



BOARD OF HEALTH MEETING

Wednesday, May 5, 2021

9:30 a.m. - 11:30 a.m.

Virtual - ZOOM

To ensure a quorum we ask that you please
RSVP (Regrets Only) to
clovell@hpeph.ca or 613-966-5500, Ext 231

Please note there will be a
Closed Session
at the beginning of the meeting

Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

Our Vision

Healthy Communities,
Healthy People.

Our Mission

Together with our communities,
we help people become as
healthy as they can be.

Our Values Show We CARE



Collaboration



Advocacy



Respect



Excellence

Our Strategic Priorities



Community
Engagement



Staff
Engagement
and Culture



Population Health
Assessment and
Surveillance



Program
Standards



Health
Promotion



BOARD OF HEALTH MEETING AGENDA

Wednesday, May 5, 2021

9:30 to 11:30 a.m.

Virtual ZOOM Meeting

1. CALL TO ORDER

2. ROLL CALL

3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

4. APPROVAL OF THE AGENDA

5. MOTION TO MOVE INTO CLOSED SESSION

THAT the Board of Health convene in closed session for the purpose of:

a discussion of personnel issues in accordance with Section 239 (2) (d) labour relations or employee negotiations of the Municipal Act.

6. MOTIONS ARISING FROM CLOSED SESSION

7. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING

7.1 Meeting minutes of Wednesday, March 3, 2021

[Schedule 7.1](#)

7.2 Meeting minutes of Wednesday, April 7, 2021

[Schedule 7.2](#)

8. BUSINESS ARISING FROM THE MINUTES

9. DEPUTATIONS - None

10. COMMITTEE REPORTS

10.1 Finance Committee – Terry

10.1.1 Draft Audited Financial Statements presented by
Dan Coleman, Partner, Welch LLP

[Schedule 10.1.1](#)

10.2 Governance Committee - None

11. REPORT OF THE MEDICAL OFFICER OF HEALTH

[Schedule 11.0](#)

12. STAFF REPORTS - None

13. CORRESPONDENCE AND COMMUNICATIONS

13.1 Letter to Minister Christine Elliott re COVID-19 Vaccine
Allocations

[Schedule 13.1](#)

13.2 Letter to Minister Christine Elliott re Second doses for
high risk health care workers

[Schedule 13.2](#)

14. NEW BUSINESS

15. INFORMATION ITEMS (Available for viewing online at hpePublicHealth.ca)

[Schedule 15.0](#)

16. DATE OF NEXT MEETING – Wednesday, June 2, 2021 at 9:30 a.m.

17. ADJOURNMENT



BOARD OF HEALTH MEETING MINUTES
Wednesday, March 3, 2021
Hastings Prince Edward Public Health (HPEPH)
Via Zoom

Present: Via Virtual Connection

Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings, Chair
Dr. Jeffrey Allin, Provincial Appointee
Mr. Stewart Bailey, Councillor, County of Prince Edward
Mr. Andreas Bolik, Councillor, County of Prince Edward
Mr. Terry Cassidy, Councillor, City of Quinte West
Dr. Craig Ervine, Provincial Appointee
Mr. Sean Kelly, Councillor, City of Belleville
Mr. Michael Kotsovos, Councillor, City of Quinte West
Ms. Jan O'Neill, Mayor, Municipality of Marmora and Lake, County of Hastings
Mr. Bill Sandison, Councillor, City of Belleville

Also Present: Dr. Piotr Oglaza, Medical Officer of Health and CEO
Dr. Ethan Toumishey, Director of Public Health Programs
Ms. Valerie Dunham, Director of Corporate Services/Associate CEO
Ms. Catherine Lovell, Executive Assistant

1. CALL TO ORDER

Chair Albert called the meeting to order at 9:31 a.m.

ROLL CALL

Board Secretary completed a roll call.

2. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

There was no disclosure of pecuniary interest.

3. APPROVAL OF AGENDA

MOTION:

Moved by: Stewart

Seconded by: Bill

THAT the agenda for the Board of Health (Board) meeting on Wednesday, March 3, 2021 be approved as circulated.

CARRIED

4. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING – February 3, 2021

MOTION:

Moved by: Terry

Seconded by: Craig

THAT the minutes of the regular meeting of the Board held on February 3, 2021 be approved as circulated.

CARRIED

5. BUSINESS ARISING FROM MINUTES - None

6. DEPUTATIONS - None

7. COMMITTEE REPORTS

7.1 Finance Committee – None

7.2 Governance Committee - None

8. REPORT OF THE MEDICAL OFFICER OF HEALTH

COVID-19 Update

• *Local Epidemiology – Dr. Toumishey*

- ♦ Dr. Toumishey reviewed what is happening in our region currently; we continue to see a downward trend in cases, positivity rates are low, at 0.5% and as at March 2 we had 21 active cases.
- ♦ It was stressed that residents need to continue to follow public health guidelines with handwashing, physical distancing, wearing of masks and avoiding unnecessary travel outside of our region.

Case and Contact Management (CCM) – Dr. Toumishey

- ♦ The CCM team is maintaining rapid contact with cases and contacts
- ♦ The team continues to assist Simcoe Muskoka District Health Unit
- ♦ Recent trends include an increased proportion of cases and clusters with no direct links to travel or known cases.

Immunization Planning and Vaccine Rollout – Dr. Oglaza

- ♦ Dr. Oglaza talked about the vaccine rollout plan; as of March 2, HPEPH had administered 2,186 doses and by March 12 we are on track to administer 4,087 doses.
- ♦ We anticipate vaccine shipments will become more regular and expect to receive over 17,000 doses by the end of March.
- ♦ First doses have been provided to all residents in long-term care (LTCH) and high-risk retirement homes (RH).
- ♦ Quinte Health Care has begun offering first doses of vaccine to their highest and very high priority staff.
- ♦ Vaccine clinics began at Loyalist College on Monday providing vaccine to staff and essential caregivers of LTCH and RH and highest and very high priority health care workers.

- ♦ Dr. Oglaza notes that HPEPH is incredibly grateful for the support of our community partners who are providing access to the space required to ensure vaccine can be accessed throughout the region.
- ♦ HPEPH has been included with five other health units in piloting the Provincial Vaccine Booking System between March 1 and 15 with an anticipated launch date of March 15.
- ♦ Quantity of vaccine required to vaccinate the entire region – based on population of 161,000 (2016 census), less those individuals under 18, assuming approximate uptake of 70% - approximately 220,000 doses would be required for our region.

Discussion followed Dr. Toumishey's and Dr. Oglaza's overviews.

- Vice-Chair, Jan O'Neill provided an update from a meeting of Board of Health Chairs that has been created by Mr. Joe Cressy, who is the Chair of the Toronto Board of Health and a City Councillor. These meetings are set to occur every 3 weeks and include all Board Chairs of health units across the province. Jan provided a summary of the discussion from this first meeting on March 2 and noted the discussion was very informal. A few items, among others discussed were:
 - ♦ Big box stores versus smaller retail stores
 - ♦ Big complaint among attendees was the lack of communication from the province
 - ♦ Availability of vaccine – most want it sooner rather than later

MOTION

Moved by: Stewart

Seconded by: Michael

THAT the report of the Medical Officer of Health be received as presented.

CARRIED

9. STAFF REPORTS

- 9.1 **2020 Accessibility for Ontarians with Disabilities (AODA)** – Shelly Brown, Program Manager

- There was a question of having a community member on our committee and how do we receive feedback from the community. It was noted that we do receive feedback via our website and that although we do not have a community member on the committee, we do have staff members who are very dedicated to the direction and activities of this committee.

- 9.2 **2020 Privacy Report** – Nancy McGeachy, Privacy & Security Officer

- 9.3 **2020 Occupational Health and Safety Report** – Shirley Davis, Office Manager

- 9.3.1 **Statement of Health and Safety - 2021** – Shirley Davis, Office Manager

- 9.3.2 **Statement of Workplace Violence - 2021** – Shirley Davis, Office Manager

- 9.4 **2020 Enforcement Activity Report** – Eric Serwotka, Director of Public Health Programs

There were no further questions or discussion.

MOTION

Moved by: Sean

Seconded by: Stewart

THAT the staff reports be received as presented.

CARRIED

10. CORRESPONDENCE AND COMMUNICATIONS

10.1 Letter to Minister Christine Elliott re Paid Sick Time

MOTION

Moved by: Terry

Seconded by: Jan

THAT the correspondence be received as presented.

CARRIED

13. NEW BUSINESS – None

14. INFORMATION ITEMS

Chair Albert drew the Board's attention to the information items listed within the agenda and can be accessed on the HPEPH website at hpePublicHealth.ca.

MOTION

Moved by: Bill

Seconded by: Sean

THAT the Board of Health receive the information items as circulated.

CARRIED

15. DATE OF NEXT MEETING – Wednesday, May 5, 2021 at 9:30 a.m.

16. ADJOURNMENT

MOTION:

Moved by: Stewart

Seconded by: Craig

THAT this meeting of the Board be adjourned at 10:51 a.m.

CARRIED

Jo-Anne Albert, Chair



BOARD OF HEALTH MEETING MINUTES
Wednesday, April 7, 2021
Hastings Prince Edward Public Health (HPEPH)
Via Zoom

Present: Via Virtual Connection

Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings, Chair
Dr. Jeffrey Allin, Provincial Appointee
Mr. Stewart Bailey, Councillor, County of Prince Edward
Mr. Andreas Bolik, Councillor, County of Prince Edward
Mr. Terry Cassidy, Councillor, City of Quinte West
Dr. Craig Ervine, Provincial Appointee
Mr. Sean Kelly, Councillor, City of Belleville
Mr. Michael Kotsovov, Councillor, City of Quinte West
Ms. Jan O'Neill, Mayor, Municipality of Marmora and Lake, County of Hastings
Mr. Bill Sandison, Councillor, City of Belleville

Also Present: Dr. Piotr Oglaza, Medical Officer of Health and CEO
Ms. Valerie Dunham, Director of Corporate Services/Associate CEO
Mr. Eric Serwotka, Director of Public Health Programs
Dr. Ethan Toumishey, Director of Public Health Programs
Ms. Catherine Lovell, Executive Assistant

1. CALL TO ORDER

Chair Albert called the meeting to order at 9:02 a.m.

2. ROLL CALL

Board Secretary completed a roll call.

3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

There was no disclosure of pecuniary interest.

4. APPROVAL OF AGENDA

MOTION:

Moved by: Bill
Seconded by: Stewart

THAT the agenda for the Board of Health (Board) meeting on Wednesday, April 7, 2021 be approved as circulated.

CARRIED

5. CLOSED SESSION

MOTION:

Moved by: Jan

Seconded by: Craig

THAT the Board convene in closed session for the purpose of a discussion of personnel issues in accordance with the Municipal Act, Section 239 (2) b; personal matters about an identifiable individual, including municipal or local board employees; and (d) labour relations or employee negotiations.

CARRIED

6. MOTIONS ARISING FROM CLOSED SESSION

MOTION:

Moved by: Bill

Seconded by: Stewart

THAT the Board endorse the actions approved in the Closed Session and direct staff to take appropriate action.

CARRIED

Andreas and Eric left the meeting at 10:40.

7. NEW BUSINESS

Councillor Cassidy brought forward as new business, a letter received from the Elementary Teachers' Federation of Ontario (ETFO) requesting the advancement of teachers and staff in the priority of COVID-19 vaccinations. Councillor Cassidy requested the Board of Health advocate to the Medical Officer of Health to move teachers and staff up the priority line.

MOTION:

Moved by: Terry

Seconded by: Michael

THAT the Board advocate to have the Medical Officer of Health vaccinate teachers and staff and petition the province if remote learning is not adopted.

Councillor Cassidy noted:

- He received a letter from combined group of teachers and staff that work in schools asking for advanced vaccination opportunities
- The letter was taken to the Quinte West Council meeting for discussion where it was agreed it would be brought forward to Public Health to request support.
- Councillor Cassidy proposed the Board of Health (Board) look at putting in place a mechanism whereby the teachers and staff including EAs, ECEs, etc. would have an opportunity to get vaccinated. Received an email stating that Niagara has in fact moved up teachers to be vaccinated on the break.

- Had the impression that many doses of vaccine are being wasted across the province.
- This is meant to be a proactive and preventive measure rather than waiting for an outbreak to occur.
- Councillor Kotsovos added that if the government wants to keep schools open, then they should be protecting teachers and staff.

It was noted by Dr. Oglaza, from a Public Health perspective:

- There is a plan in place to use any vaccine leftover near the end of the day at all clinics – each clinic has a standby list of individuals meeting current eligibility criteria for immunization who can be contacted to come in on short notice so there is no wastage of vaccine.
- Dr. Oglaza noted what constitutes wastage could be, as in the case of Pfizer, there is a possible 6 doses in each vial but there are times when that sixth dose cannot be pulled. When this happens Public Health reports this to the Ministry as one wasted dose. If there are vials of vaccine that have not been opened, they are carried over to the next clinic day.
- Plans are already in the works to move certain groups of teachers, especially special education where there is more caregiving required.
- There are very strict eligibility criteria to support those groups who have been mandated by the Province.
- It was noted Dr. Oglaza has been given the authority to look at responding to local needs, so that if an outbreak occurred, that is where Public Health could divert some doses to contain that outbreak. What we don't have is the authority to move another group to a higher priority.
- Dr. Oglaza also noted that he is watching schools very carefully and so far, we have not seen any spread within school cohorts. Measures taken in the schools are working.

There was further discussion.

Councillor Sandison requested a recorded vote, the results of which were:

Bill Sandison	No
Michael Kotsovos	Yes
Craig Ervine	No
Sean Kelly	Yes
Terry Cassidy	Yes
Stewart Bailey	No
Jeffrey Allin	No
Jo-Anne Albert	No

Results: Yes = 3; No = 5

MOTION DEFEATED

Note: Jan O'Neill left the meeting at 9:53 am and Andreas Bolik left the meeting at 10:40 am and so were not included in the vote.

8. DATE OF NEXT MEETING – Wednesday, May 5, 2021 at 9:30 a.m.

9. ADJOURNMENT

MOTION:

Moved by: Bill

Seconded by: Terry

THAT this meeting of the Board be adjourned at 10:55 a.m.

CARRIED

Jo-Anne Albert, Chair

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT

FINANCIAL STATEMENTS

December 31, 2020

Draft for discussion purposes

INDEPENDENT AUDITOR'S REPORT (continued)

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- ◆ Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- ◆ Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- ◆ Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- ◆ Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- ◆ Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Trenton, Ontario
Date to be determined

CHARTERED PROFESSIONAL ACCOUNTANTS
LICENSED PUBLIC ACCOUNTANTS

Date to be determined

Management's Responsibility for Financial Statements

The financial statements of Hastings and Prince Edward Counties Health Unit are the responsibility of management and have been approved by the Board.

The financial statements have been prepared in compliance with Canadian public sector accounting standards for local governments established by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada. A summary of the significant accounting policies are described in Note 1 to the financial statements. The preparation of financial statements necessarily involves the use of estimates based on management's judgement, particularly when transactions affecting the current accounting period cannot be finalized with certainty until future periods.

The Organization's management maintains a system of internal controls designed to provide reasonable assurance that assets are safeguarded, transactions are properly authorized and recorded in compliance with legislative and regulatory requirements, and reliable financial information is available on a timely basis for preparation of the financial statements. These systems are monitored and evaluated by management.

The Board is responsible for ensuring that management fulfills its responsibilities for financial reporting. The Board, through the Finance Committee, reviews the Organization's financial statements and discusses any significant financial reporting or internal control matters prior to Board approval of the financial statements.

The financial statements have been audited by Welch LLP, independent external auditors appointed by the Organization, in accordance with Canadian generally accepted auditing standards. The accompanying Independent Auditor's Report outlines their responsibilities, the scope of their examination and their opinion on the Organization's financial statements.

Valerie Dunham
Director of Corporate Services / Associate CEO

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of
HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT

Opinion

We have audited the financial statements of **HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT**, which comprise the statement of financial position as at December 31, 2020, and the statements of financial activities and accumulated surplus and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at December 31, 2020, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

HASTINGS AND PRINCE EDWARD COUNTIES HEALTH UNIT
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2020

	<u>2020</u>	<u>2019</u>
FINANCIAL ASSETS		
Cash	\$ 4,414,393	\$ 4,026,625
Accounts receivable	175,525	221,640
Due from Province of Ontario	553,696	147,840
	<u>5,143,614</u>	<u>4,396,105</u>
LIABILITIES		
Accounts payable and accrued liabilities	1,343,305	1,198,022
Due to Province of Ontario	211,529	191,693
Deferred revenue	202,420	91,320
Mortgage payable - <i>note 9</i>	7,025,373	7,263,099
	<u>8,782,627</u>	<u>8,744,134</u>
NET FINANCIAL LIABILITIES	<u>(3,639,013)</u>	<u>(4,348,029)</u>
NON-FINANCIAL ASSETS		
Prepaid expenses	196,643	82,464
Tangible capital assets - <i>schedule 2</i>	10,614,326	10,758,915
	<u>10,810,969</u>	<u>10,841,379</u>
ACCUMULATED SURPLUS	<u>\$ 7,171,956</u>	<u>\$ 6,493,350</u>
Represented by:		
Operating fund - <i>schedule 1</i>	\$ 1,548,109	\$ 1,242,060
Reserves - <i>note 7</i>	2,034,894	1,755,474
Equity in tangible capital assets - <i>note 12</i>	3,588,953	3,495,816
	<u>\$ 7,171,956</u>	<u>\$ 6,493,350</u>

Approved by the Board:

_____ Member

_____ Member

(See accompanying notes)

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
STATEMENTS OF FINANCIAL ACTIVITIES AND ACCUMULATED SURPLUS
YEAR ENDED DECEMBER 31, 2020

	2020 Budget (Note 11)	2020 Actual	2019 Actual
REVENUES			
Provincial funding	\$ 13,111,963	\$ 13,071,566	\$ 11,946,450
Municipal levies	3,388,953	3,388,953	3,388,953
Federal funding	128,988	144,638	115,153
Grants	-	-	1,908
Interest	-	43,358	78,652
Expenditure recoveries - note 8	280,000	202,243	324,107
Rental	-	12,337	-
	<u>16,909,904</u>	<u>16,863,095</u>	<u>15,855,223</u>
EXPENDITURES			
Salaries	10,237,000	10,439,218	9,645,359
Benefits	2,699,384	2,683,595	2,503,592
Staff training	204,000	46,224	130,834
Travel	221,500	109,920	185,567
Building occupancy - note 9	764,874	783,546	865,154
Office and administration	554,000	543,589	610,032
Program supplies	664,000	755,252	747,474
Professional and purchased services	762,000	410,676	309,744
Amortization - schedule 2	-	412,469	420,084
	<u>16,106,758</u>	<u>16,184,489</u>	<u>15,417,840</u>
ANNUAL SURPLUS (DEFICIT)	<u>803,146</u>	678,606	437,383
ACCUMULATED SURPLUS, beginning of year		<u>6,493,350</u>	<u>6,055,967</u>
ACCUMULATED SURPLUS, end of year		<u>\$ 7,171,956</u>	<u>\$ 6,493,350</u>

(See accompanying notes)

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
STATEMENT OF CHANGE IN NET FINANCIAL LIABILITIES
YEAR ENDED DECEMBER 31, 2020

	<u>2020</u>	<u>2019</u>
Annual surplus	<u>\$ 678,606</u>	<u>\$ 437,383</u>
Acquisition of tangible capital assets - schedule 2	(267,880)	(199,954)
Amortization of tangible capital assets - schedule 2	412,469	420,084
Change in prepaid expenses	<u>(114,179)</u>	<u>10,645</u>
Decrease in net financial liabilities	709,016	668,158
Net financial liabilities at beginning of year	<u>(4,348,029)</u>	<u>(5,016,187)</u>
Net financial liabilities at end of year	<u>\$ (3,639,013)</u>	<u>\$ (4,348,029)</u>

(See accompanying notes)

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
STATEMENT OF CASH FLOWS
YEAR ENDED DECEMBER 31, 2020

	<u>2020</u>	<u>2019</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Annual surplus	\$ 678,606	\$ 437,383
Adjustments for:		
Amortization	412,469	420,084
Change in non-cash working capital components:		
Accounts receivable	46,115	(103,924)
Due from Province of Ontario	(405,856)	(59,420)
Accounts payable and accrued liabilities	145,283	(39,544)
Due to Province of Ontario	19,836	152,766
Deferred revenue	111,100	16,408
Prepaid expenses	(114,179)	10,645
	<u>893,374</u>	<u>834,398</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of mortgage	<u>(237,726)</u>	<u>(228,169)</u>
CASH FLOWS FROM CAPITAL ACTIVITIES		
Purchase of tangible capital assets	<u>(267,880)</u>	<u>(199,954)</u>
INCREASE IN CASH	387,768	406,275
CASH, beginning of year	<u>4,026,625</u>	<u>3,620,350</u>
CASH, end of year	<u>\$ 4,414,393</u>	<u>\$ 4,026,625</u>

(See accompanying notes)

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2020

1. SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Hastings and Prince Edward Counties Health Unit are the representation of management prepared in accordance with accounting policies prescribed by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada for local governments and their boards. Since precise determination of many assets and liabilities is dependent upon future events, the preparation of periodic financial statements necessarily involves the use of estimates and approximations. Significant aspects of the accounting policies adopted by the Health Unit are as follows:

Basis of Accounting

The basis of accounting followed in the financial statement presentation includes revenues in the period in which the transactions or events occurred that gave rise to the revenues and expenditures in the period the goods and services are acquired and a liability is incurred or transfers are due.

Deferred Revenue

Deferred revenue represents special program grants which have been received but for which related program costs have yet to be incurred. These amounts will be recognized as revenue in the fiscal year that the program costs are incurred.

Government Transfers

Government transfers received relate to health programs. Transfers are recognized in the financial statements as revenue in the period in which events giving rise to the transfer occur, providing the transfers are authorized and eligibility criteria have been met and reasonable estimates of the amounts can be made.

Non Financial Assets

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

Tangible Capital Assets

Tangible capital assets are recorded at cost less accumulated amortization and are classified according to their functional use. The cost, less residual value, of the tangible capital assets are amortized on a straight-line basis over their estimated useful lives as follows:

Building and Site Improvements	40 years
Leasehold Improvements	remaining term of lease
Vehicles	5 years
Communication Systems	5 years
Office Equipment	5 years
Computer Equipment	5 years
Signage	5 years

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2020

1. SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenditures during the reporting period. Management makes accounting estimates when determining the estimated useful lives of tangible capital assets, accrued liabilities, deferred revenue and funding repayable to the Province of Ontario. Actual results could differ from those estimates.

2. PENSION AGREEMENT

The Health Unit, on behalf of its eligible employees, is a participant in the Ontario Municipal Employees Retirement System (OMERS). OMERS is a defined benefit pension plan, fully funded by equal contributions from participating employers and employees, and by the investment earnings on the OMERS fund. OMERS pensions are calculated using a defined benefit formula, taking into account length of service and average annual wage that is designed to integrate with the pension payable from the Canada Pension Plan. The amount contributed to OMERS for 2020 was \$969,740 (2019 - \$947,597) for current service and is included as an expenditure on the Statement of Financial Activities. At December 31, 2020, there is no liability for past service under this agreement.

Because OMERS is a multi-employer pension plan, the Health Unit does not recognize any share of the last reported pension plan deficit as of December 31, 2020 of \$7,655,000,000 (2019 - \$1,531,000,000 surplus) based on the fair market value of the Plan's assets, as this is a joint responsibility of all participating employers and their employees.

3. LIABILITY FOR VESTED SICK LEAVE BENEFITS

Under the previous sick leave benefit plan, unused sick leave could be accumulated and employees could become entitled to a cash payment when they leave the Health Unit's employment.

During 1988, the Health Unit introduced an employee benefit package which includes short and long term disability insurance. As part of the package, the accumulated sick leave days were frozen at the levels existing at the date of implementation of the plan.

The liability for these accumulated days, to the extent that they have vested and could be taken in cash by an employee on termination, amount to \$4,747 (2019 - \$7,614).

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2020

4. COMMITMENTS

The Health Unit leases office accommodation in Picton, Trenton, and Bancroft and additionally leases office equipment. The future minimum lease payments are as follows:

2021		\$ 101,575
2022		<u>69,564</u>
		<u>\$ 171,139</u>

In addition to the above leases, the Health Unit entered into a construction contract prior to year end for two mobile dental clinics in the amount of \$675,698 plus taxes. At December 31, 2020, \$103,858 plus taxes had been invoiced related to this project and are shown in vehicles under construction in Schedule 2. The remaining \$571, 840 is expected to be billed in 2021 when the project is completed. The Ontario government has agreed to provide funding of \$550,000 towards the costs of these clinics in 2021.

5. ECONOMIC DEPENDENCE

The majority of the revenue of the Health Unit is provided by the Province of Ontario and by four funding municipalities. The Province funds seventy percent (2019 - seventy-five percent) of mandated public health programs while the Counties of Hastings and Prince Edward and the Cities of Belleville and Quinte West combine to fund the remaining thirty percent (2019 - twenty- five percent). For fiscal 2020, the Province of Ontario provided mitigation funding in the amount of \$1,120,000 to reduce the impact of the funding change. Mitigation funding will continue for the 2021 fiscal year.

6. FINANCIAL INSTRUMENTS

The Health Unit's financial instruments are comprised of cash, accounts receivable, accounts payable and accrued liabilities, mortgage payable and interest rate swap agreement. Unless otherwise noted, it is management's opinion that the Health Unit is not exposed to significant interest rate, currency or credit risks arising from these financial instruments. The fair values of the financial instruments approximate their carrying values due to the short term nature of the instruments except for the mortgage loan payable and interest rate swap agreement. The fair value of the underlying mortgage loan approximates carrying value due to the interest rate being reset monthly. At December 31, 2020, the fair value of the remaining interest rate swap is a liability of \$1,607,281. The Health Unit has access to a line of credit in the amount of \$250,000 with its corporate banker which bears interest at prime.

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2020

7. RESERVES

The Health Unit has established reserves as follows:

The capital reserve is restricted to building replacement, expansion, renovations or major repairs.

	<u>2020</u>	<u>2019</u>
Capital reserve, beginning of year	\$ 1,709,615	\$ 1,399,116
Net revenues for year - schedule 3	<u>279,420</u>	<u>310,499</u>
Capital reserve, end of year	1,989,035	1,709,615
HBHC reserve	<u>45,859</u>	<u>45,859</u>
Total reserves	<u>\$ 2,034,894</u>	<u>\$ 1,755,474</u>

The Healthy Babies Healthy Children (HBHC) reserve is restricted to fund future costs of the program in excess of provincial funding. There were no changes to the HBHC reserve during the year.

8. EXPENDITURE RECOVERIES

Expenditure recoveries consist of:

	<u>2020</u>	<u>2019</u>
Provincial reimbursement of clinic costs	\$ 14,781	\$ 57,392
Vaccination clinics	50,861	133,797
Sexual health clinics	6,683	29,966
Nicotine replacement therapy clinics	11,020	28,975
Tuberculosis testing	5,896	31,850
Food handler training	10,598	41,505
Other	<u>102,404</u>	<u>622</u>
	<u>\$ 202,243</u>	<u>\$ 324,107</u>

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2020

9. MORTGAGE PAYABLE

Mortgage payable consists of the following:

	2020	2019
Bankers acceptance, interest at Canadian Imperial Bank of Commerce BA rate at time of renewal plus 0.48% per annum acceptance fee. Interest is fixed with an interest rate swap agreement at 4.11%. Interest paid in advance at time of renewal with an adjustment at next monthly renewal to swapped rate. Principal is reduced each monthly renewal based on a blended monthly payment of principal and interest of \$44,316 until January 2040.		
Remaining balances due January 2040.	\$ 7,025,373	\$ 7,263,099

The mortgage is secured by a general security agreement creating a first ranking security interest in all personal property of the Health Unit and a first mortgage over the property located at 179 North Park Street, Belleville, Ontario.

Interest expense of \$285,187 (2019 - \$302,321) is included in building occupancy on the statement of financial activities and accumulated surplus.

Future principal repayments are estimated to be as follows:

2021	\$	247,682
2022		258,056
2023		268,864
2024		280,125
2025		291,857
Thereafter		5,678,789

10. INTEREST RATE SWAP AGREEMENT

The Health Unit entered into an interest rate swap agreement on March 5, 2014, effective January 2, 2015, which fixes the long-term interest rates associated with the mortgage. Under this agreement, the Health Unit pays interest on the notional principal at a fixed rate, and receives interest on the same notional principal at a variable rate based on Bankers' Acceptance rates. At the December 2020 renewal, the interest rate including stamping fee on the Banker's Acceptance was 0.95%. There is no exposure to loss on the notional principal amount since the amount is netted by agreement; however, as interest rates fluctuates, the fair value of the swap rises and falls.

Under the swap agreement, the Health Unit pays a fixed rate of 4.11% per annum on the notional principal. As at December 31, 2020 the notional principal of this agreement was \$7,025,373 (2019 - \$7,263,099) with the notional principal being reduced monthly in a systematic manner until the contract matures on January 3, 2040.

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2020

11. BUDGET

The Board of Health approved the budget for 2020 with a municipal levy of \$3,338,953 on February 5, 2020. During the year, the Health Unit entered into additional program agreements or amendments to program agreements. The budgets of these program changes are not reflected in the budget amounts presented.

The Health Unit does not budget for amortization but does budget for capital expenditures and principal repayments. The budgeted amounts for capital expenditures and principal repayments are not included in the budget amounts on the statement of financial activities and accumulated surplus. A reconciliation with these items is as follows:

Budgeted annual surplus before capital expenditures and principal repayments	\$ 803,146
Less: tangible capital asset additions included in budget	(847,900)
Less: principal repayments included in budget	<u>(237,726)</u>
Budgeted annual deficit to be funded from operating fund surplus of prior years	<u>\$ (282,480)</u>

12. EQUITY IN TANGIBLE CAPITAL ASSETS

Equity in tangible capital assets consist of:

	<u>2020</u>	<u>2019</u>
Tangible capital assets	\$ 10,614,326	\$ 10,758,915
Mortgage payable	<u>(7,025,373)</u>	<u>(7,263,099)</u>
	<u>\$ 3,588,953</u>	<u>\$ 3,495,816</u>

**HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2020**

**13. UNCERTAINTY DUE TO THE ECONOMIC CONSEQUENCES OF THE
CORONAVIRUS DISEASE (COVID-19) OUTBREAK**

In mid-March of 2020, the Province of Ontario declared a state of emergency in response to the public health concerns originating from the spread of the novel coronavirus ("Covid-19").

On March 16, 2020, the Health Unit closed its offices to the public while management and staff continued to work to respond to the crisis as part of its mandate. Certain public facing programs have ceased and related staff reassigned to the Covid-19 response. The Health Unit has incurred additional staffing and other costs related to the response. For the year ended December 31, 2020, the Province provided the Health Unit with extraordinary funding towards costs associated with the pandemic response.

A high degree of uncertainty persists surrounding the full economic impact of the situation. The unpredictable nature of the spread of the virus makes it difficult to determine the length of time that the Health Unit's operations will be impacted.

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
SCHEDULE 1 - RECONCILIATION OF FUND BALANCES
OPERATING FUND
YEAR ENDED DECEMBER 31, 2020

	<u>2020</u>	<u>2019</u>
Accumulated surplus, beginning of year	\$ 1,242,060	\$ 1,123,215
Net revenues	<u>678,606</u>	<u>437,383</u>
	1,920,666	1,560,598
Change - tangible capital assets	144,589	220,130
Principal repayments in year	(237,726)	(228,169)
Capital reserve net revenues	<u>(279,420)</u>	<u>(310,499)</u>
Accumulated surplus, end of year	<u>\$ 1,548,109</u>	<u>\$ 1,242,060</u>

(See accompanying notes)

HASTINGS AND PRINCE EDWARD COUNTIES HEALTH UNIT
SCHEDULE 2 -TANGIBLE CAPITAL ASSETS
YEAR ENDED DECEMBER 31, 2020

	Land	Building and Site Improvements	Leasehold Improvements	Communication Systems	Office Equipment	Computer Equipment	Signage	Vehicles under Construction	2020 Total	2019 Total
Historical costs:										
Opening balance	\$ 81,814	\$ 11,726,818	\$ 197,010	\$ 93,585	\$ 572,675	\$ 576,064	\$ 20,941	\$ -	\$ 13,268,907	\$ 13,081,301
Additions	-	70,256	-	-	21,990	80,705	-	105,686	278,637	199,954
Adjustment	-	-	-	-	(10,757)	-	-	-	(10,757)	-
Disposals	-	-	-	-	-	(14,741)	-	-	(14,741)	(12,348)
Closing Balance	81,814	11,797,074	197,010	93,585	583,908	642,028	20,941	105,686	13,522,046	13,268,907
Accumulated Amortization:										
Opening balance	-	1,316,375	197,010	80,825	373,800	527,324	14,658	-	2,509,992	2,102,256
Disposals	-	-	-	-	-	(14,741)	-	-	(14,741)	(12,348)
Amortization expense	-	294,048	-	7,506	67,317	39,410	4,188	-	412,469	420,084
Closing Balance	-	1,610,423	197,010	88,331	441,117	551,993	18,846	-	2,907,720	2,509,992
Net book value	\$ 81,814	\$ 10,186,651	\$ -	\$ 5,254	\$ 142,791	\$ 90,035	\$ 2,095	\$ 105,686	\$ 10,614,326	\$ 10,758,915

Vehicles under construction pertain to the construction of two mobile dental clinics. Amortization on these vehicles will not be recorded until construction is finished and the vehicles are put in use.

HASTINGS AND PRINCE EDWARD COUNTIES HEALTH UNIT
SCHEDULE OF OPERATIONS
YEAR ENDED DECEMBER 31, 2020

SCHEDULE 3

	Related Programs - 100% Funded by Province										Other Programs		Subtotal of Other Programs		Total	
	Mandatory Care	Ontario Seniors Care Program	Senior Dental Clinic Upgrade	Case and Contact Management Solution	School - Focused Nurses Initiatives	Temporary Pandemic Pay Initiative	Subtotal of Related Programs - 100% Funded by Province	PHI Practicum Student	Healthy Babies Healthy Children	Canada Prenatal Nutrition Program	Children's Oral Health Initiative	Operating Fund	Capital Reserve	2020	2019	
REVENUES																
Provincial approved funding MOHLTC	\$ 9,204,700	802,054	75,384	17,927	335,000	106,500	1,336,865	10,000	1,160,543	-	-	-	10,551,565	10,861,647		
Provincial approved funding MCCSS	9,204,700	802,054	75,384	17,927	335,000	106,500	1,336,865	10,000	1,160,543	-	-	-	1,160,543	1,160,543		
Total approved provincial funding	135,709	-	-	-	-	-	-	-	-	-	-	-	135,709	135,709		
Provincial funding MOH salary	1,120,000	-	-	-	-	-	-	-	-	-	-	-	1,120,000	1,120,000		
Provincial funding Mitigation	442,200	-	-	-	-	-	-	-	-	-	-	-	442,200	442,200		
Settlement funding COVID-19 Extraordinary	-	(124,199)	-	-	(104,726)	(95,253)	(324,178)	-	(14,273)	-	-	-	(338,451)	-		
Provincial funding	10,902,609	677,855	75,384	17,927	230,274	11,247	1,012,687	10,000	1,146,270	-	-	-	13,071,566	11,946,450		
Municipal levies	3,128,953	-	-	-	-	-	-	-	-	-	-	-	3,388,953	3,388,953		
Federal funding	-	-	-	-	-	-	-	-	-	42,701	-	-	144,638	115,153		
Other revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	1,908		
Interest income	9,130	-	-	-	-	-	-	-	-	-	-	-	43,358	78,652		
Expenditure recoveries	201,561	682	-	-	-	-	682	-	-	-	14,808	-	202,243	324,107		
Rental income	12,337	-	-	-	-	-	-	-	-	-	-	-	12,337	-		
Total Revenues	14,254,590	678,537	75,384	17,927	230,274	11,247	1,013,369	10,000	1,146,270	101,937	42,701	14,808	16,863,095	15,855,223		
EXPENDITURES																
Salaries	9,079,723	187,766	-	17,927	181,318	11,247	398,258	9,574	848,324	71,383	31,956	-	10,439,218	9,645,359		
Benefits	2,319,213	50,646	-	-	48,956	-	99,602	426	242,177	14,893	7,284	-	2,683,595	2,503,592		
Staff training	45,144	430	-	-	-	-	430	-	650	-	-	-	46,224	130,834		
Travel	93,832	79	-	-	-	-	79	-	11,725	2,833	1,451	-	109,920	185,567		
Building occupancy	745,853	24,678	13,015	-	-	-	37,693	-	-	-	-	-	783,546	865,154		
Office expenses and administration	490,717	10,491	-	-	-	-	10,491	-	42,381	-	-	-	543,589	610,032		
Program supplies	616,719	123,682	-	-	-	-	123,682	-	13	12,828	2,010	-	755,252	747,474		
Professional and purchased services	247,447	162,229	-	-	-	-	162,229	-	1,000	-	-	-	410,676	309,744		
Amortization	412,469	-	-	-	-	-	-	-	-	-	-	-	412,469	420,084		
Total Expenditures	14,051,117	560,001	13,015	17,927	230,274	11,247	832,464	10,000	1,146,270	101,937	42,701	14,808	16,184,489	15,417,840		
Annual surplus (deficit) before other items	203,473	118,536	62,369	-	-	-	180,905	-	-	-	-	14,808	678,606	437,383		
Loss on disposal of tangible capital assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Annual surplus (deficit)	203,473	118,536	62,369	-	-	-	180,905	-	-	-	-	14,808	678,606	437,383		
RECONCILIATION TO FUNDING																
Annual surplus (deficit) above	203,473	118,536	62,369	-	-	-	180,905	-	-	-	-	14,808	678,606	437,383		
Add back amortization	412,469	-	-	-	-	-	-	-	-	-	-	-	412,469	420,084		
Add transfers from reserve	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Add loss on disposal of tangible capital assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Add tangible capital asset adjustment	-	10,757	-	-	-	-	10,757	-	-	-	-	-	10,757	-		
Less tangible capital asset acquisitions	(86,975)	(129,293)	(62,369)	-	-	-	(191,662)	-	-	-	-	-	(278,637)	(199,954)		
Less principal repayments on mortgage	(230,476)	-	-	-	-	-	-	-	-	-	-	-	(230,476)	(228,169)		
Decrease (increase) in prepayment	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Funding surplus	298,491	-	-	-	-	-	-	-	-	-	-	14,808	592,719	429,344		

HASTINGS AND PRINCE EDWARD COUNTIES HEALTH UNIT
 SCHEDULE 4 - OFF-CALENDAR YEAR PROGRAMS FUNDING RECONCILIATION
 YEAR ENDED DECEMBER 31, 2020

The Health Unit enters into certain programs with the federal, provincial and municipal governments where the funding year end is March 31st. The breakdown of the total revenue and expenditures of those programs during the year is as follows:

	Ontario Seniors Dental Care Program: Dental Clinic Upgrades - Belleville			Ontario Seniors Dental Care Program: Mobile Dental Clinic			Healthy Babies Healthy Children			COVID-19: Public Health Case and Contact Management Solution		
	January - March	April - December	2020 Total	January - March	April - December	2020 Total	January - March	April - December	2020 Total	January - March	April - December	2020 Total
Total funding approved for funding year	\$ 252,900	\$ 171,400		\$ 595,000	\$ 550,000		\$ 1,160,543	\$ 1,160,543		\$ -	\$ 26,200	
Total funding received in prior calendar year	\$ -	\$ -		\$ -	\$ -		\$ 1,160,543	\$ -		\$ -	\$ -	
Expended in prior calendar year	(76,947)	-		(76,947)	-		(1,148,305)	-		\$ -	\$ -	
Deferred revenue carried forward	76,947	4,653		-	-		12,238	-		-	-	
Funding received in current calendar year	-	-		-	-		-	1,160,537		-	17,927	
Settlement adjustment	-	70,731		-	-		-	-		-	-	
Funds to be received in next calendar year	-	-		-	-		-	(26,505)		-	-	
Funding available for use in next calendar year	-	75,384	\$ 75,384	-	\$ -		12,238	1,134,032	\$ 1,146,270	-	17,927	\$ 17,927
Revenues	-	13,015	13,015	-	-		12,238	1,134,032	1,146,270	-	17,927	17,927
Expenditures	-	62,369	62,369	-	-		-	-	-	-	-	-
Annual surplus	\$ -	\$ 62,369	\$ 62,369	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reconciliation to funding	\$ -	\$ 62,369	\$ 62,369	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Annual surplus (deficit) above	-	-		-	-		-	-		-	-	
Add transfers from reserve	-	-		-	-		-	-		-	-	
Less capital asset acquisitions	-	(62,369)	(62,369)	-	-		-	-		-	-	
Funding surplus	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total funding approved for funding year	\$ 10,000	\$ 10,000		\$ 89,988	\$ 89,988		\$ 39,000	\$ 39,000		\$ -	\$ 536,000	
Total funding received in prior calendar year	\$ 10,000	-		\$ 80,990	\$ -		\$ 39,000	\$ -		\$ -	\$ -	
Expended in prior calendar year	(10,000)	-		(60,517)	-		(20,632)	-		\$ -	\$ -	
Deferred revenue carried forward	-	-		20,473	-		18,368	-		-	-	
Funding received in current calendar year	-	10,000		8,998	89,988		-	39,000		-	335,000	
Settlement adjustment	-	-		-	-		-	-		-	-	
Funds to be received in next calendar year	-	-		-	(17,522)		-	(14,667)		-	(104,726)	
Funding available for use in next calendar year	-	10,000	\$ 10,000	29,471	72,466	\$ 101,937	18,368	24,333	\$ 42,701	-	230,274	\$ 230,274
Revenues	-	10,000	10,000	29,471	72,466	101,937	18,368	24,333	42,701	-	230,274	230,274
Expenditures	-	10,000	10,000	29,471	72,466	101,937	18,368	24,333	42,701	-	230,274	230,274
Annual surplus	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reconciliation to funding	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Annual surplus above	-	-		-	-		-	-		-	-	
Add transfers from reserve	-	-		-	-		-	-		-	-	
Less capital asset acquisitions	-	-		-	-		-	-		-	-	
Funding surplus	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Report from Medical Officer of Health

- COVID-19 Update
 - Case and Contact Management Update
 - Vaccine Rollout Update



Main Office - Belleville

179 North Park Street, Belleville, ON K8P 4P1
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TTY: 711 or 1-800-267-6511
hpePublicHealth.ca

April 15, 2021

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

Via email: christine.elliott@pc.ola.org

Dear Minister Elliott:

Re: COVID-19 Vaccine Allotment

On behalf of the entire team at Hastings Prince Edward Public Health (HPEPH), and our funding municipalities, I am writing to express my significant disappointment at the recent provincial decision to reduce vaccine supply to our region by 25%. This decision will further delay vaccine delivery in our region, which already lags behind our counterparts due to limited vaccine supply received locally since the outset of the provincial vaccine rollout. This further reduction in allocations will increase pressure on our already strained local health care resources, by delaying vaccination for individuals already at risk of severe COVID-19 complications due to their age, chronic health conditions, and those who care for individuals who are at high risk.

The team at HPEPH is working diligently to administer vaccines to eligible groups as soon as we receive them, however I must emphasize that we are not being provided enough vaccines to expedite protection to individuals who are most at risk in our region. If our reduction in vaccine allocation is not reversed, we will be required to cancel first dose appointments that have been scheduled for individuals living in congregate care settings, individuals with highest and very high-risk health conditions, and individuals over ages of 60 and 70. Even more frustrating, as the result of staggered age eligibility criteria, and inequitable booking practices with the provincial booking system, many of our clinic's appointments have been booked by individuals who reside out of our catchment area, further reducing access to the most vulnerable in our region.

Despite the majority of our population following public health precautions, we have seen a staggering increase in infection rates over the past two weeks with a 14-day incidence rate of 153.8 per 100,000 and 2.6% positivity rate as of end of day April 13¹. The vaccine allocations we are receiving do not align with this increase in rates we are experiencing locally.

HPEPH is currently seeing higher rates of hospitalization than other regions where a higher percentage of the population has been vaccinated. It is critical that we intervene and protect the most vulnerable before these rising infection rates further increase hospitalizations and deaths

North Hastings

1P Manor Ln., L1-024, Bancroft, ON K0L 1C0
T: 1-800-267-2803 | **F:** 613-332-5418

Prince Edward County

Suite 1, 35 Bridge St., Picton, ON K0K 2T0
T: 613-966-5500 | **F:** 613-476-2919

Quinte West

499 Dundas St. W., Trenton, ON K8V 6C4
T: 613-966-5500 | **F:** 613-965-6535

in our region. It is especially important to emphasize that local health care resources are not equipped to deal with ICU requirements of this magnitude, as our region has a total of 21 ICU beds and the ability to care for only 17 vented patients. Further, there is a shortage of critical care nurses in our area, which means our local hospitals can not open up any additional ICU beds. Maintaining and increasing vaccination rates locally will help reduce the risk of local hospitalizations, ensuring local hospitals have the capacity to serve not only local critical care patients, but also COVID-19 patients that are transferred from the GTA.

While I understand the intent of provincial efforts in hot spot regions, this approach disproportionately impacts those who are most vulnerable in regions such as HPEPH, many of whom already have limited access to health care, do not have a primary care provider, are negatively impacted by the social determinants of health, and have limited community-based immunity due to slow vaccine rollout and low infection rates during the first and second waves of the pandemic. Our data shows the residents of HPEPH continue to be at an elevated risk for COVID-19 related complications compared to the province:

- 15% of HPEPH residents over age 80, and over half of residents (55%) aged 70-74 still need a first dose. Of those between the ages of 65-69 83% have not received a first doseⁱⁱ.
- 25% of local residents are over the age of 65 (38% greater than the provincial average)ⁱⁱⁱ.
- 23% of residents are daily smokers (75% higher than the provincial average, third highest in province)^{iv}, a known risk factor for COVID-19.
- 2019 data showed local rates of hospitalization for respiratory disease that were 791.1 per 100,000 which is 33% higher than provincial average^v.
- In 2019, local hospitalizations related to COPD were 301.4 per 100,000, which is 86% higher than provincial average^{vi}.

Most recently, we have seen worrisome outbreaks among the under-housed and those experiencing homelessness. Our region has been unsuccessful in obtaining Federal funding for a safe voluntary self-isolation centre for high-risk contacts and positive cases. As our region has quickly seen escalating rates, HPEPH and local social services are left with few options to house people who are required to self isolate. This increases risk of exposure to those in precarious living situations as well as the community at large.

You must understand that with this change in direction at the provincial level, HPEPH will be required to postpone first dose vaccinations for vulnerable individuals in their 60's and 70's, and those who are suffering from high risk chronic conditions. These first dose vaccinations will offer essential immunity to help reduce risk for individuals who are most likely to experience severe complications from COVID-19 in a region that is already at higher risk of respiratory related illness and hospitalization. It is incredibly difficult for me to justify to local stakeholders that these vaccines have been reallocated to individuals who are at relatively low risk of complications from the virus. This is particularly troubling as the province has cited reducing mortality and severe COVID-19 disease as the key guiding principles to the COVID-19 vaccine rollout.

In order to provide equitable access to vaccines to those at risk in our region, it is essential the Ministry maintain, if not increase, the vaccine supply available to HPEPH. If the Ministry does

not address these concerns, we cannot agree that the rollout has been guided by the provincial ethical framework for COVID-19 vaccine distribution in particular, with respect to public trust, equity, and fairness. Our residents have continually been advised to be patient, that their turn is coming. To further postpone their opportunity for this essential intervention will not only increase mistrust in the provincial vaccine delivery, it will also risk devastating outcomes for our region.

I look forward to your reply on this matter, which is critical to protecting the most vulnerable in our communities.

Sincerely,



Piotr C. Olaza, MD, CPHI(C), CCFP, MPH, FRCPC
Medical Officer of Health and CEO
Hastings Prince Edward Public Health

cc Jo-Anne Albert, Chair Hastings Prince Edward Board of Health
Premier Doug Ford
Dr. David Williams, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Ministry of Health
Todd Smith, Minister of Children, Community and Social Services and MPP Bay of Quinte
Daryl Kramp, MPP Hastings-Lennox and Addington
Mayor Mitch Panciuk, City of Belleville
Mayor Jim Harrison, City of Quinte West
Mayor Steve Ferguson, Corporation of Prince Edward County
Warden Rick Phillips, County of Hastings

ⁱ <https://hpepublichealth.ca/covid-19-cases/>

ⁱⁱ <https://hpepublichealth.ca/covid-19-cases/>

ⁱⁱⁱ Population Projection, July 1, 2020, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted April 15, 2021

^{iv} <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/smoking-status>

^v <https://www.publichealthontario.ca/en/data-and-analysis/chronic-disease/chronic-disease-hospitalization>

^{vi} <https://www.publichealthontario.ca/en/data-and-analysis/chronic-disease/chronic-disease-hospitalization>



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April 29, 2021

Honourable Minister Elliott
 Deputy Premier and Minister of Health
 777 Bay Street, Fifth Floor
 Toronto, ON M7A 2J3

Via email: christine.elliott@pc.ola.org

Dear Minister Elliott:

COVID-19 - Highest Risk Health Care Workers – Second Doses

I am writing with a request that the Ministry of Health make every effort to ensure that Hastings and Prince Edward Counties is not disadvantaged by changes to the dosing interval policy and delayed rollout in rural regions. To ensure all regions throughout the province are able to continue to provide critical care to COVID-19 patients, it is essential that all of Ontario's highest risk health care workers are provided with a common level of protection against COVID-19 through two doses of vaccine as quickly as possible.

As our local hospitals are part of the provincial acute care system, our region continues to receive and treat increasing numbers of patients from hot spot areas. At the current time, our hospitals have capacity to deliver acute care to COVID-19 patients transported from hot spot regions. However, local human resources could be severely impacted if highest risk staff are not provided as much protection as possible through two doses of vaccine. While health care workers in hot spot regions have had greater opportunity to receive both doses of COVID-19 vaccine prior to the provincial change in policy increasing the interval to 16 weeks, due to the delayed rollout in rural regions, many of our local health care workers will not receive a second dose for months.

This lack of fulsome protection places our local acute care providers in a perilous situation as they continue to provide dedicated care to an increasing number of COVID-19 patients without the additional reassurance provided by complete vaccination. This week, a COVID-19 outbreak was declared at Quinte Health Care and at least six staff have tested positive so far. This situation reaffirms that even best efforts to protect staff through PPE and infection control protocols will not provide the protection and immunity acquired through two doses of vaccine. As of April 28, 2021, of all staff at Quinte Health Care, only 11% have received two doses of vaccine, and 21% have not received the first dose.

To further reinforce the need for action to protect our highest risk health care workers, the recent provincial decision to reduce vaccine supply to our region by 25% has resulted in the cancellation of approximately 1500 upcoming first dose vaccination clinics for individuals **already at risk of severe COVID-19 complications due to their age, chronic health conditions, and those who care for**

.../2

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individuals who are at high risk. This delay further increases the risk of local COVID-19 patients acquiring COVID-19, being hospitalized for severe illness, and placing further burden and risk on our local health care system.

Hastings Prince Edward Public Health (HPEPH) is currently seeing higher rates of hospitalization than other regions where a higher percentage of the population has been vaccinated. To ensure our hospitals are able to continue to provide care to the most vulnerable, proactive protection of those who provide acute care to these individuals is essential. As there is a shortage of critical care nurses in our area, making every effort to protect these limited resources is essential to the sustainability of our local ICUs.

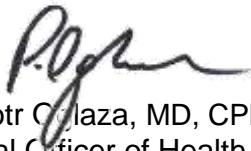
The team at HPEPH recognizes and appreciates the pressures associated with the delivery of front-line health care during this pandemic. We recognize the unique exposure risk for individuals providing front line care to known and potential cases of COVID-19. However, as we continue to advise our acute care partners, HPEPH must continue delivering COVID-19 vaccinations in accordance with provincial guidance, which includes administering second doses on the 16-week interval, unless individuals are eligible for the original interval.

While I understand there is pressure throughout the province for vaccines, I am respectfully requesting that you revisit two key aspects of the rollout to ensure the current focus on hot spot regions does not result in unintended collapse of the health care system in rural regions. On behalf of the team at HPEPH, and our local acute care partners, I am asking you to please:

- Add Highest Risk Health Care workers to those who qualify for original dosing schedule, effective immediately.
- Maintain and/or increase vaccine supply to HPEPH to avoid any further delays or cancellations for vaccination of our general population. To further postpone their opportunity for this essential intervention will not only increase mistrust in the provincial vaccine delivery, it will also risk devastating outcomes on our local health care system and our region as a whole.

Our acute care system is a lifeline for the most vulnerable in our communities. I look forward to your reply on this matter, which is critical to protecting the operation of that system.

Sincerely,



Dr. Piotr C. Olaza, MD, CPHI(C), CCFP, MPH, FRCPC
Medical Officer of Health and CEO
Hastings Prince Edward Public Health

cc: Dr. David Williams, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Ontario Ministry of Health
Jo-Anne Albert, Chair, Hastings Prince Edward Board of Health
Stacey Daub, Quinte Health Care, President and Chief Executive Officer
Todd Smith, Ministry of Children, Community and Social Services and MPP Bay of Quinte
Daryl Kramp, MPP - Hastings-Lennox and Addington

Listing of Information Items Board of Health Meeting – May 5, 2021

1. Simcoe Muskoka District Health Unit – Letter to Doug Ford re Provincial Employment Standards Reform for Provision of Paid Sick Days dated March 1, 2021
2. Peterborough Public Health – Letter to Doug Ford et al re support for recommendations to strengthen provincial Student Nutrition Programs dated March 5, 2021
3. Grey Bruce Public Health – Letter to Mark Walton, CEO of West Region, Ontario Health re: legislative authority for the Board of Health under HPPA dated March 24, 2021
4. North Bay Public Health – Letter to Doug Ford re resolution around vaccine allocations dated April 7, 2021
5. City of Quinte West – Letter to Justin Trudeau re COVID-19 Vaccine Roll-Out dated April 6, 2021
6. Elementary Teachers' Federation Hastings-Prince Edward Teacher Local – Letter to Board of Health members re prioritization of education workers for access to COVID-19 vaccine
7. County of Lambton – Letter to Justin Trudeau and Chrystia Freeland re: basic income for income security during COVID-19 pandemic and beyond dated April 26, 2021
8. Township of Madoc / City of Belleville – Letter to Doug Ford re: leftover vaccine doses dated April 19, 2021 with attached letter from City of Belleville
9. Email from Loretta Ryan of alPHa re information for the 2021 Annual General Meeting and Conference on June 8, 2021.
10. alPHa 2021 Conference and AGM draft program for June 8, 2021

The above information items can be found on the Hastings Prince Edward Public Health's website through the link in the Agenda Package or by going to our website at hpePublicHealth.ca.