

## Hastings Prince Edward Public Health Board of Health Meeting

Information Items



### Listing of Information Items Board of Health Meeting – October 6, 2021

- 1. Northwestern Health Unit Letter to C. Elliott re support to establish infection prevention and control (IPAC) hub model as an ongoing program dated August 27, 2021
- 2. Northwestern Health Unit Letter to C. Elliott re request province to reconsider its approach to the funding of public health dated August 27, 2021
- 3. alPHa Message from BOH Chair Wess Garrod to all Board of Health Members
- 4. Haliburton, Kawartha, Pine Ridge District Health Unit Letter to C. Elliott re request for ongoing government financial support dated September 16, 2021
- 5. City of Hamilton Letter to C. Elliott re support for local boards of health regional governance dated September 15, 2021



210 First Street North Kenora, ON P9N 2K4

August 27, 2021

VIA ELECTRONIC MAIL

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

Dear Minister Elliott:

# Re: Support to Establish the Infection Prevention and Control (IPAC) Hub Model as an Ongoing Program

At its August 27, 2021 meeting, the Board of Health for the Northwestern Health Unit recognized the continued importance of supporting long-term care homes and other community congregate living settings through provincially funded infection protection and control (IPAC) measures. Northern health units are uniquely positioned, and the temporary funding for each board of health to be the "Hub" in the IPAC "Hub and Spoke" model has been particularly effective and continues to be critical to ensure vulnerable residents are protected and outbreaks of infections such as SARS-CoV-2 are prevented.

Infection Prevention and Control programming is a requirement of Boards of Health under the *Ontario Public Health Standards*. In December 2020, Northern public health units received temporary funding to establish local networks to enhance IPAC practices in community-based congregate living settings, which resulted in enhanced partnerships between Social Services Boards, Associations for Community Living, and increased staff and management capacity for this important work which is carried out across the Northwestern Health Unit catchment area and throughout Northern Ontario.

The establishment of IPAC Hubs is a strong first step in addressing the need for supports related to IPAC within congregate living facilities, as identified in *Ontario's Long-Term Care COVID-19 Commission April 2021 Final Report,* and while we would welcome the news of funding for this programming for the 2021/2022 period, we would request that stable, annualized funding for this program be established in recognition of the criticality of the interventions. Temporary or one-time funding does not allow us to successfully recruit trained professionals for the required positions, given the chronic recruitment challenges that have only been worsened by the pandemic.

With this in mind, the Board of Health carried the following resolution #79-2021:

THAT the Board of Health for the Northwestern Health Unit make a request to the Provincial Government to make the IPAC Hub model an ongoing program with stable annual funding to provide for the protection from infectious diseases in community congregate living settings and long-term care homes.

AND FURTHER that this resolution be shared with Ministers of Health and Long-Term Care, area partners, Northern Boards of Health, Ontario Health, alPHa, and the Chief Medical Officer of Health.

Northwestern Health Unit is grateful to have been able to work with health units in the north to come together in support of protecting vulnerable residents from infectious diseases in longterm care and other congregate living settings; We thank you for the opportunity to do so.

Sincerely,

Kit Young Hoon, MBBS, MSc., MPH, FRCPC

Medical Officer of Health

Honourable R. Phillips, Minister of Long-Term Care CC: Dr. K. Moore, Chief Medical Officer of Health, Ministry of Health All Northern Ontario Boards of Health C. Geiger, President and CEO, Public Health Ontario M. Anderson, President and CEO, Ontario Health B. Ktytor, Transitional Regional Lead (Northern Ontario)



August 27, 2021

210 First Street North Kenora, ON P9N 2K4

Honourable Christine Elliott Minister of Health / Deputy Premier Ministry of Health College Park 5<sup>th</sup> Floor 777 Bay Street, Toronto, ON M7A 2J3 VIA EMAIL: <u>Christine.elliott@pc.ola.org</u>

Dear Minister Elliott,

On behalf of the Board of Health for the Northwestern Health Unit (NWHU), we wish to express our appreciation for the guidance and leadership shown by the Government of Ontario through the COVID-19 Pandemic Response and Vaccine Rollout. As we progress further along the Roadmap to reopening and begin our own recovery discussions, the topic of modernization and a shift in the cost-sharing model are front and centre.

At the forefront of recovery for public health units and the municipalities we serve, and who contribute to public health funding, is financial stability. NWHU serves 19 municipalities in the province's Northwest; each of which generates much of its revenue through tourism and other economic development initiatives which have been significantly impacted by the pandemic. Mitigation funding received in recent years has been critical to the maintenance of public health programming by boards of health and in easing related financial impacts on our oblicated municipalities, especially during the pandemic response, which has required NWHU to augment its staffing and redeploy existing staff to the response.

As the pandemic continues to come under control, NWHU will shift into recovery mode, which will include several months' and even years' work to catch up on programming such as school immunizations, and will require us to maintain staffing levels sufficient for the resumption of our standard public health programming, and outstanding efforts related to pandemic control such as remaining case and contact management, child and youth vaccinations and the potential for booster vaccinations at some point in the future.

Mitigation funding will be crucial to ensure the success of public health programming; without it, public health activities including ensuring the safety of the school environment will be significantly challenged. Our obligated municipalities are not in a position to shift to substantially increased levies to support this work, and public health is not in a position to reduce its staffing to below pre-pandemic numbers and

still keep our communities safe through our programming which is a substantial risk if mitigation funding and/or an increase to our base budget in 2022 is not received.

The Board of Health for the Northwestern Health Unit endeavours to carry out its fiduciary responsibilities while balancing the needs of the population in our broad catchment area. We respectfully request that the Province of Ontario reconsider its approach to the funding of public health. Public health has been instrumental in the response to the COVID-19 pandemic, and will continue to play a large and important role in the recovery process, especially given the long list of inequities that the pandemic has uncovered in our population's access to health supports.

Sincerely,

Doug Lawrance Manlyn Herbacz Chief Executive Officer

Board of Health Chair

K. Groung Hoon

Medical Officer of Health

CC: Premier Doug Ford Dr. Kieran Moore, Chief Medical Officer of Health Greg Rickford, MPP Kenora-Rainy River Sol Mamakwa, MPP Kiiwetinoong Judith Monteith-Farrell, MPP Thunder Bay - Atikokan Ontario Boards of Health Member Municipalities (19) Association of Local Public Health Agencies (alPHa) Association of Municipalities of Ontario (AMO)

#### From: Loretta Ryan <loretta@alphaweb.org>

- To: All Health Units <AllHealthUnits@lists.alphaweb.org>
- CC: Carmen McGregor <carmen.mcgregor@chatham-kent.ca>, Paul Roumeliotis <proumeliotis@eohu.ca>, Steven Rebellato <Steven.Rebellato@smdhu.org>, Wess Garrod <wessgarrod@gmail.com>, Charles Gardner <charles.gardner@smdhu.org>, "Trudy S." <TRUDSKI@hotmail.com>, Robert Kyle <robert.kyle@durham.ca>
- Date: 2021-08-30 3:20 PM

Subject: [allhealthunits] Message from BOH Chair Wess Garrod to All Board of Health Members

#### PLEASE ROUTE TO:

#### **All Board of Health Members**

To all members of Ontario's 34 Boards of Health,

Hello. My name is Wess Garrod, and I am the Chair of the alPHa Boards of Health Section for the 2021-22 term. This is my third year serving the alPHa membership on its Board of Directors and I have already completed terms as Vice-President and Treasurer.

I have been a public appointee to the KFL&A Board of Health since 2014 and am currently the Vice-Chair, working closely with our Chair Denis Doyle. I also had the privilege of working equally closely with Dr. Kieran Moore, who was KFL&A's Medical Officer of Health until his recent appointment as Ontario's Chief Medical Officer of Health.

I strongly believe in the value and importance of local public health. We keep our communities safe and we make a difference. Our governance role is critical as we provide support and accountability for our MOHs, staff and the programs and services that they deliver.

Everyone in public health has worked diligently in extremely challenging circumstances during this pandemic and it appears that COVID-19 will continue to present challenges as we return focus to our mandated routine responsibilities.

As we move into the fall with a high percentage eligible Ontarians vaccinated, many of us feel safer and more optimistic than ever about a return to a new normal. Unfortunately, the highly infectious Delta variant has raised the bar. We must be constantly vigilant and continually reinforce the importance of public health measures such as vaccinations, mask wearing, hand washing and social distancing.

As your Chair, I am congratulating each of my counterparts in each of Ontario's 34 Boards of Health for providing the leadership, support and necessary role modelling thus far and encouraging all of us to continue the battle against COVID-19.

Protect yourself. Protect each other. Protect your community.

alPHa is our organization that keeps us all connected and informed. Led by Executive Director Loretta Ryan, alPHa gives public health a collective voice that is heard and listened to by decision makers, partner associations such as the Association of Municipalities of Ontario (AMO), and numerous other stakeholders. alPHa staff does excellent work on our behalf and the means for all of us in public health to work together to provide strong and consistent messages about the value of local public health.

Together, we make a difference.

I look forward to working with all of you during the coming year.

Sincerely





1-866-888-4577

September 16, 2021

Honourable Christine Elliott, Deputy Premier Minister of Health, Ontario Hepburn Block 10th Floor 80 Grosvenor Street Toronto, ON M7A 1E9 Sent via email: <u>christine.elliott@pc.ola.org</u>

Dear Minister Elliot,

I want to begin by thanking you and your government for your leadership and financial support during the COVID-19 pandemic. On behalf of the Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), I have appreciated the province's announcements to date which have included a commitment to fund 100% of the costs related to the COVID-19 response as well as the continuation of mitigation funding for the year 2022.

I am writing today to specifically request ongoing government financial support for the following items that have not been captured by previous funding announcements:

- 1. Allocations to support program "restarts", "catchup", and broader recovery
- 2. Increased base funding to reflect the following demands on health unit resources:
  - a. Endemicity of COVID-19 response activities
  - b. Increased wage, benefit, and operational costs due to inflation
  - c. Increased demand for health unit services to support population recovery from COVID-19 (e.g. mental wellness, harm reduction)

Since the start of the COVID-19 pandemic, HKPRDHU has responded to greater than 2,300 confirmed cases of COVID-19, 71 COVID-19 related outbreaks, responded to greater than 700 community complaints regarding infection prevention and control and enforcement for COVID-19 public health measures, and 6,930 COVID-19 related inquiries through our COVID-19 call centre. In addition, HKPRDHU has coordinated the implementation of COVID-19 vaccination across our jurisdiction with greater than 270,000 doses of vaccine administered.

Throughout the pandemic, resources at HKPRDHU have been diverted from pre-existing services to ensure a timely response to COVID-19 and prevent further spread of the virus throughout Ontario. Similar to other areas of the health sector, difficult decisions have been made about which programs to scale down (or stop) and which to continue. This has resulted in a backlog of services that includes the following:

- 2400 students that missed the school-based immunization program and an additional 1200 that have not been
  offered second doses to complete their full immunization series through the school program
- Greater than 70 small drinking water systems that require inspection in addition to the routine annual cohort for 2022
- 5300 children needing Oral health screening

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## **PROTECTION · PROMOTION · PREVENTION**

HEAD OFFICE 200 Rose Glen Road Port Hope, Ontario L1A 3V6 Phone • 1-866-888-4577 Fax • 905-885-9551 HALIBURTON OFFICE Box 570 191 Highland Street, Unit 301 Haliburton, Ontario KOM 1S0 Phone · 1-866-888-4577 Fax · 705-457-1336 LINDSAY OFFICE 108 Angeline Street South Lindsay, Ontario K9V 3L5 Phone · 1-866-888-4577 Fax · 705-324-0455 Minister Elliott September 16, 2021 Page 2

We are reaching a point locally that if we don't start to catch up on these services the backlog will become too large of a hurdle to overcome. As such, we intend to build in capacity to begin addressing this issue but will require assurance from the Ministry that extraordinary costs associated with this will be covered.

It is now clear that COVID-19 will require dedicated attention for many years to come. Case and contact management, outbreak management, infection prevention and control, immunization, surveillance, communication, and enforcement activities will all see a baseline of increased work for the foreseeable future. To do this work well, we need to expand our public health workforce and provide opportunities for permanent positions.

Prior to COVID-19, local public health agencies had received only one increase to base funding in the past five years. Despite this, several new programs were introduced to the Ontario Public Health Standards, including Vision Screening and requirements to respond to Infection Prevention and Control Complaints and inspection of private swimming pools. Furthermore, due to inflation, wage, benefit, and operating costs continued to increase. This means that we were already under-resourced to respond to an infectious disease emergency as well as implement routine public health priorities prior to the pandemic.

Now, more than ever, our communities need a robust public health system to not only respond to the threat of newly emerging infectious diseases, but also help the population recover from the many collateral harms that have resulted throughout the pandemic response. Harms such as increased opioid overdose deaths and deterioration of children's mental health have been well documented over the last year. These are two key areas that local public health agencies have a clear mandate to address but will require the resources to do so.

For the above reasons, the Board of Health urges the provincial government to commit dedicated funding to support both catch-up and recovery of public health activities as well as the ongoing increased demands for health unit response to COVID-19. The COVID-19 pandemic has demonstrated the instrumental role that local public health agencies play in preventing and mitigating the spread of infectious diseases. As we look to the future, it is imperative that we support the recovery of public health in a comprehensive and sustainable way.

In writing this letter, we also call upon the Association of Local Public Health Agencies of Ontario to endorse/support this request.

Respectfully,

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT **Original signed by Mr. Elmslie** 

Doug Elmslie, Chair, Board of Health

DE/nb

Cc (via email): The Hon. Doug Ford, Premier The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock David Piccini, MPP Northumberland-Peterborough South Dr. Kieran Moore, Ontario Chief Medical Officer of Health Dr. Charles Gardner, Chair, Council of Medical Officers of Health Association of Municipalities of Ontario Ontario Boards of Health Loretta Ryan, Association of Local Public Health Agencies



Office of the Mayor City of Hamilton

September 15, 2021

Honourable Christine Elliott Minister of Health and Long-Term Care 10<sup>th</sup> Floor, 80 Grosvenor Street, Toronto, ON M7A 2C4 <u>Christine.Elliott@pc.ola.org</u>

### **RE: Support for a Local Board of Health**

Dear Minister Elliott,

As the province of Ontario and Public Health Unit's across the province continue to respond to the COVID-19 pandemic, the City of Hamilton's Board of Health has been reflecting on our local pandemic response. COVID-19 has highlighted the importance of public health local responsiveness, particularly when dealing with local outbreaks. During the past eighteen months we have seen how local knowledge and partnerships has strengthened the pandemic response by better understanding the needs in the community and leveraging trusted relationships. The strength, timeliness, and flexibility of local collaboration can be seen through the implementation of various strategies, including increased public health measures, equitable access to COVID-19 testing, and an extremely complex and targeted vaccination strategy.

We are writing this letter to reiterate our position that a local, rather than regional governance is preferred to inform planning on how to strengthen and modernize the public health system. One of the current strengths of the governance system in Hamilton is the ties to the municipal sector which has a direct influence on opportunities for health where people live. As a governing body, the Hamilton Board of Health / Council can remain flexible and make decisions to increase, decrease or change service delivery based on local need. This has been particularly important throughout the pandemic as regular public health programs had to be flexible with the level of their operations to allow for resources to be shifted to essential services and the COVID-19 response. Maintaining the local voice supports ongoing advocacy of local need to ensure that priorities in the community are met, for example, the collection of local Social Determinants of Health Data which has allowed public health efforts to more effectively reach those who are disproportionately affected by the pandemic.

It is believed that if there is a shift to a regional board of health model, there will be a reduced local leadership voice in decision making. Due to this, it is important that public health governance remains local while ensuring accountability to municipalities, the province and the local population. Leveraging local responsiveness during the pandemic has reinforced our position that a local rather than regional governance remains the preferred model.

Sincerely,

Fred Eisenberger Mayor

<u>CC:</u>

Andrea Horwath, MPP, Hamilton Centre Paul Miller, MPP, Hamilton East – Stoney Creek Monique Taylor, MPP, Hamilton Mountain Sandy Shaw, MPP, Hamilton West – Ancaster – Dundas Donna Skelly, MPP, Flamborough – Glanbrook Council of Ontario Medical Officers of Health Association of Local Public Health Agencies (alPHa) Ontario Boards of Health