

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, July 21, 2021 – 5:30 p.m.
Electronic Meeting**

1. Call to Order

Mayor Andy Mitchell, Chair

1.1. Welcome and Opening Statement

Land Acknowledgement

We respectfully acknowledge that Peterborough Public Health is located on the Treaty 20 Michi Saagiig territory and in the traditional territory of the Michi Saagiig and Chippewa Nations, collectively known as the Williams Treaties First Nations, which include: Curve Lake, Hiawatha, Alderville, Scugog Island, Rama, Beausoleil, and Georgina Island First Nations.

Peterborough Public Health respectfully acknowledges that the Williams Treaties First Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come. We are all treaty people.

Recognition of Indigenous Cultures

We recognize also the unique history, culture and traditions of the many Indigenous Peoples with whom we share this time and space. We give thanks to the Métis, the Inuit, and the many other First Nations people for their contributions as we strengthen ties, serve their communities and responsibly honour all our relations.

2. In Camera to Discuss Confidential Matters

*In accordance with the Municipal Act, 2001,
Section 239(2)(d), Labour relations or employee negotiations*

3. Motions for Open Session

4. Confirmation of the Agenda

5. Declaration of Pecuniary Interest

6. Consent Items to be Considered Separately

Board Members: Please identify which items you wish to consider separately from section 12 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 12.2 a b c d e f g h i j

7. Delegations and Presentations

8. Board Chair Report

9. Confirmation of the Minutes of the Previous Meeting

- Cover Report
- a. June 9, 2021

10. Business Arising From the Minutes

11. Staff Reports

11.1. Presentation: COVID-19 Update

- Cover Report
- Presentation (*to be circulated*)

11.2. Presentation: PPH Recovery Plan

- Cover Report
- Presentation (*to be circulated*)

11.3. Staff Report: Unfunded Public Health Programs

- Staff Report

12. Consent Items

12.1. Correspondence for Direction

12.2. Correspondence for Information

- Cover Report
- PRHC Master Plan
- alPHa e-newsletter
- alPHa Resolutions
- Minister Elliott – Funding and Recovery
- alPHa – Ombudsman Report

- Ombudsman Response
- North Bay Parry Sound – Funding
- Simcoe Muskoka – Funding
- Sudbury – Funding
- Windsor Essex - Funding

12.3. Staff Reports (*nil*)

12.4. Committee Reports (*nil*)

13. New Business

13.1. Medical Officer of Health Transition Discussion

13.2. Community Pandemic Celebration Event

14. Date, Time, and Place of the Next Meeting

August 11, 2021, 5:30 p.m.

Multipurpose Rooms, 2nd Floor, Peterborough Public Health (185 King St.)

15. Adjournment

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Approval of Minutes
DATE:	July 21, 2021
PREPARED BY:	Natalie Garnett, Board Secretary
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on June 9, 2021.

ATTACHMENTS

- a. [Minutes, June 9, 2021](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, June 9, 2021 – 5:00 p.m.
(Electronic Meeting)**

In Attendance:

Board Members: Councillor Gary Baldwin
Councillor Henry Clarke
Deputy Mayor Matthew Graham
Councillor Nodin Knott
Mayor Andy Mitchell, Chair
Dr. Hans Stelzer
Councillor Don Vassiliadis
Councillor Kathryn Wilson

Regrets: Deputy Mayor Bonnie Clark

Staff: Ms. Brittany Cadence, Manager of Communications and IT
Ms. Donna Churipuy, Director of Public Health Programs
Ms. Natalie Garnett, Recorder
Ms. Alida Gorizzan, Executive Assistant
Dr. Rosana Salvaterra, Medical Officer of Health
Mr. Larry Stinson, Director of Operations

1. Call to Order

The Chair, called the meeting to order at 5:00 p.m.

1.2 Reappointment of Dr. Hans Stelzer, Provincial Appointee

1.3 Recognition: Mary Cozzarini, Food for Kids Peterborough

Ms. Mary Cozzarini was presented with a “Public Health Champion” certificate in recognition of her contributions and leadership with the Food for Kids program from 1992-2021.

2. Confirmation of the Agenda

MOTION:

That the agenda of the Board of Health for the Peterborough Public Health meeting on June 9, 2021, be approved.

Moved: Councillor Clarke
Seconded: Councillor Wilson
Motion carried. (M-2021-054)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

MOTION:

That the following item be passed as part of the consent agenda: 10.2. b.

Moved: Deputy Mayor Graham
Seconded: Councillor Vassiliadis
Motion carried. (M-2021-055)

MOTION (10.2.b.):

*That the Board of Health for Peterborough Public Health receive the following for information:
b. Email dated May 18, 2021, alPha e-newsletter*

Moved: Deputy Mayor Graham
Seconded: Councillor Vassiliadis
Motion carried. (M-2021-055)

5. Delegations and Presentations

5.1. 2020 Audited Financial Statements

Mr. Richard Steinginga, Baker Tilly, provided a presentation on the 2020 Audited Financial Statements.

MOTION:

That the Board of Health for Peterborough Public Health:

- *receive the auditor letter dated June 9, 2021;*
- *receive the staff report and presentation, 2020 PPH Audited Financial Statements; and*
- *approve the acceptance of the 2020 Consolidated Audited Statements.*

Moved: Deputy Mayor Graham
Seconded: Councillor Baldwin
Motion carried. (M-2021-056)

MOTION:

That the Board of Health for Peterborough Public Health provide a letter to the Province requesting that they take into consideration that the extraordinary expenses encountered during COVID-19 will extend well beyond the end of the pandemic for local public health units.

Moved: Dr. Stelzer
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-057)

6. Board Chair Report

The Chair noted that the PPH media events for COVID-19 updates are transitioning from biweekly to weekly.

7. Confirmation of the Minutes of the Previous Meeting

MOTION:

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on May 12, 2021.

Moved: Councillor Clarke
Seconded: Councillor Vassiliadis
Motion carried. (M-2021-058)

8. Business Arising From the Minutes

9. Staff Reports

9.1 Oral Report: COVID-19 Update

MOTION:

That the Board of Health for Peterborough Public Health receive the oral report, COVID-19 Update, for information.

Moved: Councillor Wilson
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-059)

9.2 Peterborough Regional Health Centre Master Plan

MOTION:

That the Board of Health for Peterborough Public Health send a letter of support to the Peterborough Regional Health Centre (PRHC) regarding their upcoming Stage 1 Master Plan submission to the Local Health Integration Network and Ministry of Health.

Moved: Dr. Stelzer
Seconded: Councillor Wilson
Motion carried. (M-2021-060)

9.3 Oral Report: Association of Local Public Health Agencies Conference and Annual General Meeting, June 8, 2021

A video of Dr. Salvaterra's speech to alPHa upon receiving a Distinguished Service Award was played for Board members.

Chair Mitchell was congratulated on being elected to the alPHa Board of Directors.

MOTION:

That the Board of Health for Peterborough Public Health receive the oral report, Association of Local Public Health Agencies Conference and Annual General Meeting, June 8, 2021, for information.

Moved: Councillor Baldwin
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-061)

10. Consent Items

MOTION (10.2.a):

*That the Board of Health for Peterborough Public Health receive the following for information:
a. Letter dated May 14, 2021, from the Board Chair to Premier Ford expressing support for the Stay-at-Home Order extension.*

Moved: Councillor Wilson
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-062)

11. New Business

12. In Camera to Discuss Confidential Matters

13. Motions for Open Session

14. Date, Time, and Place of the Next Meeting

MOTION:

That the Board of Health for Peterborough Public hold Board meetings on July 14 and August 11, 2021.

Moved: Councillor Clarke
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-063)

15. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Councillor Baldwin
Seconded by: Deputy Mayor Graham
Motion carried. (M-2021-064)

The meeting was adjourned at 6:52 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Presentation: COVID-19 Update
DATE:	July 21, 2021
PREPARED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the presentation, *COVID-19 Update*, for information.

ATTACHMENTS

- a. Presentation (to be circulated)*

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Presentation: PPH Recovery Plan
DATE:	July 21, 2021
PREPARED BY:	Jane Hoffmeyer, Manager, Foundational Standards & Planning Lead

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the presentation, *PPH Recovery Plan*, for information.

ATTACHMENTS

- a. Presentation (to be circulated)*

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT**

TITLE:	Unfunded Public Health Programs
DATE:	July 21, 2021
PREPARED BY:	Donna Churipuy, Director of Public Health Programs
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, Unfunded Public Health Programs, for information; and
- correspond to the Minister of Health, with copies to the Premier of Ontario, Ontario Chief Medical Officer of Health, local MPPs, the Association of Local Public Health Agencies (alPHA) and Ontario Boards of Health.

FINANCIAL IMPLICATIONS AND IMPACT

The 2021 approved budget does not include funding for the some of the recently and previously amended Ontario Public Health Standards (OPHS) and related protocols.

DECISION HISTORY

The Board of Health has not previously decided with regards to this matter.

BACKGROUND

In 2018, the *Menu Labelling* and the *Child Visual Health and Vision Screening* protocols were added to the *OPHS and Protocols*. The *Menu Labelling* protocol is intended to provide direction to boards of health to support the enforcement of the *Healthy Menu Choices Act, 2015* and its Regulation 50/16 (HMCA) including requirements to display calorie information for standard food items that are sold or offered for sale. The *Child Visual Health and Vision Screening* protocol is intended to ensure that parents/guardians are aware of the visual health needs of school-aged children. It is important to note that comprehensive eye exams are also currently available through participating optometrists and payment is covered by OHIP.

The Board of Health (BOH) received one-time funding for the implementation of the *Menu Labelling* protocol however no additional base or one-time funding was received to implement the *Child Visual Health and Vision Screening* protocol. In addition, no base funding has ever been received to support the sustained implementation of the *Menu Labelling protocol*.

On June 10, 2021, Peterborough Public Health (PPH) received a memo from the Chief Medical Officer of Health indicating the amendment of the Ontario Public Health Standards including

the addition of a requirement to deliver the Ontario Seniors Dental Care Program (OSDCP) in accordance with the revised *Oral Health Protocol, 2021* and amendments to the Effective Public Health Practice; Healthy Environments; and Substance Use and Injury Prevention Program Standards to require routine and complaint-based inspections of Consumption and Treatment Services and reference to the new *Consumption and Treatment Services Compliance and Enforcement Protocol, 2021*. It was noted that there is no expectation of immediate action by boards of health to implement the *Consumption and Treatment Services Compliance and Enforcement Protocol*. Ministry staff plan to communicate the timing of required enforcement at a later date.

Whereas the OSDCP is 100% funded by the Ministry of Health, no additional funding was announced to support the implementation of the Consumption and Treatment Services Compliance and Enforcement Protocol (CTSCEP).

RATIONALE

As the BOH is aware, community partners have made application to the provincial government for a Consumption and Treatment Site (CTS) for 220 Simcoe Street Peterborough. Since the CTS update at the May 12, 2021 BOH meeting, a Health Canada Exemption to allow for illicit drug use on site has been approved. A separate application for CTS funding was previously submitted to the Ministry of Health for operations funding for staffing/facility and awaits approval.

PPH staff have worked closely with CTS partners and have identified that supporting partners/staff as they prepare for operations will be important particularly understanding of the protocol regarding inspections (routine and complaint based) and implications related to the CTS transfer payment agreement. Community education and anti-stigma messaging/awareness raising will also be critical early on in CTS operations to minimize complaints.

Although the 2021 amended standards and associated protocols are welcomed, unfortunately local public health agencies (LPHAs) have limited capacity to implement them without a supporting budget. As noted above, LPHAs are already carrying a load of previously mandated protocols that have never been funded, including the vision screening and menu labelling protocol.

The addition of the new CTS protocol adds more pressure on the LPHA to divert finite resources from other programs and services to complete these new requirements. It is anticipated that additional Health Promoter time, up to 1.0 full-time equivalent (FTE) in the first year, and funding to support reporting would be required to fulfill the requirements of the new protocol including routine inspections, responding to complaints, creating an inspection and reporting module, additional licenses for the inspection and reporting software, and collaborating with stakeholders.

PPH has dedicated additional Public Health Inspector (PHI) resources to focus on menu review and inspections of existing regulated food service premises that fall under the HMCA and

inspections of each new food service premise within their first year of operation. Compliance to date with this protocol is estimated at 60% and was identified as an Environmental Health priority in 2020. It is estimated that approximately 30 initial inspections need to be completed and another 40 re-inspections are required before shifting to a complaint-based system. HMCA compliance was not a component of PPH’s Continuity of Operations Plans as part of the COVID-19 pandemic response. Additional PHI time, up to 0.5 FTE, is needed in 2022 to complete HMCA inspections (not routine inspections).

With the anticipated return to regular programs and services in the upcoming fall and winter and the ongoing demands of COVID-19 response, it will be critical that programs that have not been operating for the past 16 months respond to the gaps and inequities created or exacerbated during the pandemic. The addition of new mandates must not jeopardize the prioritization of programs and services that are intended to reduce health inequities and are evidence based.

Prior to the pandemic, at PPH, the Vision Screening program was subsidized by staffing from the Oral Health and Ministry of Children, Community and Social Services (MCCSS)-funded programs, including a Certified Dental Assistant and an Administrative Assistant, amounting to a total of 1.3 FTE. Moving into the post-pandemic era this support will not be possible since many of the Oral Health screening program recipients will be priority for services. All of the staffing allocated to these programs will be needed to make up for lost time and ensure the oral health of school children is assessed and appropriate treatment offered. The Healthy Babies, Healthy Children and Infant and Toddler Development programs will also require adequate administrative support.

Summary of needs to implement unfunded programs

	Consumption and Treatment Services Protocol	Menu Labelling Protocol	Visual Health Protocol
Human Resources	1.0 FTE	0.5 FTE	1.3 FTE
Materials and Supplies	\$1000+ for reporting module and software		

STRATEGIC DIRECTION

This report applies to the following strategic direction(s):

- Capacity and Infrastructure

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Information
DATE:	July 21, 2021
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information:

- a. Letter dated June 18, 2021 from the Board Chair to PRHC regarding support for their new Master Plan.
- b. Email dated June 21, 2021, alPHa e-newsletter.
Members are asked to view the video included in this item of correspondence (highlighted) prior to the meeting regarding legal matters/responsibilities of Boards of Health.
- c. Email dated June 21, 2021, alPHa Disposition of Resolutions from the 2021 Annual General Meeting.
- d. Letter dated June 23, 2021 from the Board Chair to Minster Elliott regarding post-pandemic funding and recovery.
- e. Letter dated June 30, 2021, from alPHa to the Office of the Ombudsman regarding their Annual Report and public health oversight.
- f. Letter dated July 5, 2021, from the Officer of the Ombudsman to alPHa, in response to their June 30th letter.

Correspondence from other local public health agencies:

- g. North Bay Parry Sound – Pubic Health Funding
- h. Simcoe Muskoka – Public Health Funding
- i. Sudbury and Districts – Public Health Funding
- j. Windsor Essex – Public Health Funding

June 18, 2021

Dr. Peter McLaughlin
Peterborough Regional Health Centre
1 Hospital Drive
Peterborough, ON
K9J 7C6

Dear Dr. McLaughlin,

We are pleased to hear that Peterborough Regional Health Centre (PRHC) is in the process of completing a new Master Plan, looking ahead toward the next 5, 10 and 20 years of your ongoing evolution as an organization.

We know that PRHC has seen substantial increases in patient volumes and acuity as Peterborough has become one of the fastest-growing communities in Canada with one of the oldest populations demographically, and that you have continued to expand and enhance your programs and services over the years as both a community provider and the regional hospital hub for Peterborough and the surrounding communities, bringing specialized care closer to home for many patients.

PRHC's regional role has become increasingly important throughout the COVID-19 pandemic as you have served as the lead for the five hospitals in the "C5" region, as well as operating as a receiving hospital for patient transfers during the provincial critical care surge.

I want to thank you for continuing to engage with all of your regional and community partners, including Peterborough Public Health (PPH), to ensure that our strategic goals for the years ahead are aligned and complementary.

We look forward to a future state in which PRHC will be the go-to acute care centre between Kingston and the Greater Toronto Area for patients to receive care, and we want to reiterate our support for the pre-capital submissions you have shared with us to date, including the addition of inpatient beds, an expansion of your Mental Health Crisis Response Unit, the addition of a second LINAC, and an expansion of your cardiac program.

As we discussed, the mental health and addictions crisis requires an urgent investment of resources. We understand that PRHC's top priority in the Master Plan is the redevelopment of the Crisis Response Unit through a Head Start project, and that further planning for mental health services will occur in collaboration between PRHC and community partners. PPH would welcome opportunities to work together on mutual goals and/or mandates in the area of mental health and substance use.

As one of PRHC's community partners, please accept this letter on behalf of PPH as an endorsement of your early plans for redevelopment as PRHC embarks on this important 10-year journey.

We are very excited to hear more as your master planning process continues to take shape, and look forward to the benefits these improvements will have for patients in the Peterborough community and the surrounding region.

Yours truly,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** Loretta Ryan
Sent: Monday, June 21, 2021 4:29 PM
Subject: [allhealthunits] June 2021 Issue of alPHa's Information Break

PLEASE ROUTE TO:

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



June 21st, 2021

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

COVID-19 Update

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

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

[View the Ministry's website on the status of COVID-19 cases](#)

[Go to Public Health Ontario's COVID-19 website](#)

[Visit the Public Health Agency of Canada's COVID-19 website](#)

[alPHa's recent COVID-19 related submissions can be found here](#)

Conference and Annual General Meeting Wrap Up

This year's Conference and AGM ***Ontario's Public Health System: Challenges – Changes – Champions*** was held on June 8th, 2021, and focused on the critical role of Ontario's public health system. alPHa's members participated in a [program](#) that featured speakers who discussed Ontario's key public health issues, including the response to COVID-19.

The 2021 Disposition of alPHa Resolutions from this year's online conference and further information on alPHa's resolutions are available [here](#). alPHa's [Annual Report](#), recipients of alPHa's [Distinguished](#)

[Service Awards for 2020 and 2021](#), detailed bios for speakers and other materials can be found on our website. A presentation by alPHA's legal counsel, James LeNoury, on legal matters for Boards of Health can be found [here](#). Conference proceedings will be distributed within the next few weeks, so stay tuned!

We are grateful to our outgoing board for their direction and guidance during these challenging times and we are excited to welcome the 2021-2022 alPHA Board of Directors. Further information on the new Board, including bios, can be found [here](#).

A special thanks to our Conference Chair, Trudy Sachowski, the Conference Planning Advisory Committee: Loretta Ryan (Chair), Dr. Kit Young Hoon, Marilyn Herbacz, Trudy Sachowski, Carmen McGregor, Denis Doyle, Lindsay Koch, Lee Pitt, Shannon Robinson, Gord Fleming, and the Conference Support team: Akanksha Ganguly, Doug Lawrance, Obadiah George, and Sarah Edmonds. Thank you to our Conference Partners: Northwestern Health Unit and the Dalla Lana School of Public Health. alPHA is also grateful to our gold level sponsor, Gillons Insurance Brokers – *A division of Westland Insurance group* and our silver level sponsor, Mosey and Mosey for their continued support.

alPHA Correspondence

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

- June 6th, 2021 - [MCCSS Response - Student Nutrition Programs](#)
- May 29th, 2021 - [Joint Letter incl COMOHO - Reopening Schools](#)
- May 21st, 2021 - [COMOHO - Sick Kids Letter: Reopening Schools](#)

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

Boards of Health: Shared Resources

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

Resources available on the alPHA website include:

- [Orientation Manual for Board of Health](#)
- [Review of Board of Health Liability \(PowerPoint presentation\)](#)
- [Legal Matters: Updates for Boards of Health](#) (Video, June 8, 2021)
- [Governance Toolkit](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#)

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

PHO Resources

Schools, Childcare and Day Camps

Understanding how COVID-19 is transmitted and ensuring that proper public health measures are in place is important for preventing the spread of COVID-19 in day camps, schools and childcare settings:

- [Pre-camp Planning: COVID-19 Preparedness and Prevention for Day Camps](#)
- [Daily Camp Operations: COVID-19 Preparedness and Prevention for Day Camps](#)
- [Preventing COVID-19: Presentations for Schools and Childcare Settings](#)

Opioid-Related Deaths

Learn more about [patterns surrounding opioid-related deaths](#) that occurred in Ontario during the COVID-19 pandemic up to the end of December 2020. Report prepared by The Ontario Drug Policy Research Network, the Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service and PHO.

Upcoming PHO Events

- **June 23:** [Planning Sustainable Health Promotion Programs \(Repeat presentation\)](#)

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

Upcoming DLSPH Events and Webinars

- [Evaluating Knowledge Transfer – June 25th \(12:00 – 1:00 pm\)](#)

View all past webinars [here](#).

News Releases

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

Association of Local Public Health Agencies

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Disposition of Resolutions 2021

**2021 Annual General Meeting
Monday, June 8, 2021
Online**

Resolution #	Title	Sponsor	Page
A21-1	REDUCING THE HARMS, THE AVAILABILITY AND YOUTH APPEAL OF ELECTRONIC CIGARETTES AND VAPING PRODUCTS THROUGH REGULATION	Middlesex-London Board of Health	3
A21-2 (LATE RESOLUTION)	PUBLIC HEALTH TO LEAD AND COORDINATE THE RESPONSE TO ADDRESS THE OPIOID CRISIS CAPITALIZING ON THE MOMENTUM OF MANAGING THE COVID-19 EMERGENCY	Grey Bruce Health Unit	18

- TITLE:** **Reducing the Harms, the Availability and Youth Appeal of Electronic Cigarettes and Vaping Products through Regulation**
- SPONSOR:** **Middlesex-London Board of Health**
- WHEREAS** electronic cigarettes (e-cigarettes), also referred to as electronic nicotine delivery systems, vapour products, vapes or vapourizers, were first introduced into the Canadian market in 2004; and
- WHEREAS** an alPHa resolution in 2014 requested that Health Canada and the Ontario Ministry of Health and Long-Term Care provide for the public health, safety and welfare of all Ontario residents by: ensuring manufacturing consistency of e-cigarettes; conducting research on the long-term health effects of e-cigarettes and exposure to secondhand vapour; and, regulating the promotion, sale and use of e-cigarettes in Ontario; and
- WHEREAS** there are no long-term studies on the health effects of using e-cigarettes that can conclusively show they do not pose a health risk to the user; and
- WHEREAS** there is substantial evidence that some chemicals present in e-cigarette aerosols are capable of causing DNA damage and mutagenesis, and that long-term exposure to e-cigarette aerosols could increase the risk of cancer and adverse reproductive outcomes; and
- WHEREAS** there is inconclusive evidence that e-cigarettes are effective as a cessation tool to help people break their addiction to nicotine; and
- WHEREAS** in Canada, most people who use e-cigarettes also smoke tobacco cigarettes (dual users), maintaining tobacco use and nicotine addiction over time; and
- WHEREAS** data shows that the concurrent use of cigarettes and e-cigarettes is even more dangerous than smoking cigarettes alone due to increased exposure to toxicants and nicotine; and
- WHEREAS** the use of e-cigarettes has grown at an exponential rate, with a 74% increase in youth vaping in Canada from 8.4% in 2017 to 14.6% in 2018; and
- WHEREAS** e-cigarette prevalence rates among Canadian grade 7 to 12 students have doubled from 10% in 2016-17 to 20% in 2018-19, with prevalence rates of past-30-day use being higher among students in grades 10 to 12 (29%) than those in grades 7 to 9 (11%); and
- WHEREAS** 56% of Ontario students in grades 7 to 12 who have used an e-cigarette in the past year are vaping nicotine; and
- WHEREAS** there is substantial evidence that e-cigarette use increases the risk of cigarette smoking initiation among n

on-smoking youth and young adults; and

WHEREAS simulation models in the United States show e-cigarette use represents more population-level health harms than benefits, with an estimated 80 youth and young adults starting to use an e-cigarette product for every cigarette smoker who quits; and

WHEREAS a [January 2020 statement](#) from the Council of Chief Medical Officers of Health (CCMOH) outlines regulatory and policy recommendations for the federal, provincial/territorial and municipal governments to address the rapidly emerging public health threat of increased vaping prevalence; and

WHEREAS As of July 1st, 2020, the sale of most flavoured vaping products and all vaping products with nicotine concentrations higher than 20 mg/mL are restricted to specialty vape stores and provincially licensed cannabis retail outlets because they are age-restricted (19 years plus) retail environments; and

WHEREAS In Ontario, the sale of menthol, mint and tobacco-flavoured e-cigarettes are permitted at convenience stores, gas stations, and any other retail environment where children and youth have access; and

WHEREAS additional regulatory measures will serve to further strengthen the goal of tobacco use prevention, cessation and a reduction in use of all nicotine-containing products by regulating vapour products as equivalent to commercial tobacco products;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) write to the federal and provincial Ministers of Health acknowledging the steps already taken by the Governments of Canada and of Ontario to address the epidemic of youth vaping, and urge that they enact the following policy measures based on those recommended by the Council of Chief Medical Officers of Health:

- A ban on all vapour product and e-substance flavours except tobacco;
- A cap on the nicotine concentration levels in any vapour product to 20 mg/mL, in alignment with the European Union Tobacco Products Directive;
- The application of the same plain and standardized packaging regime that is applied to commercial tobacco products and accessories to vapour products;
- The enforcement of strict age-verification measures for online sales, including age-verification at time of purchase and proof of legal age at delivery;
- Limit tobacco and vapour product and accessory sales to licensed, age-restricted tobacconists, specialty vape shops and cannabis retail shops respectively;
- The enactment of a tax regime on vapour products and the establishment of product set price minimums to discourage use of all tobacco and vaping products; and,
- An increase to the legal age for the sale and supply of tobacco and vaping products and accessories to 21 years of age.

AND FURTHER that alPHa advise all Ontario Boards of Health to advocate for and support local municipalities to develop bylaws to regulate the retail sale and the use of tobacco and vapour products;

AND FURTHER, that the Prime Minister of Canada, the Chief Public Health Officer of Canada, the Premier of Ontario and the Chief Medical Officer of Health of Ontario be so advised.

ACTION FROM CONFERENCE: Carried

Supplementary information attached (13 pages)

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

Sponsor: **Grey Bruce Health Unit**

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

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

WHEREAS public health successfully managed the pandemic; and

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

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

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

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

ACTION FROM CONFERENCE: Carried as Amended

June 23, 2021

The Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@pc.ola.org

Dear Minister Elliott,

I want to begin by thanking you and your government for your financial support during the pandemic. Local boards of health have appreciated the province's commitment to funding, at 100%, the costs related to the COVID response and the mandate to implement the largest mass immunization campaign in Ontario's history. Your approach has facilitated our ability to serve our local population.

As we move towards summer, we are encouraged by the increase in vaccine coverage, decreased cases and opening of businesses and facilities. However, there is still a lot of work ahead and, if we've learned anything from this experience, the end point is never truly predictable.

The impact of your assistance was noted by our Board when we recently approved the audited financial statements for Peterborough Public Health's 2020 fiscal year. At the same time, we continue to await approval of our 2021 Annual Service Plan - including the provincial cost-shared grant and extraordinary one-time funding for COVID Response and COVID Vaccination. Your anticipated assistance in mitigating costs in 2021 will be critical in allowing us to complete the job of controlling the pandemic.

During the COVID emergency, we have had to make difficult decisions about which program activities to stop, which to continue at reduced capacity, and which to continue without disruption. Post-COVID we will need to rebuild programs, catch up on wait lists and delayed activities, meet new community needs and continue to address the fallout from an intense 21 months of COVID work.

Facing these challenges, I ask that you ensure public health is adequately funded to meet the evolving public health needs of our communities and further ask that you and your officials provide timely clarity regarding what support local public health agencies can anticipate in 2022. Early advice on key funding commitments for 2022 will allow my Board to more effectively manage our 2022 fiscal requirements.

More specifically, our Board would ask that your government consider a commitment to:

1. Continuation of mitigation funding for the 2022 fiscal year;
2. Continuation of the availability of one-time funding for COVID expenses;
3. An increase in the base funding levels to accommodate increased operating costs since 2019; and,
4. Funding to support the enhanced need for "re-starting" or returning programs to OPHS requirement levels.

Local public health agencies, along with their partners, are determined to rebuild community health. This effort cannot be put on the shoulders of local funders alone and we look to a continuing partnership with the government.

Our Board looks forward to working with you and your Ministry as we plan for and implement post-pandemic public health initiatives.

Yours truly,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Dr. Kieran Moore, Incoming Ontario Chief Medical Officer of Health
Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

June 30, 2021

Paul Dubé, Ombudsman
Bell Trinity Sq, South Tower 10th Flr.
483 Bay St
Toronto, ON M5G 2C9

Re: Ombudsman Annual Report – Public Health Oversight

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, we are writing today to respond to the inaccurate conclusions in your Annual Report that independent oversight of public health units is lacking or nonexistent.

As you have correctly observed, public health units have been central to Ontarians' experience of the pandemic. Our work is indeed crucially important, and our decisions do indeed collectively affect millions of people. Each of these decisions is made within a comprehensive and detailed framework of legislation and accountability that ensures careful oversight at both the local and provincial levels.

The most significant error of your conclusions is the failure to recognize the existence of Ontario's 34 local Boards of Health, which are independent authorities that have a specific and detailed mandate for oversight of the delivery of health programs and services within their health units under the Health Protection and Promotion Act. A detailed Public Health Accountability Framework in turn obliges the Boards to demonstrate that they are meeting the expectations defined by the Ministry of Health and are providing appropriate oversight for public funding and resources. Transparency is a requirement in that the public has direct access to boards of health meetings, key organizational documents, and any other materials that help them make informed decisions about their health.

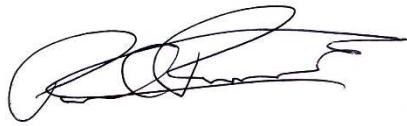
At an operational level, each of Ontario's 34 public health units is mandated to deal directly with the public, including formal mechanisms for receiving and responding to complaints. We can assure you that our public intake lines were very busy during the past year, and we dealt directly with each of the themes outlined in your report on a regular basis, even if these were not directly within our scope. Our close relationships with other organizations within our health units ensure that the vast majority of public inquiries are correctly referred. The ones received by your office were most likely made by people who were not aware of these existing mechanisms.

We were also taken aback by your assertion that decisions made by public health authorities falling outside of your jurisdiction constitutes a serious gap in oversight. The Health Services Appeals and Review Board (HSARB), which is an independent tribunal, exists for exactly that purpose, with the authority to review, hear appeals of, and adjudicate orders made under the Health Protection and Promotion Act. We would submit that a quasi-judicial body already effectively fills this alleged gap.

With Ontario's public health system under heightened scrutiny as it serves on the front line of the pandemic response, we are extremely concerned that the erroneous and unsubstantiated conclusions contained in your annual report have created the impression that there is a major problem where one does not exist.

We hope that you will take our messages into careful consideration, and we strongly urge you to agree to a meeting with representatives of our Association as soon as possible so that we can go into more detail about the robust oversight that is already in place for Ontario's locally based public health system. Please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,



Dr. Paul Roumeliotis
alPHa President



Wess Garrod
Chair, Boards of Health Section



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

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

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHa advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, 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.



J. Paul Dubé, Ombudsman

July 5, 2021

Attention: Dr. Paul Roumeliotis, Wess Garrod, Dr. Charles Gardner
Association of Local Public Health Agencies
480 University Ave., Suite 300
Toronto, Ontario M5G 1V2

Sent by email

Dear Dr. Roumeliotis, Dr. Garrod and Dr. Gardner,

Re: Ombudsman Annual Report 2020/2021 – Public Health Oversight

I am responding to your letter of June 30, 2021, in which the Association of Local Public Health Agencies (“ALPHA”) expressed concerns about certain comments in my recent Annual Report regarding the lack of independent oversight of local public health units. As you may be aware, while since 2016 my Office has had the authority to review and investigate complaints about municipal sector bodies, including local boards, O. Reg. 114/15 expressly excludes boards of health from our jurisdiction. If we had authority over public health boards, we would have corresponding jurisdiction to consider the administrative conduct of public health units.

As you note in your letter, our Annual Report did not refer to the boards themselves. This was primarily because the public is familiar with public health units rather than the boards’ governance structure.

We acknowledge that public health units have internal complaint processes, which we promote for all public sector bodies. Our office routinely refers people to internal complaint mechanisms before we will intervene.

We also understand that certain orders of public health units may be appealed to the Health Services Appeal and Review Board. We currently have authority over other public sector bodies, whose decisions and/or orders may similarly be appealed to the Board or other independent administrative tribunals. The courts have confirmed that the Ombudsman has jurisdiction over such tribunals. Where the underlying decision-maker

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Facsimile/Télécopieur : 416-586-3485 TTY/ATS : 1-866-411-4211
www.ombudsman.on.ca

Facebook : facebook.com/OntarioOmbudsman Twitter : twitter.com/Ont_Ombudsman YouTube : youtube.com/OntarioOmbudsman

is also within our authority we can consider their decisions, once any existing appeal rights have expired or been exhausted.

The fact remains that Ontario public health boards and public health units are not subject to independent and impartial oversight of their administration, which in most provinces and territories is within the mandate of the provincial or territorial ombudsman.

The type of oversight that ALPHA indicates that public health units are currently subject to is distinct and quite different from the independent administrative oversight provided by an Ombudsman body. When boards of health say they “oversee the delivery of services” by local health units, what they describe is a governance function that ensures that local units give effect to provincial standards and directives aimed at the prevention of the spread of disease and the promotion and protection of the health of Ontarians.

An Ombudsman provides independent and impartial administrative oversight for the purpose of promoting enhanced transparency, accountability, fairness and a respect for rights. Ombudsmen are experts in complaint resolution and are equipped with a range of powers to conduct effective formal investigations. Boards of health are not independent and impartial complaint handling mechanisms or complaint investigators, particularly when reviewing the implementation of their own policies and practices. Currently, there is no independent oversight body with the ability to accept complaints about the quality of service or the fairness of administrative decisions made by public health boards and public health units.

An Ombudsman provides the following independent and impartial services in the public interest:

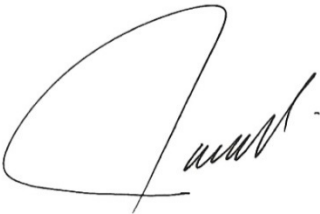
- free and accessible review of unresolved complaints as a last resort using a range of alternative complaint resolution strategies as well as formal investigations
- validation of decisions and action of public sector bodies when complaints are without merit
- identification and response to complaint trends and emerging fairness issues
- proactive outreach and education to promote fairness and transparency in policy development and decision-making (e.g. Ombudsmen in Canada have developed Fairness by Design a tool to assist public organizations ensure that their policies,

programs and practices are consistent with the principles of administrative law and the standards of societal fairness)

- systemic investigations to address serious trends
- recommendations for corrective action when appropriate

ALPHA's suggestion for a meeting with my Office is an excellent one and we would welcome the opportunity. My staff will be reaching out to arrange a mutually convenient time.

Yours truly,



Paul Dubé
Ombudsman of Ontario

c.c. Dr. Kieran Moore, Chief Medical Officer of Health
Gordon WD Fleming, Manager, Public Health Issues

June 24, 2021

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

Dear Minister Elliott:

RE: Public Health Funding for 2022

At the recent meeting of the Board of Health for the North Bay Parry Sound District Health Unit (Health Unit), public health funding for 2022 was discussed. In follow up to direction provided by the Board of Health, this correspondence is being forwarded to bring attention to some urgent issues related to 2022 public health funding. The Board of Health resolution from the June 23 meeting is attached. (Appendix A).

The background behind this discussion began in April 2019 with the introduction of the provincial Public Health Modernization initiative, along with a change to the funding formula to 30% municipal / 70% provincial cost-sharing for almost all public health programming. At that time, it was communicated that there was to be a phased in approach to the funding formula while the Modernization process took place.

With the need for the Public Health Modernization process to be put on hold to address and respond to the COVID-19 pandemic, the Province announced in August 2020 that mitigation funding would be provided for 2020 and 2021 to help relieve over-burdened municipalities. Without continuation of this mitigation funding, the Health Unit's 31 member municipalities will suffer an increase in their 2022 municipal levies of 50.5%.

The Board of Health has been informed by our municipalities, many of whom have a small population base, that levy increases are not manageable, particularly at this significant of an increase.

The cost-sharing formula is only one piece of the public health funding issue for 2022. Health units have had only one base funding increase in the past five years; however, wage and benefit

increases and general increases to operating costs due to inflation continue.

The COVID-19 pandemic has taught us that a robust, prepared public health system is more important than ever. Without a base funding increase, public health's capacity will be diminished, with even harder choices having to be made regarding where we can assist in building healthier and sustainable communities. A base funding increase for 2022 is necessary in order to maintain public health at status quo.

Additionally, there are new pressures on public health as a result of the COVID-19 pandemic that will require funding if public health is to participate fully in the health recovery of the citizens of Ontario.

Some examples of health recovery that will be required post-pandemic include, but are not limited to the following:

1. **Mental wellness:** Families and youth have undergone a considerable level of stress in the past two years. Public health needs to be at the table to assist with bringing together health, education and other partners to reach a consolidated plan forward to improve family resiliency and outlook.
2. **Harm Reduction – Youth and Opioid:** There are many community drug strategies. Public health can provide more capacity to these important and much needed community strategies by assisting partners with leadership, evaluation support, population health data, research, and best practice to ensure that initiatives have the best possible outcomes.
3. **Backlogged Services:** Backlogs within the Health Unit's critical clinics and community programming has occurred due staff redeployment to COVID-19 immunization clinics, call centres, and case and contact management. Staff deployment to the COVID-19 pandemic response has meant:
 - i. Increased wait lists for oral health services, especially preventative care and school-based programs
 - ii. Sexual health clinic clients are presenting with more complex issues due to COVID-19 lockdowns/stay-at-home orders, fear of attending clinic appointments during the pandemic, and extended wait times for appointments
 - iii. School-based vaccine programs have not operated since the fall of 2019, leaving many age cohorts under vaccinated
 - iv. Smoking cessation clinics have longer than usual wait lists because clinics were suspended during lockdowns, and because staff were deployed to address prioritized COVID-19 activities

Of other consideration are the ongoing costs directly related to COVID-19. We know that COVID-19 will be managed by public health moving forward, but how that will look is still being formulated

and negotiated at the provincial level. However, some things we know will continue into 2022 are as follows:

- Case and contact management and outbreak management for COVID-19;
- Infection prevention and control (IPAC) guidance and support in long-term care homes, retirement homes, and other congregate settings;
- Provision of accurate information for the public, businesses, and municipalities as rules, regulations, and guidelines change to address situations until such time that things normalize;
- There will be added costs for doing regular business, such as:
 - Personal protective equipment (PPE)
 - Additional cleaning and disinfecting between clients, impacting the number of clients that can be seen per day, and increase use of cleaning supplies;
- It is a requirement that there be 24-hour per day / 7 days per week medical officer of health coverage; the pandemic has made it abundantly clear that an Associate Medical Officer of Health is necessary to sustain this required coverage, particularly during a long crisis period, such as the COVID-19 pandemic, or for any other major public health emergency; and
- There will likely be outstanding COVID-19-related court/enforcement issues continuing into 2022.

Both 2020 and 2021 have been extremely difficult on staff. The burden of continued wait lists can be an added stressor on staff diligently working to get through these wait lists to address the needs of our vulnerable populations who are often in crisis situations. Recruitment of qualified professionals, whether staff or management, has been affected by the Public Health Modernization, and this continues to be a challenge.

Over the next few years, we believe we will continue to see retention and recruitment challenges along with burnout and stress effects throughout the Health Unit. People cannot work at current pressure levels on a continual basis without ramifications. A **healthy workplace** will require additional personnel in order to get caught up on work that has been paused.

Without additional support from the province, program prioritization will need to take place. In these times, deciding which programs/services not to return to will be difficult as the need for public health assistance is all around us.

As a final point, we would like to emphasize the urgency of establishing funding expectations for 2022. This is not a good time for public health to reduce its participation in recovery plans due to lack of capacity. We need to plan now for 2022, and while we understand and appreciate the burden on the Province and the Ministry of Health in responding to the COVID-19 pandemic, we are respectfully requesting assistance by setting public health funding expectations as soon as possible.

We look forward to discussing with you the ways Public Health Units can work with the Province to bring better health and well-being to all of the citizens of Ontario.

Sincerely yours,



James Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer



Nancy Jacko
Chairperson, Board of Health

/sb

Enclosure (1)

Copy to: Premier Doug Ford

Hon. Helen Angus, Deputy Minister of Health
Chief Medical Officer of Health

Elizabeth Walker, Director, Public Health Accountability and Liaison Branch

Collen Kiel, Director, Public Health Strategy and Planning Branch

Vic Fedeli, MPP, Nipissing

Norm Miller, MPP, Parry Sound-Muskoka

John Vanthof, MPP, Timiskaming-Cochrane

Ontario Boards of Health

Member Municipalities (31)

Association of Municipalities Ontario (AMO)

Hon. Steve Clark, Minister of Municipal Affairs and Housing

**NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT
BOARD OF HEALTH**

RESOLUTION

DATE: June 23, 2021

MOVED BY: Jamie McGarvey

RESOLUTION: #BOH/2021/06/04

SECONDED BY: Gary Guenther

Whereas, the Government of Ontario in its budget of April 11, 2019, initiated a Public Health Modernization process which included a change in municipal cost-sharing from 25% of mandatory public health programs covered by municipalities to 30% of almost all public health programs based on 2018 third quarter spending levels; and

Whereas, on August 21, 2020, the Ministry of Health (Ministry) announced that provincial mitigation funding would be provided to offset the increase to municipal cost-sharing for 2020 and 2021; and

Whereas, the COVID-19 pandemic, which started in early 2020, has further affected municipalities' ability to pay levy increases, it has stalled modernization processes, increased the cost-of-living, and affected the health and well-being of the public, and more specifically, public health clients and staff.

Therefore Be It Resolved, that the Board of Health for the North Bay Parry Sound District Health Unit supports returning to the 2018 cost-sharing formulas at 25%/75%, with 100% provincially funded programs; and

Furthermore Be It Resolved, that the Board of Health supports mitigation funding continue for 2022 to eliminate the additional financial burden of a 42-50% levy increase to the Health Unit's 31 member municipalities if it is not possible to return to the 2018 cost-sharing formula with 100% provincially funded programs; and

Furthermore Be It Resolved, that the Board of Health requests the 2022 public health funding include increases to reflect, cost-of-living increases, public health program changes related to ongoing COVID-19 response, and funding to assist with program and community recovery efforts; and

Furthermore Be It Resolved, that the Board of Health requests a base funding increase to fund an Associate Medical Officer of Health to support the Medical Officer of Health with the continual demands of 24/7 on call coverage that have been highlighted throughout the COVID-19 pandemic; and

Furthermore Be It Resolved, that the Board of Health instructs the Medical Officer of Health and Senior Management to write a letter to the Minister of Health detailing the financial and organizational pressures on public health, including outlining the urgency for establishing the funding levels for 2022 to assist public health and community budget planning.

CARRIED: **AMENDED:** **DEFEATED:** **CHAIRPERSON:** McGarvey

Page 1 of 2



CONFLICT OF INTEREST DECLARED AND SEAT(S) VACATED:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

RECORDED VOTE FOR CIRCULATION: Yes / No (Please circle one)

Name:	For:	Against:	Abstain:	Name:	For:	Against:	Abstain:
Dean Backer	✓			Jamie McGarvey	✓		
Dave Butti	✓			Scott Robertson	✓		
Blair Flowers	✓			Dan Roveda	✓		
Gary Guenther	✓			Marianne Stickland	✓		
Nancy Jacko	✓			Tanya Vrebosch			absent
Stuart Kidd	✓						

June 21, 2021

Honourable Christine Elliott
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit, I commend the strong progress being made in bringing COVID-19 under control through the public health measures and the vaccination campaign directed by the provincial government of Ontario. Much work remains as we collectively work to complete the vaccination of the population and to work through the provincial Roadmap very carefully, all the while maintaining close surveillance on the trajectory of transmission. However, our strong progress enables us to begin planning for and working towards recovery, including the recovery of the public health system across the province.

One essential enabler of recovery is financial stability. At this point in time, boards of health are in active communication with Ministry of Health staff on the finances required to continue managing the pandemic in our communities. However, it would also be timely to consider for boards of health to soon receive communication from the province on the financial support from the province for our operational budgets in 2022. The Mitigation Funding received in recent years has been essential in maintaining public health programming by boards of health and easing the related financial impacts on our obligated municipalities, particularly during our response to the pandemic in 2020 and 2021. For this reason, on June 15, the Board of Health approved a motion recommending that boards of health receive the Mitigation Funding from the Ministry of Health in 2022 that they received in 2021.

Boards of health have had to greatly augment their staffing through the course of the pandemic to enable our overall response, including the immunization of the population that has proved to be so essential. As we recover, boards of health will need to reduce staffing provided that the pandemic continues to come under control and remain under control; however, boards of health will also need to maintain staff levels sufficient for the resumption of our standard public health programming, and for any outstanding needs related to the ongoing control of the pandemic (such as remaining case and contact management, the potential for booster vaccinations at some point in the future, and ongoing work to ensure the safety of the school environment).

Without a continuation of Mitigation Funding in 2022 the maintenance of these activities would be greatly challenged. Boards of health would need to engage with their funding municipalities regarding the potential for substantial levy increases. Resulting staffing reductions below the levels that had been in place before the pandemic, would both impact program delivery and require sufficient advance notice to be managed. To be in place in time for the commencement of the 2022 year, boards of health would

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FAX: 705-721-1495

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L9Y 4J5
705-445-0804
FAX: 705-445-6498

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

Gravenhurst:
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Gravenhurst, ON
P1P 1Z3
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FAX: 705-684-9887

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

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

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

also need to commence these staffing reductions in the present year while we are still responding to the pandemic.

For these reasons the Board of Health urges the provincial government to commit to the Mitigation Funding in 2022 at a level in keeping with that in 2021. The communication of this commitment soon would help to avoid the potential for boards of health to otherwise commence this kind of anticipatory action.

Thank you for considering this important matter.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CG:cm

cc: Ontario Boards of Health
MPPs of Simcoe Muskoka
Mayor Jeff Lehman, City of Barrie
Mayor Steve Clarke, City of Orillia
District Chair John Klinck, District of Muskoka
Warden George Cornell, County of Simcoe
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies.



Public Health
Santé publique
SUDBURY & DISTRICTS

June 21, 2021

The Honourable Christine Elliott
Minister of Health
College Park, 5th Floor
777 Bay Street
Toronto, ON M7A 2J3

Dear Minister Elliott:

RE: COVID-19 Recovery and 2022 Budgets

I am writing on behalf of the Board of Health for Public Health Sudbury & Districts as we begin our planning for COVID-19 recovery and our January 1, 2022 annual budget.

On behalf of the Board, I also want to extend my sincere appreciation for your and your team's leadership throughout the pandemic. Our local public health agency has benefitted greatly from the talents, responsiveness, and commitment of your Ministry team. We are also grateful for the financial support provided through several initiatives, including importantly, the COVID-19 fund for extraordinary expenses.

Although we remain at over-capacity as we roll out the important COVID-19 vaccination program, we are beginning to turn our minds to COVID-19 recovery and restoration of core and essential public health programs and services. To this end, I am writing with inquiries about both core public health funding and about continued access to COVID-19 funds for extraordinary expenses related to our ongoing COVID-19 response.

As you are aware, your Ministry granted an extension to the "one-time" mitigation grant to local boards of health for 2021. This was to offset the provincial funding shortfall that would have otherwise resulted from the funding policy change announced in 2019 (i.e. to reduce the provincial grant to up to 70% of board-approved budgets and to apply this formula to most previously 100%-funded programs). We are seeking to obtain information on what we might expect for 2022 and to share that we anticipate a need for enhanced and stable funding as we recover and restore from the COVID-19 pandemic.

While this may appear to be a premature request in the current context, our budgeting process begins now, and we would anticipate significant human resources implications depending on the outcome. For such planning, we require sufficient lead time to manage implications. To be clear, our Board of Health is grateful for the mitigation grants to date, however, we remain very concerned about public health funding and the growing

Sudbury

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f: 705.522.5182

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t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

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

Espanola

800 rue Centre Street
Unit / Unité 100 C
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t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
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Chapleau

34 rue Birch Street
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1.866.522.9200

phsd.ca



Healthier communities for all.
Des communautés plus saines pour tous.

Letter

RE: COVID-19 Recovery and 2022 Budgets

Page 2

financial burden on local municipalities to ensure effective and sustainable local public health programs and services. Thank you for any information that you can share and anticipated timing of your response.

Our Finance Standing Committee has identified that provincial budget principles and parameters on both the future of mitigation grants and of COVID-19 extraordinary funds is critical to inform our recovery and related budgeting processes for 2022.

Sincerely,



René Lapierre, Chair
Board of Health, Public Health Sudbury & Districts

cc: Dr. David Williams, Chief Medical Officer of Health
The Honourable Peter Bethlenfalvy, Minister of Finance
Dr. Charles Gardner, Chair, Council of Ontario Medical Officers of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

June 17, 2021

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

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

Dear Minister Elliott/Premier Elect Doug Ford:

Appeal to the Province of Ontario – Public Health Funding

The Board of Health for the Windsor-Essex County Health Unit operates as an autonomous Board of Health. The Windsor-Essex County Health Unit (WECHU) services the geographic area of Windsor and Essex County, having a population of 398,953 based on the 2016 census.

In April 2019, with the proclamation of the 2019 Ontario Budget, Protecting what Matters Most, the Province of Ontario made changes to the funding model for public health units as well as introduced modernization plans having an impact on the structure and delivery of public health in Ontario. More specifically, regionalization to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units. Funding changes, which included:

- Mandatory programs funded at 75% by the Province of Ontario and 25% by the Obligated Municipalities would change to a model of 70% and 30% respectively;
- Related programs funded at a rate of 100% by the Province of Ontario, would change to being funded at a rate of 70% by the Province of Ontario and 30% by the Obligated Municipalities

These funding changes represented a substantial shift in the burden of public health funding to the obligated municipalities in a relatively short timeframe. After consultations with the Association of Municipalities of Ontario as well as other stakeholders, the Province of Ontario approved mitigation funding equivalent to the change in the percentage of the funding allotment. The mitigation funding was for a two-year period expiring December 31, 2021.

On March 20, 2020, the WECHU reported its first case of COVID-19 in Windsor and Essex County (WEC). WEC is home to one of the busiest border crossings in North America. Approximately six thousand (6,000) residents in WEC work in the state of Michigan and, in particular, seventeen hundred (1,700) in the health care industry. In addition, WEC is home to eight thousand (8,000) to ten thousand (10,000) temporary foreign workers, one hundred seventy-six (176) farms and over seven hundred (700) seasonal accommodations. WEC also has forty-four (44) long-term care and retirement homes. These characteristics have made it challenging, from a public health perspective, to

manage the response to the COVID-19 pandemic. To date, WEC has had 16,753 cases of COVID-19 of which, 1,920 represent Variants of Concern. Our community has lost 433 of our residents to COVID-19.

On January 1, 2021, the WECHU started COVID-19 vaccination efforts in the community beginning with the vaccination of staff and residents of long-term care and retirement homes followed by other priority groups as mandated by the Ministry of Health. Our approach was and continues to be a coordinated effort with various stakeholders in the community, all with a common goal, to return our hard-hit community to some semblance of normalcy. To date, we have successfully immunized 72.9% of our adult population with one dose of a COVID-19 vaccine. In addition, 27.4% of our adult residents are now fully vaccinated with the completion of a two-dose series. It is anticipated that vaccination efforts will continue throughout the summer months.

In the months and year ahead, the WECHU will focus on planning and administering programs that are centred on the recovery needs of our community. Additional human resource capacity previously hired to support case and contact management, as well as vaccination administration, will be deployed to support recovery efforts. The loss of mitigation funding effective January 1, 2022, impacts those efforts. The WECHU will be required to reduce human resource capacity to meet operating budgets at the expense of meeting the public health needs of our community.

The WECHU endeavours to carry out its fiduciary responsibilities while balancing the needs of the residents of WEC. We respectfully request that the Province of Ontario reconsider its approach to funding public health. Public health has been instrumental in the response to the COVID-19 pandemic, and it is crucial that the focus of Public Health in Ontario continues to meet the needs of the communities it serves.

Sincerely,



Gary McNamara
Board of Health Chair



Theresa Marentette, RN, MSc
CEO, Chief Nursing Officer

c: Dr. David Williams, Chief Medical Officer of Health, Ontario Association of Municipalities of Ontario (AMO)
 Lisa Gretzky, MPP Windsor-West Brian Masse, MP Windsor-West
 Percy Hatfield, MPP Windsor-Tecumseh Irek Kusmierczyk, MP Windsor-Tecumseh
 Taras Natyshak, MPP Essex Chris Lewis, MP Essex
 Rick Nicholls, MPP Chatham-Kent-Leamington Dave Epp, MP Chatham-Kent-Leamington