



Hastings Prince Edward Public Health Board of Health Meeting

Information Items

Wednesday, September 1, 2021

**Listing of Information Items
Board of Health Meeting – September 1, 2021**

1. Peterborough Public Health – Letter to Christine Elliott re various funding dated June 23, 2021
2. Windsor-Essex County Health Unit – Letter to Christine Elliott and Doug Ford re Appeal to the Province of Ontario re Public Health Funding dated June 17, 2021
3. North Bay Parry Sound District Health Unit – Letter to Christine Elliott re Public Health Funding for 2022 dated June 24, 2021
4. Simcoe Muskoka District Health Unit – Letter to Christine Elliott re Mitigation Funding for 2022 dated June 21, 2021
5. aPHa – Letter to Paul Dube, Ombudsman re Ombudsman Annual Report – Public Health Oversight dated June 30, 2021
6. Peterborough Public Health – Letter to Christine Elliott re increased funding dated August 6, 2021
7. City of Toronto – Letter to Toronto MPs, MPPs and Boards of Health re Response to COVID-19 – June 2021 Update
8. Southwestern Public Health – Letter to Christine Elliott re the continuation of mitigation funding for 2022, increase in base funding and extension of one-time funding dated July 20, 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.

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

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

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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705-445-0804
FAX: 705-445-6498

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

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

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

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

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

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.

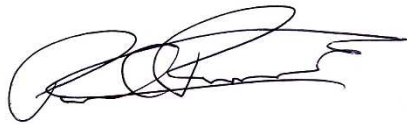
At an operational level, each of Ontario's 34 public health units is mandated to deal directly with the public, including formal mechanisms for receiving and responding to complaints. We can assure you that our public intake lines were very busy during the past year, and we dealt directly with each of 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.

August 6, 2021

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

Dear Minister Elliott,

As per its recommendation on July 21st, 2021, I am writing on behalf of the Board of Health for Peterborough Public Health (PPH) requesting the Ministry of Health (MOH) consider funding an increase to our cost-shared base budget to accommodate the addition of 2.8 full-time equivalent (FTE) staff positions and monies to update the Environmental Health database used by PPH, for the implementation of the *Menu Labelling*, *Child Visual Health and Vision Screening*, and *Consumption and Treatment Services Compliance and Enforcement* protocols under the Ontario Public Health Standards (OPHS).

In 2018, the *Menu Labelling* and the *Child Visual Health and Vision Screening* protocols were added to the *OPHS and Protocols*. The BOH appreciated receiving one-time funding for the implementation of the *Menu Labelling* protocol, however we are concerned that no additional base funding is being provided to support the sustained implementation of the *Menu Labelling* protocol.

In addition on June 10, 2021, PPH received a memo from the Chief Medical Officer of Health indicating an amendment of the OPHS which included 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 (CTSCEP)*. Although the OSDCP is 100% funded by the Ministry of Health, no additional funding was announced to support the implementation of the CTSCEP.

This is a particular concern in Peterborough as community partners have made application to the provincial government for a Consumption and Treatment Site (CTS) for 220 Simcoe Street, Peterborough. A Health Canada Exemption to allow for illicit drug use on site has been approved. A separate application for CTS funding was submitted to the MOH for operations funding for staffing/facility and awaits approval.

Although the 2021 amended standards and associated protocols are welcomed, local public health agencies (LPHAs) like PPH have very 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 protocols. In addition, due to the COVID-19 pandemic, LPHAs are behind in implementing many requirements of these programs and need all allocated FTE for programs and services that have fallen behind. We are concerned that these FTE cannot be stretched even further to fulfill the requirements of these unfunded programs.

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. We fear that the addition of new mandates may jeopardize the prioritization of programs and services that are intended to reduce health inequities and are evidence based.

More specifically we note:

Rationale for CTS-Related Funding

The addition of the new CTS protocol will add more pressure 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 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.

Rationale for Increased Public Health Inspector Resources

Prior to the pandemic, PPH dedicated Public Health Inspector (PHI) resources to focus on menu review and inspections of existing regulated food service premises that fall under the *Healthy Menu Choices Act, 2015* (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. Additional PHI time, up to 0.5 FTE, is needed in 2022 to complete HMCA inspections (not routine inspections).

Rationale for Vision Screening Staffing Request

Prior to the emergency response to COVID-19, 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.

Our Board of Health, looks forward to working with the Ministry to ensure that all mandated programs are adequately resourced and that health of the community continues to be protected.

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

City Clerk's Office

Secretariat
Julie Lavertu, Board Secretary
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August 15, 2021

SENT VIA E-MAIL

To: Toronto Members of Parliament and Members of Provincial Parliament and Boards of Health in Ontario

Subject: Response to COVID-19 - June 2021 Update (Item HL29.1) (see Part 1.e. of Toronto City Council's decision on page 1 which is addressed to Toronto Members of Parliament and Members of Provincial Parliament, the Prime Minister of Canada, the Premier of Ontario, the Federal and Provincial Ministers of Health and all Boards of Health in Ontario)

Toronto City Council, during its meeting on July 14, 15 and 16, 2021, considered [Item HL29.1](#) and adopted the following:

1. City Council acknowledge and thank the Black Scientists' Task Force on Vaccine Equity for their work and report and:
 - a. fully support the recommendations in the report from the Black Scientists' Task Force on Vaccine Equity;
 - b. request the City Manager, in consultation with the Medical Officer of Health, to advance the recommendations in the report from the Black Scientists' Task Force on Vaccine Equity;
 - c. request the City Manager, in consultation with the Medical Officer of Health, to report to the Board of Health in the fourth quarter of 2021 on the status of each recommendation in the report from the Black Scientists' Task Force on Vaccine Equity, including actions by the Federal, Provincial and Municipal Governments;
 - d. request the Executive Director, Social Development, Finance and Administration, in consultation with the Medical Officer of Health, to use the report from the Black Scientists' Task Force on Vaccine Equity to inform the ongoing development of the Toronto Black Health Plan; and
 - e. direct that the report (May 31, 2021) from the Medical Officer of Health, including the report from the Black Scientists' Task Force on Vaccine Equity, be forwarded to Toronto Members of Parliament and Members of Provincial Parliament, the Prime Minister of Canada, the Premier of Ontario, the Federal and Provincial Ministers of Health and all Boards of Health in Ontario.

2. City Council repeal Section 545-8.4.1. (COVID-19 measures) in City of Toronto Municipal Code Chapter 545, Licensing.
3. City Council repeal City of Toronto By-laws 322-2020 and 323-2020 related to physical distancing in parks and public squares.
4. City Council authorize the Medical Officer to Health to extend the funding agreement with the Public Health Agency of Canada for the receipt and expenditure of funding for the Toronto Voluntary Isolation Centre and to undertake appropriate measures to ensure the full and effective use of federal funds, on such terms and conditions that are satisfactory to the Medical Officer of Health and in a form approved by the City Solicitor.
5. City Council approve the receipt of the funds from the Public Health Agency of Canada for the continued operation of the Toronto Voluntary Isolation Centre in accordance with the terms and conditions of the funding agreement until March 2022.
6. City Council authorize the Medical Officer to Health to increase the Toronto Public Health 2021 Operating Budget by \$3.329 million gross and \$0 net and to include \$2.466 million and \$0 net in the 2022 Operating Budget Request for the continued operation of the Toronto Voluntary Isolation Centre.
7. City Council authorize the Medical Officer of Health to enter into new or extend existing agreements or other suitable arrangements with City divisions, Federal or Provincial agencies, community agencies, private entities and/or individuals to expend the funds from the Public Health Agency of Canada for the operation of the Toronto Voluntary Isolation Centre, in accordance with the terms and conditions of the funding agreement and on such other terms and conditions that are acceptable to the Medical Officer of Health.

The Toronto Board of Health, during its meeting on June 14, 2021, also:

1. Requested the Governments of Canada and Ontario to establish data systems that allow for the regular reporting of COVID-19 epidemiology to include cases of Post COVID-19 Condition (or "Long COVID") and to work with local Public Health Units, as appropriate.
2. Called on the Government of Ontario to work with arts industry stakeholders and local Public Health Units to address the concerns raised by the Campaign for Fairness for Ontario Arts and to work collaboratively in support of a safe resumption of performance rehearsals, livestreamings, recordings and planning for the eventual return of live audiences.
3. Requested the Ontario Ministry of Health and Public Health Ontario to consider adopting and using laboratory methods that provide rapid results on the presence of variants of concern to facilitate the detection of areas with high transmission (e.g., hot spots) and where there may be lagging vaccine coverage, in order to address increased concern around the spread of the Delta variant.

4. Requested the Ontario Ministry of Health, as it implements the COVID-19 Roadmap to Reopen, to continue working closely with local Public Health Units and to proceed with caution given the learnings that other jurisdictions have had with reopening and emerging evidence on variants of concern.
5. Requested the Ontario Ministry of Health to provide additional vaccine supplies that would enable the City of Toronto to continue accelerating full vaccination rates through a hot spot campaign, while ensuring high vaccine coverage for older age groups who are most at risk for severe outcomes of COVID-19 infection.
6. Requested the Ontario Ministry of Health to accelerate its commitment to provide a data linkage between COVaxON, the Provincial vaccine system, and the Provincial Case and Contact Management (CCM) system, in order for Toronto Public Health to have access to more comprehensive vaccine efficacy data, including specific details on potential infection breakthroughs after vaccination and their association with variants of concern.
7. Requested the Ontario Ministry of Health to take action to mandate and facilitate the collection of socio-demographic data by all vaccination providers, to mandate that the Ontario Health Data Platform support the use of this equity data and to make this data routinely available to local Public Health Units for assessment and planning.
8. Requested the Ontario Ministry of Health to expedite the assembly of curated lists of enrolled patients that have been vaccinated and to make them available to physicians for the purpose of engaging these clients and promoting the opportunity for vaccinations.
9. Acknowledged and thanked the Black Scientists' Task Force on Vaccine Equity for their work and report and:
 - a. fully supported the recommendations in the report from the Black Scientists' Task Force on Vaccine Equity;
 - b. requested the Medical Officer of Health, in consultation with the City Manager, to advance the recommendations in the report from the Black Scientists' Task Force on Vaccine Equity; and
 - c. requested the Medical Officer of Health, in consultation with the Executive Director, Social Development, Finance and Administration, to use the report from the Black Scientists' Task Force on Vaccine Equity to inform the ongoing development of the Toronto Black Health Plan.
10. Requested the Medical Officer of Health to provide an update at the September 20, 2021 meeting of the Board of Health on the impacts of the COVID-19 pandemic on children and youth and measures to enhance the safety of schools.
11. Requested the Medical Officer of Health to clarify with the Government of Ontario when strip clubs, swinger clubs and bathhouses will be permitted to reopen under the COVID-19 Roadmap to Reopen and to urgently consult and work with industry

stakeholders and community organizations that carry out public health promotion in these facilities to develop detailed guidelines for their safe reopening.

12. Requested the Medical Officer of Health to provide an update on the Provincial public health modernization that considers lessons from COVID-19, including the current and future role of public health partnerships with community agencies, recommended performance indicators related to health equity and community inclusion and recommended governance structures that maximize health equity and systems resilience.

To view this item and background information online, please visit:

- <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL29.1>.

Yours sincerely,

Julie Lavertu

Julie Lavertu
Board Secretary
Toronto Board of Health

Sent (via e-mail) to the following elected officials and Boards of Health in Ontario:

- Gary Anandasangaree, M.P. (Scarborough—Rouge Park), Parliamentary Secretary to the Minister of Crown-Indigenous Relations
- Yvan Baker, M.P. (Etobicoke Centre)
- The Honourable Carolyn Bennett, P.C., M.P. (Toronto—St. Paul's), Minister of Crown-Indigenous Relations
- The Honourable Bill Blair, P.C., M.P. (Scarborough Southwest), Minister of Public Safety and Emergency Preparedness
- Shaun Chen, M.P. (Scarborough North)
- Julie Dabrusin, M.P. (Toronto—Danforth), Parliamentary Secretary to the Minister of Canadian Heritage
- Han Dong, M.P. (Don Valley North)
- The Honourable Kirsty Duncan, P.C., M.P. (Etobicoke North), Deputy House Leader of the Government
- Julie Dzerowicz, M.P. (Davenport)
- Ali Ehsassi, M.P. (Willowdale), Parliamentary Secretary to the Minister of Innovation, Science and Industry (Innovation and Industry)
- Nathaniel Erskine-Smith, M.P. (Beaches—East York)
- The Honourable Chrystia Freeland, P.C., M.P. (University—Rosedale), Deputy Prime Minister and Minister of Finance
- The Honourable Ahmed Hussen, P.C., M.P. (York South—Weston), Minister of Families, Children and Social Development
- Marci Ien, M.P. (Toronto Centre)
- James Maloney, M.P. (Etobicoke—Lakeshore)
- The Honourable John McKay, P.C., M.P. (Scarborough—Guildwood)
- The Honourable Marco E. L. Mendicino, P.C., M.P. (Eglinton—Lawrence), Minister of Immigration, Refugees and Citizenship

- Robert Oliphant, M.P. (Don Valley West), Parliamentary Secretary to the Minister of Foreign Affairs
- Yasmin Ratansi, M.P. (Don Valley East)
- Ya'ara Saks, M.P. (York Centre)
- The Honourable Judy A. Sgro, P.C., M.P. (Humber River—Black Creek)
- Adam Vaughan, M.P. (Spadina—Fort York), Parliamentary Secretary to the Minister of Families, Children and Social Development (Housing)
- Arif Virani, M.P. (Parkdale—High Park), Parliamentary Secretary to the Minister of Justice and Attorney General of Canada
- Jean Yip, M.P. (Scarborough—Agincourt)
- Salma Zahid, M.P. (Scarborough Centre)
- Jill Andrew, M.P.P. (Toronto—St. Paul's)
- Roman Baber, M.P.P. (York Centre)
- Aris Babikian, M.P.P. (Scarborough—Agincourt)
- Doly Begum, M.P.P. (Scarborough Southwest)
- Jessica Bell, M.P.P. (University—Rosedale)
- Rima Berns-McGown, M.P.P. (Beaches—East York)
- The Honourable Raymond Sung Joon Cho, M.P.P. (Scarborough North), Minister for Seniors and Accessibility
- The Honourable Stan Cho, M.P.P. (Willowdale), Associate Minister of Transportation (Transit-Oriented Communities)
- Michael Coteau, M.P.P. (Don Valley East)
- Chris Glover, M.P.P. (Spadina—Fort York)
- Faisal Hassan, M.P.P. (York South—Weston)
- Christine Hogarth, M.P.P. (Etobicoke—Lakeshore), Parliamentary Assistant to the Solicitor General
- Mitzie Hunter, M.P.P. (Scarborough—Guildwood)
- Bhutila Karpoche, M.P.P. (Parkdale—High Park)
- Vincent Ke, M.P.P. (Don Valley North), Parliamentary Assistant to the Minister of Heritage, Sport, Tourism and Culture Industries (Culture and Sport)
- Robin Martin, M.P.P. (Eglinton—Lawrence), Parliamentary Assistant to the Minister of Health
- Christina Maria Mitas, M.P.P. (Scarborough Centre)
- Suze Morrison, M.P.P. (Toronto Centre)
- Tom Rakocevic, M.P.P. (Humber River—Black Creek)
- Marit Stiles, M.P.P. (Davenport)
- The Honourable Kinga Surma, M.P.P. (Etobicoke Centre), Minister of Infrastructure
- Peter Tabuns, M.P.P. (Toronto—Danforth)
- Vijay Thanigasalam, M.P.P. (Scarborough—Rouge Park), Parliamentary Assistant to the Minister of Transportation
- Kathleen O. Wynne, M.P.P. (Don Valley West)
- Algoma Public Health Board of Health, c/o Mayor Sally Hagman, Chair
- Brant County Board of Health, c/o Councillor John Bell, Chair
- Chatham-Kent Board of Health, c/o Councillor Joe Faas, Chair
- City of Hamilton Board of Health, c/o Mayor Fred Eisenberger, Chair
- Durham Region Board of Health (Health and Social Services Committee), c/o John Henry, Durham Regional Chair

- Eastern Ontario Health Unit Board of Health, c/o Councillor Syd Gardiner, Chair
- Grey Bruce Health Unit Board of Health, c/o Mayor Sue Paterson, Chair
- Haldimand-Norfolk Health Unit Board of Health, c/o Mayor Kristal Chopp, Chair
- Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health, c/o Councillor Doug Elmslie, Chair
- Halton Region Board of Health (Regional Council), c/o Gary Carr, Halton Regional Chair
- Hastings Prince Edward Public Health Board of Health, c/o Mayor Jo-Anne Albert, Chair
- Huron Perth Public Health Board of Health, c/o Councillor Kathy Vassilakos, Chair
- Kingston, Frontenac, Lennox & Addington Public Health Board of Health, c/o Deputy Warden and Mayor, Denis Doyle, Chair
- Lambton County Board of Health (County Council), c/o County Warden and Mayor, Kevin Marriott, Chair
- Leeds, Grenville & Lanark District Health Unit Board of Health, c/o Mayor Doug Malanka, Chair
- Middlesex-London Health Unit Board of Health, c/o Councillor Maureen Cassidy, Chair
- Niagara Region Board of Health (Regional Council), c/o Jim Bradley, Regional Chair
- North Bay Parry Sound District Health Unit Board of Health, c/o Nancy Jacko, Chair
- Northwestern Health Unit Board of Health, c/o Mayor Doug Lawrance, Chair
- Ottawa Board of Health, c/o Councillor Keith Egli, Chair
- Peterborough Public Health Board of Health, c/o Deputy Warden and Mayor Andy Mitchell, Chair
- Porcupine Health Unit Board of Health, c/o Mayor Sue Perras, Chair
- Public Health Sudbury & Districts Board of Health, c/o Councillor René Lapierre, Chair
- Region of Peel Board of Health (Regional Council), c/o Nando Iannicca, Regional Chair and Chief Executive Officer
- Region of Waterloo Board of Health (Region of Waterloo Council), c/o Karen Redman, Regional Chair
- Renfrew County and District Health Unit Board of Health, c/o Ann Aikens, Chair
- Simcoe Muskoka District Health Unit Board of Health, c/o Deputy Mayor and Councillor Anita Dubeau, Chair
- Southwestern Public Health Board of Health (Oxford, Elgin and St. Thomas), c/o Warden Larry Martin, Chair
- Thunder Bay District Health Unit Board of Health, c/o Councillor James McPherson, Chair
- Timiskaming Health Unit Board of Health, c/o Mayor Carman Kidd, Chair
- Wellington-Dufferin-Guelph Public Health Board of Health, c/o Mayor and Councillor George Bridge, Chair
- Windsor-Essex County Health Unit Board of Health, c/o Warden and Mayor Gary McNamara, Chair
- York Region Board of Health (York Regional Council), c/o Wayne Emmerson, York Region Chairman and Chief Executive Officer

Sent (via e-mail) to the following elected officials (under separate cover):

- The Right Honourable Justin Trudeau, P.C., M.P. (Papineau), Prime Minister of Canada
- The Honourable Doug Ford, M.P.P. (Etobicoke North), Premier of Ontario and Minister of Intergovernmental Affairs
- The Honourable Patty Hajdu, P.C., M.P. (Thunder Bay—Superior North), Minister of Health
- The Honourable Christine Elliott, M.P.P. (Newmarket—Aurora), Deputy Premier and Minister of Health

cc (via e-mail):

- Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health



St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

July 20, 2021

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

delivered via email
christine.elliott@ontario.ca

Dear Minister Elliott,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we wish to applaud the continuing commitment shown by you and your government for the financial support of local public health units in their ongoing COVID-19 pandemic response. The collective effort of all levels and branches of government in their prioritization of the health and well-being of Ontarians has been truly exceptional and heartening.

Much progress has been made in increasing vaccine rates, decreasing cases, alleviating pressures on our healthcare system, containing transmission, and implementing public health measures against COVID-19 whereby we have now progressed to Step 3 in the Roadmap to Reopen Ontario. Indeed, the improvements we have seen in recent weeks is cause for a thoughtful and thorough consideration of our larger recovery plans as the pandemic has significantly impacted our many and diverse communities.

As other health units have experienced, the extensive resources required to support our COVID response resulted in the necessary reduction or cessation of many programs and services. As we look towards the latter part of the fiscal year and into 2022, we note that much work remains as SWPH engages in rebuilding programs and services, addressing community needs, reviving regional connections and supports, and assessing the aftereffect of public health's focused pandemic work on local populations.

In essence, the recovery of post-pandemic public health programs and services cannot rest upon the support of local funders alone. Without a continuation of mitigation funding, our board will need to reduce staffing numbers that would be needed to resume standard public health services as well as address ongoing COVID-19 work, such as vaccine outreach and immunization, possible booster vaccinations, and case and contact management in schools and workplaces.

Given the leadership role public health units will play in their continued COVID-19 response, the extensive resources required to ensure Ministry targets and requirements are met and maintained, and public health's commitment to the mandates identified in the Ontario Public Health Standards (OPHS), we request that the Ministry commit to the following:

- Extension of mitigation funding for the 2022 fiscal year;
- Extension of the availability of one-time funding for COVID-19 extraordinary expenses;
- An increase in base funding levels to accommodate increasing operating costs since 2019; and,
- Multi-year funding dedicated to COVID recovery to restore and return programs to OPHS requirement levels.

Sufficient and sustained financial support from you and your government is a key component of public health recovery planning. At this time, we await approval of SWPH's 2021 Annual Service Plan and COVID-19 extraordinary expense one-time funding submission – plans and scope which have considerably exceeded our initial estimation given the priority mandate to vaccinate local populations posthaste. I would emphasize once more that our local plans to meet the needs of our communities hinge upon a timely indication of vital funding commitments for 2022 as well as this current year.

Our Board extends its sincere thanks for considering this critical request.

Yours truly,

A handwritten signature in blue ink that reads "Larry D. Martin". The signature is written in a cursive style with a large, prominent 'L' and 'M'.

Larry Martin
Chair, Board of Health

c: Cynthia St. John, CEO, Southwestern Public Health
The Honourable Doug Ford, Premier of Ontario
Ernie Hardeman, MPP Oxford County
Jeff Yurek, MPP Elgin Middlesex London
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health