencies to assess and react quickly to evolving needs (e.g., challenging fall respiratory season coupled with COVID-19, surge of COVID-19, new variants of concern, expanded eligibility for booster doses, etc.), while planning for ongoing and future public health challenges, as part of COVID-19 recovery and rebuilding.

4. 2022 Grant Approval

The 2022 Ministry Program Based Grant approval was received and last revised as of May 2022.

- APH was allocated a 1% increase to the Mandatory Cost-Shared Program base funding for total 2022 funding of $8,795,200, increased from $8,708,100 in 2021. The 1% increase for 2022 was pro-rated for the months of April through December, resulting in the true funding allocation for 2022 to be $8,773,425.
- The grant allocation for the 100% provincial funding for Unorganized Territories/Mandatory Programs ($530,400), Unorganized Territories/ Indigenous Communities Program ($98,000) and the Unorganized Territories/Northern Fruit and Vegetable Program ($117,400) remained unchanged.
- The OSDCP was allocated an additional $555,000 above 2021 funding levels based on current and ongoing pressures identified in this program. 2022 funding levels are allocated at $1,252,900, increased from $697,900 in 2021.
- The MOH/AMOH compensation initiative will continue to be based on the actual status of current MOH and AMOH positions.

5. Reserve Funds

As part of fiscally sound management, the Board of Health has long-established reserve funds for the agency since 2017. Financial reserves are a prudent and expedient way to provide the agency with resources for unforeseen emergencies, known future infrastructure investments and future planned projects that support the mission, vision, and strategic goals of APH.

The reserve funds balance totals $1.4M, which could support approximately one month of operations.

The COVID-19 pandemic is a public health emergency that has required significant, unforeseen financial and human resourcing, which will continue for several years to sustain response and transition to recovery.

6. Recommended 2023 Budget

6.1 Operating Revenue

The 2023 operating revenues include Ministry funding for mandatory programs (historically cost shared), Ministry funding for other related programs (historically 100% provincially funded), Ministry Unorganized Territories funding, municipal funding by 21 municipalities, and interest and user fees. The recommended municipal funding has remained unchanged from 2022. There is also no change in Unorganized Territories funding.

6.1.1 Provincial

Pursuant to section 76 of the Health Protection & Promotion Act, the Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate.[27]

6.1.2 Municipal

Pursuant to section 72 of the Health Protection & Promotion Act, obligated municipalities in a health unit shall pay,

(a) The expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under the HPPA or any other act; and

(b) The expenses incurred by or on behalf of the MOH of the board of health in the performance of his or her functions and duties under the HPPA or any other Act. [27]

As part of the recommended 2023 Operating & Capital Budget, the Executive Team is recommending no change in the total municipal levy from obligated municipalities within the District of Algoma Health Unit. Although total municipal funding will remain unchanged from 2022, rates apportioned among the 21 municipalities within Algoma have been updated to reflect current population counts per the 2021 Census Profile issued by Statistics Canada[28] (see **Appendix A**).

For context, **Table 5.0** illustrates historical changes in municipal levy rates from 2012 – 2023 (recommended).

[27] Government of Ontario. (2021). Health protection and promotion act, R.S.O. 1990, c.H7. Retrieved from https://www.ontario.ca/laws/statute/90h07
[28] Statistics Canada. (2022). Census profile, 2021 census of population. Retrieved from https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

Table 5.0: APH Historical Approved Levy Increase, 2012 – 2023 (Recommended)

Year	Levy Increase
2012	2.00%
2013	1.00%
2014	2.00%
2015	4.16%
2016	4.50%
2017	2.50%
2018	0.50%
2019	0.50%
2020	1.12%
2021	7.00%
2022	10.00%
2023	**0.00% (Budgeted)**

As evidenced through 'the work,' or programs and services provided by public health, municipalities and social sectors across Algoma receive robust support for effective COVID-19 response, health protection, health promotion, and disease prevention among residents.

Value for Money: Per Capita Rate

When looking at the value for public health, as of 2022, the cost per capita in Algoma for public health services and programs was **$35.58/person, when converted to 2018 MPAC (or $40.23 when using 2016 Census)**.

For the recommended 2023 budget, cost per capita was updated based on population counts from the 2021 Census Profile by Statistics Canada.[28] Incorporating the updated population counts results in a slight increase to the forecasted 2023 cost per capita, **estimated at $40.44 per person**. Health Units within the province either use the most recent Census or MPAC population figures when calculating the per capita rate.

When compared to northern health units, as of 2022, APH's per capita rate ranked in the middle when using MPAC figures. Northern health unit per capita rates ranged from $28.65/person to $51.65/person in 2021, for those PHUs that responded to an APH inquiry on per capita rates conducted in fall 2021. Due to the early presentation of the 2023 recommended budget to the Board of Health, updated per capita rates for 2022/2023 were unable to be collected from northern PHUs.

For context, the Board of Health has experienced the historical growth shown in **Table 6.0** from 2018 – 2023 (recommended) with respect to the rate of public health per capita in Algoma.

Table 6.0: APH Historical Approved per Capita Rates, 2018 – 2023

Year	Approved Rate
2018	$33.63
2019	$33.80
2020	$34.18
2021	$36.57
2022	$40.23
2023	**40.44 (Budgeted)**

The recommended levy rate for 2023 correlates to a per capita rate of $40.44/person, which continues to rank in the middle of northern health units when compared to northern per capita rates shared in fall 2021.

Therefore, when reviewing the cost of public health per capital, alongside the work by public health and projected work to recover from the pandemic and support community health and wellbeing, the 21

municipalities within Algoma **continue to receive exceptional value for local public health programs and services**.

6.2 Expenditures

As compared to the 2022 forecast, the 4.82% overall budget decrease is comprised of the following:

Salary cost decrease	2.80%
Benefit cost decrease	0.58%
Operating cost decrease	1.44%
Overall Decrease	**4.82%**

In other words, of the 4.82% or $898,477 decrease in the 2023 budget, salaries and benefits represent about 70% of the decrease (2.80% and 0.58% respectively of the 4.82% decrease), while operating cost decreases make up about 30% of the overall decrease (1.44% of the 4.82% decrease).

6.2.1 Salary and Benefit Changes

The 2023 expenditure comparisons with 2022 were made using the 2022 forecasted values (see **Table 1.0**). As compared with 2022, the salary and benefit budget lines reflect a decrease of 4.65% and a decrease of 4.18%, respectively:

- **Salary:** As compared to 2022, salaries show a decrease of $521,323 or 4.65%. The decrease represents staffing that was identified in the 2022 operating budget for COVID-19 response and immunization that is not anticipated to be needed in 2023 (e.g. dedicated COVID-19 phone line staffing support, significant roster of casual immunizers for COVID-19 mass immunization clinics).

  The recommended operating revenue for cost shared public health programs for 2023 would support filling all current vacant permanent positions and temporary replacement for approved unpaid leave of absences (e.g. temporary filling of a permanent FTE's leave for pregnancy/parental leave).

  The salary amount includes a nominal annual increase, staff movement along salary grid, and an assumed 3% vacancy factor.

- **Benefits:** As compared to 2022, benefits show a decrease of $109,582 or 4.18%. Historical utilization is factored heavily in the projection of the rates, in addition to the normal market fluctuations.

6.2.2 Operating Expenditure Changes

As compared with the restated 2022 budget or 2022 forecast, the 2023 recommended budget reflects an overall decrease of 4.82% ($898,477).

Operating expenditures have been budgeted by the Executive Team with consideration of both historical pre-pandemic and pandemic spend levels, with the assumption that regular program activities will be recovering in 2023, albeit not yet at full capacity as we continue to plan for population health recovery and address the backlog of services resulting from the suspension of non-highest risk programs to prioritize pandemic response.

Expenditure lines with significant changes are detailed below, following the order of appearance in the budget summary (**Table 1.0**):

- **Travel:** The decrease in travel relates to the expectation that there will be reduced travel throughout the district to support the staffing of COVID-19 initiatives and clinics. Although travel will be required for routine program work, it will remain at reduced capacity when compared to pre-pandemic levels, recognizing the continued use of virtual platforms for distance meetings and that routine program work is not expected to be fully restored to pre-pandemic levels in 2023.
- **Program expenses:** Program expenses for 2023 are budgeted at a nominal decrease from 2022. Although there is anticipated significant savings with regard to program spend for the COVID-19

Response and Immunization programs, these savings are directly offset by increased program spend driven by increase funding in our OSDCP program.

Program expenses include general program materials and supplies, purchased services, and professional fees (e.g. physician and/or denture service fees).

- **Office:** The projected increase in office expenses in 2023 is based on the expectation that the majority of staff will have returned to in-office work for the duration of the year, as per the return-to-office-work program, therefore increase purchasing of general office supplies.
- **Telecommunications:** The decrease in telecommunications expenses is driven by efficiencies to be introduced with migration to a new phone system.
- **Program promotion:** The decrease in program promotion is largely driven by a reduction of media spend budgeted to the COVID-19 response and immunization programs. As we enter the recovery phase of the pandemic, it is anticipated that COVID-19 will be routinized into mandatory public health programming and will no longer require public promotion or communication at the levels experienced during the height of the pandemic.

  In addition, with work to first address the backlog of public health programs and services, it is unlikely the programs will fully recover in 2023 based on limited resources and readiness, internally and externally. Hence, program promotion and related expenses will not yet reflect pre-pandemic periods.
- **Facilities Leases:** The increase in facilities leases is driven by lease renewals at one of our district offices, as well as a term renewals at our remaining two district offices.
- **Building maintenance:** The decrease in building maintenance relates to significantly reduced needs for security and janitorial services related to the COVID-19 pandemic for APH facilities and clinics. Needs for these services continue to decline as the demand for external immunization clinics reduces and community restrictions loosen.
- **Fees and insurance:** The increase in fees and insurance is due to increased general liability and property coverage, as well as the addition of a cyber-risk protection policy.
- **Expense recoveries:** Expense recoveries are administrative allocations from community health programs to public health programs. An example includes public health charging a community health program for administrative services support.

  To more accurately reflect the work public health is supporting with respect to community health programs, management is ensuring adequate administrative charges for community health programs, in line with the Board's strategy to ensure it is accountable for the dollars it receives and spends, by not subsidizing community health programs. The decrease in expense recoveries for 2023 is due to the divestment of the Infant Child Development Program and Preschool Speech and Language community programs at March 31, 2022.

7. Capital Budget

In accordance with APH's 2018-2030 Capital Asset Funding Plan (**Appendix B**), the 2023 capital budget was forecasted to include $25,000 for computer replacements and $50,000 for a new truck for use in the land control program.

Due to significant investment in computer equipment necessary during the COVID 19 pandemic and assessment of the current condition of the APH truck, these needs are no longer considered necessary.

Instead, the Executive Team is recommending a 2023 capital budget estimated at $265,000, which includes the following expenditures:

- Upgrade of network servers that house and run agency applications and store data. This expense was originally forecasted to be completed in 2022, however due to supply chain issues has not yet

been completed ($200,000).

- Upgrade of the tape backup, which is used to ensure backup of agency wide applications and data in the event of a hardware failure or data corruption on the servers ($65,000).

Both of the above mentioned items are out of warranty and are no longer supported for the latest security and software updates that are required to ensure systems are as secure as possible and able to efficiently and effectively turn around any down time experienced.

8. Conclusions

The recommended 2023 budget for public health programs and services is $17,740,689, representing a decrease of $898,477 over 2022 anticipated funding. At a 4.82% decrease over previous, the recommended budget is the minimum required to maintain COVID-19 response and immunization programming, as is expected by the Ministry, alongside early efforts in COVID-19 recovery to revitalize the public health workforce, restore public health programs and services as mandated by the *Ontario Public Health Standards*[1], and rebuild public health.

Appendix A

Annual Municipal Levy Comparison, 2018 to Proposed 2023

2023 Municipal Levy	POP 2016 Census	2018 Approved Rate	2018 Approved Levy	2019 Approved Rate	2019 Approved Levy	2020 Approved Rate	2020 Approved Levy	2020 Approved Rate (After Refund)	2020 Approved Levy (After Refund)	2021 Approved Rate	2021 Approved Levy	2022 Approved Rate	2022 Approved Levy	POP 2021 Census*	Net Change to Census Population	2023 Proposed Rate	2023 Proposed Levy	Appointment of Costs	Proposed Net Change
CITIES													-						
Sault Ste. Marie	73,368	33.63	2,467,640	33.80	2,479,978	36.38	2,669,377	34.18	2,507,836	36.57	2,683,386	40.23	2,951,725	72,051	(1,317)	40.44	2,913,655	69.55%	(38,069)
Elliot Lake	10,741	33.63	361,260	33.80	363,066	36.38	390,795	34.18	367,146	36.57	392,852	40.23	432,137	11,372	631	40.44	459,870	10.98%	27,733
TOWNS													-						
Blind River	3,472	33.63	116,776	33.80	117,360	36.38	126,324	34.18	118,679	36.57	126,986	40.23	139,685	3,422	(50)	40.44	138,382	3.30%	(1,303)
Bruce Mines	582	33.63	19,575	33.80	19,673	36.38	21,175	34.18	19,894	36.57	21,286	40.23	23,415	582	-	40.44	23,535	0.56%	121
Thessalon	1,286	33.63	43,253	33.80	43,469	36.38	46,789	34.18	43,958	36.57	47,034	40.23	51,737	1,260	(26)	40.44	50,953	1.22%	(785)
VILLAGES/MUNICIPALITY													-						
Hilton Beach	171	33.63	5,751	33.80	5,780	36.38	6,222	34.18	5,845	36.57	6,254	40.23	6,879	198	27	40.44	8,007	0.19%	1,127
Huron Shores	1,664	33.63	55,967	33.80	56,246	36.38	60,542	34.18	56,878	36.57	60,859	40.23	66,945	1,860	196	40.44	75,216	1.80%	8,271
TOWNSHIPS													-						
Dubreuilville	613	33.63	20,617	33.80	20,721	36.38	22,303	34.18	20,953	36.57	22,420	40.23	24,662	576	(37)	40.44	23,293	0.56%	(1,369)
Jocelyn	313	33.63	10,527	33.80	10,580	36.38	11,388	34.18	10,699	36.57	11,448	40.23	12,593	314	1	40.44	12,698	0.30%	105
Johnson	751	33.63	25,259	33.80	25,385	36.38	27,324	34.18	25,670	36.57	27,467	40.23	30,214	749	(2)	40.44	30,289	0.72%	75
Hilton	307	33.63	10,326	33.80	10,377	36.38	11,170	34.18	10,494	36.57	11,228	40.23	12,351	382	75	40.44	15,448	0.37%	3,097
Laird	1,047	33.63	35,215	33.80	35,391	36.38	38,094	34.18	35,788	36.57	38,293	40.23	42,122	1,121	74	40.44	45,332	1.08%	3,210
MacDonald, Meredithand Aberdeen Add'l	1,609	33.63	54,117	33.80	54,387	36.38	58,541	34.18	54,998	36.57	58,848	40.23	64,733	1,513	(96)	40.44	61,184	1.46%	(3,549)
Wawa (formerly Michipicoten)	2,905	33.63	97,706	33.80	98,195	36.38	105,694	34.18	99,298	36.57	106,247	40.23	116,872	2,705	(200)	40.44	109,387	2.61%	(7,485)
The North Shore	497	33.63	16,716	33.80	16,800	36.38	18,083	34.18	16,988	36.57	18,177	40.23	19,995	531	34	40.44	21,473	0.51%	1,478
Plummer Add'l	660	33.63	22,198	33.80	22,309	36.38	24,013	34.18	22,560	36.57	24,139	40.23	26,553	757	97	40.44	30,612	0.73%	4,059
Prince	1,010	33.63	33,970	33.80	34,140	36.38	36,747	34.18	34,524	36.57	36,940	40.23	40,634	975	(35)	40.44	39,428	0.94%	(1,206)
St. Joseph	1,240	33.63	41,706	33.80	41,914	36.38	45,116	34.18	42,385	36.57	45,352	40.23	49,887	1,426	186	40.44	57,666	1.38%	7,779
Spanish	712	33.63	23,947	33.80	24,067	36.38	25,905	34.18	24,337	36.57	26,041	40.23	28,645	670	(42)	40.44	27,094	0.65%	(1,551)
Tarbutt & Tarbutt Add'l	534	33.63	17,960	33.80	18,050	36.38	19,429	34.18	18,253	36.57	19,531	40.23	21,484	573	39	40.44	23,171	0.55%	1,687
White River	645	33.63	21,694	33.80	21,802	36.38	23,467	34.18	22,047	36.57	23,590	40.23	25,949	557	(88)	40.44	22,524	0.54%	(3,425)
Total	**104,127**		**3,502,180**		**3,519,691**		**3,788,497**		**3,559,232**		**3,808,378**		**4,189,216**	**103,594**	**(533)**		**4,189,216**	**100%**	**0**
YOY % Increase			**0.50%**		**0.50%**		**7.64%**		**1.12%**		**7.00%**		**10.00%**				**0.00%**		

Notes:
* For Budget 2023, population rates have been updated from the 2021 CENSUS.
Statistics Canada. (2022). Census profile, 2021 census of population. Retrieved from https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

Appendix B

2018-2030 APH Capital Asset Funding Plan

See subsequent document.

Algoma
PUBLIC HEALTH
Santé publique Algoma

Algoma Public Health

2018 - 2030 Capital Asset Funding Plan

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2018 - 2030 Capital Asset Funding Plan

Purpose:

The Board of Health for the District of Algoma (the Board) has undertaken the development of a Capital Asset Funding Plan (the Plan). The purpose of the Plan is to provide visibility to the Board with respect to capital asset needs. The Capital Asset Plan, in conjunction with APH's Reserve Fund Policy, will allow the Board of Health to set long-term financial goals.

As part of the Ontario Public Health Standards, "the board of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported". As APH owns and operates a facility in Sault Ste. Marie, there is a need to plan for and appropriately fund the cost of major ongoing repairs and maintenance associated with the facility. In addition, APH leases several facilities which may require leasehold improvements. By maintaining adequate Reserves, APH will be able to offset the need to obtain alternate sources of financing.

Operating Budget versus Capital Asset Plan:

The Operating Budget captures the projected incoming revenues and outgoing expenses that will be incurred on a daily basis for the operating year.

The Capital Asset Plan is a blueprint to identify potential capital expenditures and to develop a method in which to finance the associated expenditure. Capital expenditures are cost incurred for physical goods that will be used for more than one year.

The development of the Capital Asset Funding Plan serves as a risk management tool as it minimizes having large unforeseen budget increases in the future as a result of capital needs.

In addition, the Capital Asset Funding Plan will help the Board with contribution and withdrawal decisions to the Reserve Fund. Reserves can only be generated through unrestricted operating surpluses. As any unspent provincial dollars must be returned to the Ministry, the only mechanism to generate surplus dollars is through the Municipal levy. Maintaining adequate Reserves reduces the need for the Board of Health to further levy obligated municipalities within the district to cover unexpected expenses incurred by the board of health.

The Capital Asset Funding Plan was developed around the Building Conditions Assessment (the Assessment) that was completed on behalf of the Ministry of

Community and Social Services (the Ministry). The Assessment was conducted on November 20, 2015 with a final report received on February 20th, 2018. This Assessment report, specifically the Capital Reserve Expenditure schedule serves as the foundation of APH's Capital Asset Funding Plan over a 20 year period. In addition, the Assessment will help with Reserve Fund contribution decisions.

The Capital Asset Plan is a fluid document. The timing of planned expenditures may be moved up or pushed back depending on the situation.

Types of Capital Assets:

In addition to the specific capital building needs, APH management included items related to Computer Equipment; Furniture and Equipment; Vehicles; and Leasehold Improvements (as APH leases office space within the District). These categories mirror those referenced in APH's Financial Statements which are amortized over a period of time.

Computer Equipment/Furniture/Vehicles

Investing in Computer Equipment, Furniture, and Vehicles is required to allow APH employees to provide services within the District of Algoma. Keeping staff well-equipped improves efficiencies while improving program outcomes.

Facilities – Maintenance, Repair and Replacement

APH owns and leases space. As a result, it is necessary to make improvements to the property (capital or leasehold improvements). As the owner of the facility located at 294 Willow Avenue in Sault Ste. Marie, APH is responsible for repairs and maintenance of the facility. Anticipating what repairs or improvements may be necessary, researching and estimating the related costs, determining the target amount needed and the approximate timing of the expenditure are all part of the capital budgeting process, along with developing funding strategies.

Types of Financing Options Available to the Board of Health:

Depending of the nature and the associated cost of the expenditure, there are different financing options available to the Board of Health. Three examples include:

Operating Dollar Financing – can be used if APH is operating in a surplus position in any given year and the associated cost of the expenditure will still allow the Board to remain on target with respect to their annual operating budget. The nature of the expenditure would have to be admissible under the terms of the Ministry Accountability Agreement. Use of operating dollars for capital expenditures helps to minimize the amount of dollars that may have to be returned to the Ministry within any given year.

Reserve Financing – can be used if APH determines that the use of operating dollars is not feasible (i.e. cost of the expenditure would negatively impact the annual Operating Budget or the type of expenditure is inadmissible under the terms of the Ministry Accountability Agreement). The advantages of Reserve Financing are it minimizes the amount of debt the Board would otherwise incur and/or reduces the Levy that municipalities would have to contribute.

Debt Financing – can be used when the expenditure is large in scale such that operating dollars and Reserves would not support it.

Regardless of whether the expenditure is capital or operating in nature, APH's Procurement Policy 02-04-030 and Reserve Fund Policy 02-05-065 must be adhered to. As such, management may make capital expenditures with operating or reserve dollars provided the expenditure is within the Board approved spending limits as noted within each of the respective policies. Any debt financing would typically require Board approval.

ALGOMA PUBLIC HEALTH
CAPTIAL ASSET PLAN

Item	Actaul Expenditure		Forecasted Expenditure											
	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	
Computer Equipment														-
Network Servers		4,000			200,000							200,000		400,000
Telephone System	150,000								150,000					150,000
Network Infrastructure		10,000	40,000		60,000									100,000
Polycom Video Conference System				28,000				28,000						56,000
Backup Data Storage		29,000									30,000			30,000
Computers	25,000	50,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	275,000
														-
Furniture and Equipment														-
Vaccine Refrigerators	29,000	14,500	7,000				7,000				7,000			21,000
Digital Sign	21,000													-
Vehicle														-
Truck (land control)						50,000								50,000
														-
														-
Leasehold Improvements														-
Blind River Office		5,000												-
Generator		30,000												-
Elliot Lake Office					7,000									7,000
Wawa Office			5,000											5,000
														-
Owned Facility:														-
294 Willow Avenue Building, Sault Ste. Marie														-
Municipal/Utility Services														-
Water Supply														-
Sanitary Supply														-
Storm Sewer														-
Gas Utility														-
Hydro Utility														-
Other Municipal/Utility Services														-
Site Finishes														-
Passenger Vehicle Parking Area - Pavement and Curbing							26,600							26,600
Roadways - Pavement and Curbing							17,500							17,500
Walkways, Sidewalks and Exterior stairs														-
Exterior Light Standards														-
Soft Landscaping and Picnic Facilities														-
Signage														-
Retaining walls and other Site Improvements														-
Site Drainage														-
Parking Gates														-
Other Site Finishes														-
Structural														-
Building Substructure, including foundations and basement walls														-
Building Superstructure														-
Interior Stairs														-
Roof Construction														-
Other Structural														-
Building Exterior														-
Foundation Wall														-
Cladding System														-
Exterior Sealants and Caulking														-
Entrances and Doors														-
Windows including Frames														-
Parapets and Canoples														-
Loading Dock														-
Other Building Exterior														-
Roof														-
Roof Assembly (waterproofing membrane and roof surface)					165,000									165,000
Flashing														-
Roof Drainage (eaves troughs/downspouts, roof drains)														-
Chimneys/Boiler Stacks														-
Skylights and other Roof Openings														-
Roof venting, if any														-
Other Roof														-
Building Interior														-
Interior Partitions and Doors														-
Flooring														-
Ceiling				60,000									60,000	120,000
Wall Finishes (Paint, Trim Baseboards, etc.)				45,000									45,000	90,000
Washroom Fixtures and Accessories (Towel dispensers, hand dryers, soap dispensers, change tables, partitions, etc.)														-
Presence of Mould														-
Other Building Interior														-
Mechanical and HVAC														-
Heating, Ventilating and Air Conditioning Systems							122,000							122,000
Building, Automation Systems, if any														-
Ductwork, if any														-
Vertical Transportation Devices, if any														-
Other Mechanical and HVAC														-
Plumbing														-
Plumbing fixtures														-
Domestic water distribution														-

ALGOMA PUBLIC HEALTH
CAPTIAL ASSET PLAN

Item	Actaul Expenditure		Forecasted Expenditure											
	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	
Sanitary waster														-
Rainwater drainage														-
Water Fountain														-
Electric														-
Primary Feed and Main Switchgear														-
Main Transformers														-
Step-down Transformers														-
Emergency Power Source or Generator														-
Distribution Systems and Panels														-
Interior Lighting														-
Exterior Lighting (Building-Mounted)														-
Automated Lighting Control System														-
Other Electrical														-
Fire Protection and Life Safety Systems														-
Water Reservoir, if any														-
Sprinkler and/or Standpipe System, if any														-
Fire Extingulshers														-
Fire Pumps, if any														-
Fire Alarm System and Voice Communication Systems, if any														-
Smoke and Heat Detectors and Carbon Monoxide Detectors, as applicable														-
Emergency Lighting and Exit Signage														-
Security System														-
Fire/Emergency Plans														-
Fire Separations (visual inspection and inclusion of info that is readily available)														-
Automatic door closers														-
Other Fire Protection and Life Safety Systems														-
Hazardous Materials														-
Asbestos														-
PCB's														-
Other Hazardous Materials														-
Subtotal	225,000	142,500	77,000	158,000	457,000	75,000	198,100	53,000	175,000	25,000	62,000	225,000	130,000	1,635,100
Contingency (10%)	22,500	14,250	7,700	15,800	45,700	7,500	19,810	5,300	17,500	2,500	6,200	22,500	13,000	163,510
Subtotal Including Contingency	247,500	156,750	84,700	173,800	502,700	82,500	217,910	58,300	192,500	27,500	68,200	247,500	143,000	1,798,610
Escalation Allowance	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-
Escalation Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Estimate Financial Projections	247,500	156,750	84,700	173,800	502,700	82,500	217,910	58,300	192,500	27,500	68,200	247,500	143,000	1,798,610

Total Net Sq. Ft. of Owned Facility	74,000
Year Built	2011
Age (yrs.)	9
Reserve Term (yrs.)	20

NOTES:
1) Contingency of 10% has been carried to cover unforeseen items & cost increases.

2) Cost in 2017 dollars with no provision for escalation.
3) HST is excluded.

Algoma
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Elliot Lake
302 - 31 Nova Scotia Walk
(ELNOS Building)

Sault Ste. Marie
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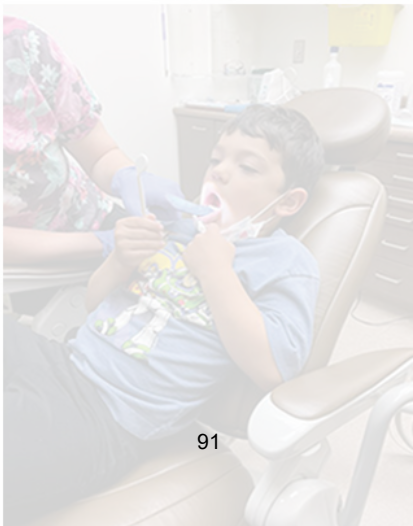


Algoma PUBLIC HEALTH
Santé publique Algoma

Briefing Note

To: Finance and Audit Committee

From: Leslie Dunseath – Manager of Accounting Services

Date: October 12, 2022

Re: Reimbursement of Funds to Garden River Wellness Centre for Services Not Rendered

---

☐ For Information ☐ for Discussion ☒ for a Decision

ISSUE:

Algoma Public Health (APH) has been delivering and billing public health services to Garden River Wellness Centre (GRWC) under a long-standing Purchased Services Agreement. In 2020 and 2021, while responding to the COVID-19 pandemic, APH delivered program services using the continuity of operations plan. This plan focused on the delivery of the highest priority programs and impacted the work delivered under the aforementioned agreement, which per the service schedule, continued to be billed on a fixed quarterly basis. As we begin to recover the work to be done under this agreement and review/update the applicable service schedule, GRWC has requested a refund for the services billed but not rendered over the course of the pandemic.

BACKGROUND:

The *Relationship with Indigenous Communities Guideline, 2018* emphasizes the importance of engaging with Indigenous communities to create meaningful relationships and collaborative partnerships and to work towards decreasing health inequities.

Last updated in 2019, APH has had a long-standing Purchased Services Agreement with GRWC. Schedule B of this service agreement outlines the delivery of services to be rendered as part of the Family Health Services Agreement; which includes the delivery of the Healthy Babies Healthy Children 48 Hour Postpartum follow-up, as well as prenatal and parenting educational and promotional services. During 2020-2021, the program maintained the Healthy Babies Healthy Children 48 Hour Postpartum follow-up, in line with priorities outlined in the APH continuity of operations plan. All other services were put on hold due to the COVID 19 pandemic response.

As outlined in Schedule B of this agreement, GRWC was billed $11,565.31 on a quarterly basis in 2020 and 2021 for total billed services of $92,522.48.

As reviewed and estimated by program management, the actual value of services rendered over the course of 2020 and 2021 is approximately $2000 – consisting of billable hours associated with direct client care and planning activities. Total billed services requested to be reimbursed is to be reduced by this amount resulting in a net requested reimbursement of $90,522.48.

FINANCIAL IMPLICATIONS OF RECOMMENDED ACTION AND MITIGATION OF RISKS:

Funds requested for reimbursement will be recognized as an expense to the Healthy Growth and Development programs under our public health cost shared budget for 2022. As of August 31, 2022, our public health cost shared programs are reporting a year to date surplus of $988K – this reimbursement of funds will act as a reduction to APH's year to date surplus.

As part of recovery planning, GRWC and APH will be renewing the Purchased Services Agreement with changes to invoicing processes for services to be delivered. Going forward, services will be billed on a monthly basis as delivered. This will prevent any billing overages or shortfalls associated with actual program work delivered.

RECOMMENDED ACTION:

Management recommends full reimbursement to GRWC for services billed but not rendered during the COVID 19 pandemic in the amount of $90,522.48.

CONTACT:

Leslie Dunseath, Manager of Accounting Services

Algoma PUBLIC HEALTH
Santé publique Algoma

Briefing Note

To: Finance and Audit Committee

From: Leslie Dunseath – Manager of Accounting Services

Date: October 12, 2022

Re: Options for 2021 Public Health Surplus

☐ For Information ☐ for Discussion ☒ for a Decision

ISSUE:

The 2021 Audited Financial Statements are complete, and management believes that there will not be any material changes from the 2021 Settlement that has been submitted to the Ministry (however, not yet reviewed).

Algoma Public Health (APH) reported a surplus in Public Health mandatory cost shared programs in the amount of $1,175,697 in 2021. Currently, the surplus dollars are in APH's business account.

In accordance with Board of Health Policy 02-05-065, Reserve Fund, "the Board of Health in each year may provide in its estimates for a reasonable amount to be paid into the reserve funds provided that no amount shall be included in the estimates which is to be paid into the reserve funds when the cumulative balance of all the reserve funds in the given year exceeds 15 percent of the regular operating revenues for the Board of Health approved budget for the mandatory cost shared programs and services".

In 2021, total mandatory cost shared revenues derived by APH was $13,743,766, 15% of which equates to $2,061,565.

BACKGROUND:

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

- meet any unexpected costs that may arise in the future;
- help offset one-time or capital expenditures;
- help offset any revenue shortfalls;

- minimize fluctuations in funding;
- help manage cash flows and;
- avoid application of additional levies to municipalities in the event of any cash shortfalls.

APH has contributed to the reserve fund based on recommendations by the Board. APH has not required using any of the reserve fund since the development of the policy. As of September 30, 2022, the current amount of funds in the reserve fund is $1,411,366, which represents approximately one month of operations.

Based on APH's 2021 audited financial statements, management believes the 2021 municipal surplus to be approximately $1.2M. APH's lowest daily liquidity position within the past six months was $2.7M. Details regarding current interest rates are as follows (subject to change and last updated in September 2022 per adjusted Royal Bank Prime Rate):

- Reserve Fund – Royal Bank of Canada Premium Investment Account currently earning interest at 1.75% on balances between $1.0M - $5.0M
- Business Account - currently earning interest on balances over $1.0M at the Royal Bank Prime Rate less 2.0% - or currently 3.45%

OPTIONS FOR CONSIDERATION:

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

Option 1: Contribute up to $650,000 into APH's Reserve Fund

Pros:

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

Cons:

- Forfeiture of higher interest rates currently being earned on APH's business account.
- Lower cash flow availability to support unforeseen cash outlays associated with unexpected costs such as those associated with COVID-19 response, immunization and/or recovery initiatives.

Option 2: 100% of 2021 Surplus Dollars Remain in APH's Business Account

Pros:

- Surplus dollars will help offset 2022/2023 expenditures more expeditiously (Board approval is required for any transfers from the Board's Reserve Fund in excess of $50,000 per transaction).

- Funds can be used for any additional cash outlays that may be necessary, such as unexpected costs for COVID-19 response, immunization and/or recovery initiatives.
- Current interest earned at 3.45% for balances over $1M – or 1.7% higher than that rate which is currently earned on the reserve fund.

Cons:

- The reserve fund will remain static with no increase.

RECOMMENDATION:

Management recommends to leave a portion of the 2021 surplus in the business account. This will help to cover any shortfall that may occur due to COVID-19, as funding from the province is still uncertain, particularly regarding recovery initiatives. At this point in time, the business account is also receiving a significantly higher interest rate than the reserve fund. Considering the currently volatile markets, management will continue to monitor interest rate levels of the reserve fund and business account. If interest rates change, a review will be done at such time to determine if our contributions to the reserve fund are considered appropriate. Management will also re-assess at such a time in 2022/2023, should we receive confirmation of any material impacts to funding specifically related to the cost shared mandatory programs.

CONTACT:

Leslie Dunseath, Manager of Accounting Services

Algoma PUBLIC HEALTH
Santé publique Algoma

Board of Health
RESOLUTION

Date: October 26, 2022	Resolution No:
Moved:	Seconded:

Subject: Request for Increase in Provincial Base Funding for Local Public Health

Whereas, Algoma Public Health (APH) has provided a robust pandemic response to contain and mitigate the spread of COVID-19 since the World Health Organization declared COVID-19 a global pandemic in March 2020[1]; and

Whereas, APH has coordinated, implemented, and supported COVID-19 vaccine clinics across the district to administer over 291,000 doses of COVID-19 vaccine to eligible persons in Algoma[2]; and

Whereas, to resource pandemic response and immunization programming needs, APH diverted resources from pre-existing public health programs and services to ensure timely response to COVID-19 and maintenance of highest risk programming; and

Whereas, the diversion of resources resulted in the scale down or suspension of moderate to low risk public health programs and services, similar to other areas of the health sector, as well as a significant service backlog and new community health priorities; and

Whereas, to effectively recover from the COVID-19 pandemic using a collaborative, evidence-informed approach, local public health will need to revitalize the public health workforce, routinize COVID-19 response and immunization, restore public health services and programs, and rebuild public health to respond to new community health priorities; and

Whereas, to date, for 2023, the Ontario Ministry of Health has committed to continue both one-time reimbursement to local public health units for extraordinary COVID-19 expenses, as well as one-time mitigation funding to offset the impacts of the cost-sharing formula change to municipalities; and

Whereas, to date, the Ontario Ministry of Health has not committed to one-time recovery funding or an increase in provincial base funding to adjust for recovery-related activities and has specified that recovery-related activities cannot be charged as extraordinary COVID-19 expenses, requiring use of provincial base funding; and

Whereas, local public health agencies have received only two increases to provincial base funding in the past five years, most recently 1% in 2022, despite the introduction of several new programs within the *Ontario Public Health Standards*[3], added work associated with pandemic recovery, and inflation resulting in wage, benefit, and operating cost increases; and

Whereas, no increase to provincial base funding for the restoration of mandatory cost-shared public health programs and services hinders the ability of local public health to fully deliver the *Ontario Public Health Standards*[3] and address new public health priorities that, unless addressed in the short-term and resourced appropriately, will continue to grow and result in negative community health impacts; and

Whereas, communities in Algoma require enhanced program and service delivery to respond to the threat of newly emerging infectious diseases and public health issues (e.g. Monkeypox), and to recover from the collateral harms that have resulted from prioritization of the pandemic response (e.g.., opioid poisoning crisis, increase in sexually transmitted infections, mental health complications, etc.); and

[1] World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020. Published March 11, 2020. Accessed October 17, 2022. https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020
[2] Ontario Ministry of Health and Long-Term Care. COVaxON. Updated October 20, 2022. Accessed October 20, 2022. Internal report.
[3] Ministry of Health and Long-Term Care. Ontario Public Health Standards: Requirements for programs, services and accountability. Protecting and promoting the health of Ontarians. Published June 2021. Accessed October 17, 2022. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

Algoma PUBLIC HEALTH
Santé publique Algoma

Board of Health
RESOLUTION

Whereas, because local public health remains a very small part of total health spending, relatively modest investments in provincial base funding could have a transformative impact on population health and wellbeing.[4]

Therefore be it resolved, that the Board of Health of Algoma Public Health write to the Ontario Minister of Health to request that the **provincial government commit to increased base funding to local public health units**, such that public health units are able to sustain and routinize COVID-19 response and immunization, while simultaneously restoring the delivery of mandated public health programs and services, addressing the backlog of services suspended during the pandemic, and rebuilding local public health for resilience to protect the wellbeing of residents in Northern Ontario.

CARRIED: Chair's Signature _____

☐ **Louise Caicco Tett**	☐ **Micheline Hatfield**	☐ **Musa Onyuna**	☐ **Brent Rankin**
☐ **Deborah Graystone**	☐ **Lee Mason**	☐ **Ed Pearce**	☐ **Matthew Scott**
☐ **Sally Hagman**			

[4] Health Canada. Learning from SARS: Renewal of public health in Canada. Published 2003. Accessed October 18, 2022. https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/publicat/sars-sras/pdf/sars-e.pdf

Algoma PUBLIC HEALTH
Santé publique Algoma

Board of Health
RESOLUTION

Date: October 26, 2022	Resolution No:
Moved:	Seconded:

Subject: Request for a Northern Public Health Human Resource Strategy

Whereas, people living in Northern Ontario experience poorer health outcomes and greater health inequities compared to the rest of the province, and these health outcomes are influenced by social determinants of health, including lack of access to high-quality health services based on where they live[1,2]; and

Whereas, the recruitment and retention of skilled public health professionals in Northern Ontario has faced significant and longstanding challenges, similar to the unique human resource challenges of the health care sector in the north; and

Whereas, Algoma Public Health (APH) had an 11.04% vacancy rate as of October 5, 2022, demonstrating the challenge with recruitment and need for a strategy that will ensure adequate, sustainable full-time equivalents (FTEs) to routinize COVID-19 response and immunization, while simultaneously recovering from the pandemic and fulfilling the provincial mandate within the *Ontario Public Health Standards*[3]; and

Whereas, persistent challenges in recruitment for APH have included (a) the unknowns associated with and undesirability of temporary, time-limited positions among highly skilled public health professionals, (b) competition for health human resources across the Algoma district and beyond, and (c) lack of qualified candidates with the certification or skill level required for specific positions; and

Whereas, one-time funding provided by the province, though appreciated, has been inadequate to sustainably recruit highly skilled public health professionals, as it is only able to support temporary positions that do not provide the job security needed to relocate to Northern Ontario; and

Whereas, APH has experienced the greatest challenge with recruitment of certified public health inspectors (PHIs), an issue shared among northern public health units, and demonstrated by an increased number of vacancies year over year from 2019 to 2022 at APH; and

Whereas, for context, Jobs Canada[4] had 40 positions for inspectors in public and environmental health and occupational health and safety posted in Q1 for 2022 for the north region of Ontario, with the region over-represented in the total number of postings demonstrating the high demand for these professionals in the north; and

Whereas, the status quo on public health human resources is insufficient and will leave communities vulnerable to a range of health hazards and infectious diseases in the future, in addition to preventable morbidity and mortality from chronic diseases and injuries[2] that have the potential to be addressed by skilled public health professionals who fill vacant roles; and

Whereas, without evidence- and northern context-informed strategies for recruitment that align to Northern Ontario, local public health will be unable to sustain COVID-19 response and immunization, while restoring public health programs and services mandated within the OPHS[1] to meet the needs of our communities and prepare for future health crises in a timely manner; and

[1] Health Quality Ontario. Northern Ontario health equity strategy. Published 2018. Accessed October 18, 2022. https://www.hqontario.ca/Portals/0/documents/health-quality/health-equity-strategy-report-en.pdf
[2] Health Canada. Learning from SARS: Renewal of public health in Canada. Published 2003. Accessed October 18, 2022. https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/publicat/sars-sras/pdf/sars-e.pdf
[3] Ministry of Health and Long-Term Care. Ontario Public Health Standards: Requirements for programs, services and accountability. Protecting and promoting the health of Ontarians. Published June 2021. Accessed October 17, 2022. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/

Algoma PUBLIC HEALTH
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Board of Health
RESOLUTION

Whereas, although the Ministry of Health and Ministry of Long-Term Care's current health resource strategy recognizes the importance of a strong workforce to the health care system, northern health programs focus largely on recruitment of healthcare providers in primary care (e.g. physicians, specialists) and the opportunity to conduct a community assessment visit in a select northern community, and do not include programs to sustainably recruit and retain northern public health human resources, including PHIs[5]; and

Whereas, to strengthen the public health system, recover, and prepare for future public health crises, strategic and sustainable investment is needed to recruit a full complement of qualified, permanent public health employees.

Therefore be it resolved, the Board of Health of Algoma Public Health write to the Ontario Minister of Health to request that the provincial government commit to developing and supporting the implementation of **a northern public health human resource strategy, with specific attention to public health inspectors,** in collaboration with northern public health units to address the longstanding public health human resource challenges in the north.

CARRIED: Chair's Signature _____

☐ **Louise Caicco Tett**	☐ **Micheline Hatfield**	☐ **Musa Onyuna**	☐ **Brent Rankin**
☐ **Deborah Graystone**	☐ **Lee Mason**	☐ **Ed Pearce**	☐ **Matthew Scott**
☐ **Sally Hagman**			

[4] Ministry of Labour, Immigration, Training and Skills Development. Inspectors in public and environmental health and occupational health and safety, NOC 2263. Updated 2022. Accessed September 28, 2022. https://www.services.labour.gov.on.ca/labourmarket/jobProfile/jobProfileFullView.xhtml?nocCode=2263

[5] Ministry of Health and Long-Term Care. Health human resource strategy. Updated December 7, 2018. Accessed October 17, 2022. https://health.gov.on.ca/en/pro/programs/hhrsd/about/

Algoma PUBLIC HEALTH
Santé publique Algoma

Board of Health
RESOLUTION

Date: October 26, 2022	Resolution No:
Moved:	Seconded:

Subject: Request to Review and Increase Base Funding for the Healthy Babies Healthy Children Program

Whereas, Healthy Babies Healthy Children (HBHC) is a mandatory program within the Healthy Growth and Development program standard of the *Ontario Public Health Standards* (OPHS),[1] and is funded 100% by the Ministry of Children, Community and Social Services (MCCSS); and

Whereas, HBHC works upstream to ensure children from birth to school-entry age have a healthy start in life, recognizing that early childhood development is a critical period for establishing conditions for health and wellbeing throughout the lifespan[2]; and

Whereas, HBHC works to optimize newborn and child healthy growth and development and reduce health inequities, and has resulted in approximately 900 families being screened for risk and offered the program and 140 or more registering for the blended-model home visiting services each year in Algoma[3]; and

Whereas, this important work with at-risk families requires significant human and material resources, such as the time to conduct at-home visits, travel for visits across the Algoma district, and increase in time and training required to respond to growing caseload complexity, as families are being seen with compounding issues such as mental health, housing insecurity, substance use, and domestic violence, among others, that need to be addressed; and

Whereas, HBHC funding has been a longstanding concerns for many boards of health in Ontario, including Algoma Public Health (APH), despite efforts to mitigate the effects of funding shortfalls over the years; and

Whereas, APH has experienced recurring program funding deficits and required unsustainable, in-kind contributions from mandatory cost-shared public health programs funded by the Ministry of Health and local municipalities, that may result in service reductions over time without MCCSS increases to funding; and

Whereas, MCCSS has not increased funding for the HBHC program since 2015, despite increases in costs associated with staff wages and benefits, and general program delivery, and existing funding not adequately supporting the OPHS[1] mandate and MCCSS expectation for service provision; and

Whereas, pre-pandemic, HBHC clients reported increased mental health challenges exacerbated by limited community resources, substance use concerns, food insecurity, housing insecurity, increased reports of domestic violence, increased involvement with child protection agencies, and decline in ability to learn and apply positive parenting strategies; and

Whereas, pre-pandemic, HBHC clients reported that babies and children were experiencing significant delays in growth and development milestones and receiving assessments for Autism, increasingly challenging behaviours, and delayed speech, language, and social development; and

Whereas, to resource urgent pandemic response and immunization program needs, several partnering agencies, including APH, suspended or reduced available HBHC services and established waitlists for necessary services, creating a backlog of services to address the expressed issues affecting guardians, children, and babies; and

[1] Ministry of Health and Long-Term Care. Ontario public health standards: Requirements for programs, services and accountability. Protecting and promoting the health of Ontarians. Published June 2021. Accessed October 17, 2022. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

[2] McIsaac JD, Lamptey DL, Harley J, et al. Early pandemic impacts on family environments that shape childhood development and health: A Canadian study. *Child Care Health Dev*. 2022;48(6):1122-1133. doi:10.1111/cch.13046

[3] Integrated system for children information system. Updated October 20, 2022. Accessed October 20, 2022. Internal data from reporting sub-system.

Algoma PUBLIC HEALTH
Santé publique Algoma

Board of Health
RESOLUTION

Whereas, the COVID-19 pandemic, associated measures and implications (e.g. changes to family income, employment, access to supports, child care, school and recreation, etc.) affected the priority population served by HBHC in unique ways (e.g. mental health, wellbeing, and social and emotional development of infants and children), and although not yet fully understood, it is expected that some pre-pandemic issues and inequities have exacerbated; [2,4,5] and

Whereas, the impacts of the pandemic on this priority population is increasing demand in the program that we will not be able to address without the appropriate program funding to resource services mandated by the HBHC protocol.[6]

Therefore be it resolved, that the Board of Health of Algoma Public Health endorse the letter from Public Health Sudbury & Districts to the Ontario Ministry of Children, Community and Social Services (Appendix) urging a review and increase of base funding for the Healthy Babies Healthy Children program to ensure this critical program is sufficiently resourced to meet the current and growing needs of children for a healthy start in life.

CARRIED: Chair's Signature _____

☐ **Louise Caicco Tett**	☐ **Micheline Hatfield**	☐ **Musa Onyuna**	☐ **Brent Rankin**
☐ **Deborah Graystone**	☐ **Lee Mason**	☐ **Ed Pearce**	☐ **Matthew Scott**
☐ **Sally Hagman**			

[4] Mental Health Commission of Canada. COVID-19 and early childhood mental health: Fostering systems change and resilience – policy brief highlights. Published September 3, 2021. Accessed October 19, 2022. https://mentalhealthcommission.ca/resource/covid-19-and-early-childhood-mental-health-fostering-systems-change-and-resilience-policy-brief-highlights/#:~:text=But%20when%20parents%20are%20under,affect%20early%20childhood%20mental%20health.

[5] Public Health Ontario. Negative impacts of community-based public health measures during a pandemic (e.g. COVID-19) on children and families. Published August 6, 2020. Accessed October 18, 2022. https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/06/covid-19-negative-impacts-public-health-pandemic-families.pdf?la=en

[6] Ministry of Health and Long-Term Care. Healthy babies healthy children program protocol, 2018. Published January 1, 2018. Accessed October 18, 2022. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/HBHC_Protocol_2018_en.pdf

SOOTODAY.com

Pandemic restrictions take a toll on kids' physical fitness

Len Gillis
Oct 22, 2022 8:44 AM

| *Pexels/Kampus Production*

That is one of the "unintended consequences" of the various lockdowns connected to the COVID-19 pandemic according to Dr. Penny Sutcliffe, the Medical Officer of Health for Public Health Sudbury and Districts (PHSD).

Sutcliffe's position was outlined in a briefing note (see page 59) that is to be presented this week to the regular monthly meeting of the PHSD Board of Health.

In her report, Sutcliffe wrote that the stay-at-home orders and restrictions placed on indoor and outdoor spaces resulted in a reduction of physical activity levels in all age groups. She said the percentage of young people meeting physical activity recommendations fell from roughly 51 per cent in 2018 to 37 per cent in 2020.

"Although the development of physical literacy in children and youth was a growing concern prior to the COVID-19 pandemic, the issue has become more pressing given the long-term health implications of physical inactivity and sedentary behaviours," she said.

Sutcliffe's brief to the board of health also quoted a ParticipACTION's Report Card on Physical Activity for children and youth (2021), which reported that only 36 per cent of children aged 8-12 years met or exceeded the minimum level recommended for physical literacy.

Sutcliffe is recommending that all local school boards, sports organizations and even early learning centres to step up all physical activity programs for children and youth within their care.

Sutcliffe said this would include "collaboration with Sport for Life Society, Active Sudbury and Public Health Sudbury & Districts, agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators."

The board of health will be asked to vote on Sutcliffe's recommendation.

It was also noted that increasing physical activity can have a positive impact on one's mental health. This was based on a report from the Ontario Science Table published in June of 2022.

"Increasing physical activity and decreasing sedentary behaviour have positive effects on mental well-being and are associated with reduced symptoms of depression and anxiety. These effects were well-established prior to the COVID-19 pandemic," said the Science Table document.

The report also noted that Public Health Sudbury is a founding member of the Active Sudbury organization.

"Public Health Sudbury & Districts' partnership with Active Sudbury is an integral part of providing best practices, tools, and support that will foster physical literacy in the communities that we serve," said Sutcliffe's report.

July 20, 2022

Ministry of Children, Community and Social Serives
Government of Ontario
438 University Avenue, 7th 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 Health 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,

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

Public Health
Santé publique
SUDBURY & DISTRICTS

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 it's 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.

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f: 705.867.0474

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

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

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

toll-free / sans frais
1.866.522.9200

phsd.ca

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

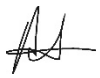
The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

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

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

October 4, 2022

Hon. Sylvia Jones
Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Dear Minister Jones,

Re: AMO Submission - Strengthening Public Health In Ontario: Now and For the Future

At its meeting on September 14, 2022, the Board of Health for Peterborough Public Health (PPH) received and endorsed the submission from the Association of Municipalities to the Ministry of Health, dated August 26, 2022, entitled *Strengthening Public Health In Ontario: Now and For the Future*.

Peterborough Public Health supports the recommendations outlined in the submission which include:

- The government must not make significant structural changes to public health during the COVID-19 pandemic, but rather promote stability in the system.
- The government must establish an independent inquiry as soon as possible to determine the lessons learned from COVID-19, at the local and provincial levels, and resume consultations, once the pandemic waves subside, about how to appropriately modernize and strengthen public health in Ontario.
- The government must immediately act to address the full scope of health human resource challenges with a strategy for the public health and the health care systems.
- The government must provide mitigation funding in 2022 to offset the financial impact to municipal governments from the cost-sharing changes in 2019 for 2020 and reverse the decision to restore the cost–share arrangement that existed prior to 2020. Further, the Health Protection and Promotion Act must be amended to enshrine the appropriate cost-sharing arrangement in legislation, rather than as a matter of provincial policy.
- The government must continue funding COVID-19 costs, including vaccine roll-out, and incorporate as a distinct line item in ongoing base budgets for as long as there is a pandemic and epidemic situation that requires prevention and containment activities.
- The government must provide new funding, starting in 2022, as required to address the backlog of non-pandemic related public health services.

These recommendations complement those recently supported by the Association of Local Public Health Agencies (alPHa) which call for a continuation of the consultation process on the future of the public health system, as well as outline principles alPHa sees as critical to proceeding with changes to the public health system.

Local public health collaboration with the Province, municipalities, First Nations, and other partners has been the backbone of Ontario's successful response to the pandemic. Continuing this collaboration, while stabilizing and strengthening the public health system and structures, is essential to the health and economic recovery of the Province, our communities and residents.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag

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

Algoma
PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

October 24, 2022

Via Email

Hon. Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health, 5th Floor
777 Bay Street Toronto, ON M7A 2J3

Dear Minister Jones:

RE: Response to the Opioid Poisoning Crisis: A Comprehensive Public Health Approach for Substance Use Prevention and Harm Reduction

On September 28th, 2022 the Board of Health for Algoma Public Health (APH) endorsed a letter from the Simcoe-Muskoka District Health Unit (SMDHU) with regards to the escalating opioid poisoning crisis, and confirmed support for SMDHU's set of diverse recommendations that cross multiple sectors and encourages the provincial government to consider stronger investments in health promotion, prevention, and harm reduction initiatives.

Motion 2022-73 included:

> **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, 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 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.**

Residents in Northern Ontario experience 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, when compared to Southern Ontario. These inequities are reflected in the harms and suffering from the opioid poisoning crisis. Data from the Office of the Chief Coroner demonstrated that APH ranked third in the province for the highest rate of opioid-related deaths from April 2021 to March 2022.

The opioid poisoning crisis is a complex public health issue that requires comprehensive, multi-

sectoral approaches to address the social determinants of health, prevention and education, harm reduction, treatment and recovery, and enforcement interventions.

While community agencies are working diligently to respond to the opioid poisoning crisis, there is urgent need for sustainable funding for this community-led work. For example, the Sault Ste. Marie and Area Drug Strategy includes many partners who are committed to responding to the opioid poisoning crisis, however there is currently no funding for a dedicated, fulltime coordinator to oversee the planning and implementation of a comprehensive strategy.

Coordinated action between the federal and provincial governments, public health agencies, and local community partners is necessary to ensure that individuals living with substance use disorders receive the right care, at the right time, and in the right place based on their level of need. This action includes expanding evidence-informed substance use prevention, mental health promotion, and harm reduction programs, exploring revisions to the current Consumption Treatment Services Model, expanding access to therapy, instituting healthy public policy and long-term financial commitment for basic needs (e.g. affordable housing), and addressing stigma, among others, as outlined in the recommendations.

APH joins colleagues across the province to urge holistic attention and sustained funding to support the recommendations to respond to the escalating opioid poisoning crisis, especially in the north.

Thank you for your consideration.

Sincerely,

Sally Hagman
Board of Health Chair
District of Algoma Health Unit

Enclosure

cc: Dr. K. Moore, Chief Medical Officer of Health
Dr. J. Tuinema, Acting Medical Officer of Health and Chief Executive Officer, Algoma Public Health
Ross Romano, MPP, Sault Ste. Marie
Michael Mantha, MPP, Algoma-Manitoulin
Association of Local Public Health Agencies
Canadian Mental Health Association
Mayors and Municipal Councils in the Algoma District
Northern Public Health Boards of Health

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.

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

Tania Caputo

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> on behalf of alPHa communications <communications@alphaweb.org>
Sent: Tuesday, October 18, 2022 2:01 PM
To: AllHealthUnits@lists.alphaweb.org
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] October 2022 InfoBreak

View this email in your browser

PLEASE ROUTE TO:

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

October 18, 2022

October 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.

Leader to Leader – A Message from the alPHa President - October 2022

"Ultimately, leadership is not about glorious crowning acts. It's about keeping your team focused on a goal and motivated to do their best to achieve it, especially when the stakes are high and the consequences really matter, it is about laying the groundwork for others' success and then standing back and letting them shine." – Chris Hadfield, Canadian Astronaut

Your 2022-2023 alPHa Board of Directors is motivated to do their best to achieve alPHa's strategic goals as a governance board. September's inaugural, quarterly meeting of the alPHa Board kicked-off with an orientation on good governance – guided by alPHa's Strategic Plan.

alPHa continues to provide strategic leadership in building collaborations and partnerships across stakeholder groups focussing on strengthening Ontario's local public health system. The alPHa Board receives regular updates from its Sections and from the Affiliate member organizations of the Board, and Loretta Ryan, alPHa's Executive Director, works with her leadership counterparts from key partner organizations. Key information for members is sent out via the monthly *Information Break* with links to the alPHa website, and if time is of the essence, through email notifications.

In June, alPHa surveyed and received a response from each health unit in Ontario regarding base budget requirements now and moving forward. Thank you to everyone for their input. The feedback is currently being consolidated and reviewed strategically for next steps. We will be back in touch in the next newsletter with updates.

The Ontario Not-for-Profit Corporations Act (ONCA) was launched in October 2021, with a three-year window for compliance. alPHa is currently working on a review to

ensure obligations are met within the timeframe. The process and results will be reported on and presented to alPHa membership at an upcoming AGM for ratification. It is to be noted that this is not a restructuring of the organization nor is it an extensive process. The goal currently, is to ensure compliance with ONCA.

Risk management, due diligence, compliance, administrative policies, and procedures are all aspects of good governance and its accountable mechanisms which encompass an entire organization. alPHa's 2023 Winter Symposium will be an opportunity to refresh these skills in the offering of governance training to its membership. This is timely as local boards of health will experience a turn-over in appointments post municipal election. Stay tuned for more information on this event!

It is a time of thoughtful and appreciative reflection as the November 14th end of term date draws closer for the municipally appointed local board of health members. While some will be reappointed, effective November 15th, some will be stepping aside. Whatever the situation may be, the unwavering governance leadership of board of health members during the past four years and particularly during the height of the COVID-19 pandemic has been absolutely essential. On behalf of the alPHa Board of Directors and the alPHa staff – thanks to each and every one of you for your volunteerism for local public health!

Hazel McCallion said, *"Do you want to be a follower, or do you want to take advantage of opportunities to be a leader?"* Thank you, to **ALL** alPHa members and to alPHa's Board of Directors for taking the opportunity to be a public health leader.

Trudy Sachowski
President

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

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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 2 - Resolution A22-2 - Cooling Towers
October 14, 2022 letter from the President of the Association of Local Public Health Agencies (alPHa), which reintroduces our call on the ministry to create province-wide mandatory cooling tower registration system to facilitate the investigation and management of legionella outbreaks such as the one that is now being investigated in the town of Orillia.

alPHa Letter - DSNO, Resolution A22-4 - Opioids
October 14 letter from alPHa that communicates our endorsement in principle of the Drug Strategy Network of Ontario (DSNO) Solutions to End the Drug Poisoning Crisis in Ontario: Choosing a New Direction as it aligns with alPHa's related and previously communicated resolution (A22-4).

alPHa Letter - Collection of Sociodemographic Data
October 14, 2022 letter to the Minister of Health urging the incorporation of sociodemographic data (SDD) in all database systems, including the Case Contact Management expansion (which is replacing iPHIS) for reporting of diseases of public health significance (DoPHS).

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.

[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.

Call for Abstracts now open: TOPHC 2023

TOPHC
The Ontario Public Health Convention

A call for abstracts for TOPHC 2023 is now out.

The Ontario Public Health Convention (TOPHC) is a chance to learn from each other, get inspired, and move forward to make a difference in the practice of public health. It is an excellent opportunity to engage with a variety of public health professionals from various settings. TOPHC offers a combination of research and practice-based presentations to share knowledge in public health, and educational workshops that help build and refine your relevant skills. alPHa is a key partner with alPHa volunteers and staff actively engaged in the creation of TOPHC 2023.

Goals and objectives

- Describe implementation and impact of evidence-based and evidence-informed strategies, programs, and policies to promote and protect the public's health.
- Identify considerations and approaches for enhancing collaboration and partnerships to address current and emerging public health issues.
- Recognize gaps in and challenges to current public health practice and policy and discuss opportunities and potential solutions to address these gaps.
- Applying new/enhanced skills to questions and concerns facing public health professionals and our clients.

You are all welcome to submit your abstracts.

Please note that TOPHC 2023 will be a two-day event, with a virtual program on March 27, 2023 and in-person workshops on March 30, 2023. Abstracts are only being accepted for virtual presentations that will take place on March 27, 2023.

Boards of Health: Shared Resources

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

Resources available on the alPHa website include:

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

Association of Municipalities of Ontario (AMO) New Head of Council and New Councillor Training

AMO is offering training for New Heads of Councillors and New Councillors. The training will feature subject matter experts, helping participants "managing diverse aspects and expectations on issues [they] will find before [their] term." You can register for the New Head of Councillor Training here and register for New Councillor training here.

Public Health Ontario

Variants of Concern

- Reinfection with SARS-CoV-2 Omicron Variant of Concern
- Risk Assessment for Omicron BA.4 and BA.4 Variant Sub-Lineages (as of Sept 23, 2022)
- SARS-CoV-2 Omicron Variant Sub-Lineage BA.2.75 (updated)
- SARS-CoV-2 Genomic Surveillance in Ontario Weekly Epidemiological Summary

Check out PHO's Variants of Concern web page for the most up-to-date resources.

Surveillance

- COVID-19 in Ontario: Weekly Epidemiological Summary

Check out PHO's COVID-19 webpage for a comprehensive list of all COVID-19 resources.

In Case You Missed It

- Catch-Up of Routine and School-Based Immunizations for School-Aged Children and Adolescents

Additional Resources - New

- Monkeypox Resources
- COVID-19 Wastewater Surveillance in Ontario
- Respiratory Virus Overview in Ontario from September 25, 2022 to October 1, 2022 (Week 39)

PHO Events

Upcoming PHO Webinar:

- PHO Webinar: Centering Indigenous Ways, Un-learning Mainstream Approaches in Substance Use (Oct. 26)

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

- PHO Microbiology Rounds: Fishing for Antimicrobial Resistance (AMR): A Metagenomic Platform for Antimicrobial Surveillance (Sept. 8)

What's Next for Public Health?: Looking to the Future

Dalla Lana School of Public Health

The Dalla Lana School of Public Health presents the 15th Annual Student-Led Conference, **What's Next for Public Health?: Looking to the Future**, a hybrid in-person and virtual conference on November 17 to 19, 2022.

COVID-19 has brought a future of public health much different from the one we once knew, and as public health professionals, we must work together to navigate changed principles and our new and developing roles. This conference will include discussions considering the aftermath of COVID-19, knowledge translation, new and upcoming methods, and the impacts of the ever changing environment on public health practice.

Upcoming DLSPH Events

- Quality Control for ATMPs and Biologics Masterclass (Oct. 17)
- Breast Reconstruction Awareness (BRA) Day (Oct. 19)

OPHA Fall Forum 2022

The Ontario Public Health Association's Conference is being held from November 8, 2022-November 9, 2022. The Conference is called The Next Chapter: Building Upon Our Capacity and Resilience in Community and Public Health and will "highlight creative ways of addressing preventative health across sections and within communities." For more information, click here.

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, 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

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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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.

News Releases

The most up to date news releases from the Government of Ontario can be accessed here.
