



Hastings Prince Edward Public Health Board of Health Meeting

Information Items

December 1, 2021

Listing of Information Items Board of Health Meeting – December 1, 2021

1. [Simcoe Muskoka District Health Unit](#) - Letter to C. Elliott re one-time COVID-19 extraordinary costs dated October 21, 2021
2. [Huron Perth Public Health](#) - Letter to C. Elliott re mandatory vaccination for all staff working and caring for vulnerable clients dated October 19, 2021
3. [Memorandum from Ministry of Health](#) re provision of French language services by Board of Health dated October 28, 2021
4. [North Bay Parry Sound District Health Unit](#) - Letter to C. Elliott re Public Health funding for 2022 dated November 1, 2021
5. [Grey Bruce Health Unit](#) - Letter to C. Elliott re financial support for a local board of health dated October 13, 2021
6. [Peterborough Public Health](#) - letter to C. Elliott re support for local boards of health dated November 5, 2021
7. [Windsor-Essex County Health Unit](#) - Letter to C. Elliott and D. Ford re request for increase in base funding for mandatory programs dated November 4, 2021
8. [Algoma Public Health](#) - Letter to C. Elliott re request for annualized IPAC Hub funding and increase in provincial base funding for local public health dated November 16, 2021
9. [Haliburton, Kawartha, Pine Ridge District Health Unit](#) - Letter to C. Elliott and Dr. Salaba re restoring vision services for vulnerable Ontarians dated November 18, 2021.
10. [Windsor-Essex County Health Unit](#) - Letter to C. Elliott re COVID-19 Vaccine and the immunization of School Pupils Act dated November 23, 2021

October 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 (SMDHU), 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. We continue to work collectively to complete the “final mile” of vaccination of the population while simultaneously continuing all activities of COVID-19 surveillance and case management/contact tracing.

The COVID-19 work has required an unprecedented quantity of resources, particularly human resources. Accordingly, boards of health have had to significantly augment their staffing specifically for the Mass Immunization Clinics. Salaries and related expenses of this greatly enhanced workforce (including transportation, supplies and equipment) have only been partially managed by the funding received from the province on July 22, 2021. SMDHU only received 42% of its COVID-19 funding request and costs to date have far exceeded that funding. To add to 2021 cash flow pressures, SMDHU would require the hiring of nursing and administrative staff to implement the provincially mandated vaccine clinics for 5–11-year-olds in Simcoe County and the District of Muskoka as well as implement the “booster” clinics for specific populations. With no immediate COVID-19 funding, these pressures for the end of 2021 compound finance issues for SMDHU and will potentially impede our ability to finance the human resources required.

The SMDHU Board of Health via management staff have been in active communication with Ministry of Health staff specifically related to the one-time funding COVID-19 requests. Unfortunately, the Board of Health experienced cash flow issues in July due to the lack of COVID-19 funding from the Ministry of Health to the point, that the Board was forced to seek approval from its four obligated municipalities to borrow from a bank up to \$5M to cover salaries and expenses for COVID-19 activities. SMDHU also sought and received from the Ministry of Health an advance in funding for the Ministry portion of the cost-shared budget to ensure that payroll commitments and the payment of vaccination expenses could be met. On October 20, 2021, the Board of Health approved a motion requesting that boards of health immediately receive the *COVID-19 Extraordinary Costs* and COVID-19 Vaccine Extraordinary Costs funding as articulated in SMDHU’s Q2 financial statement and that the Ministry of Health commit in writing to:

- (1) extend COVID-19 funding in 2022;
- (2) establish funding in 2022 for public health recovery activities; and,

Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

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

Gravenhurst:
2-5 Plineridge 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
FAX: 705-325-2091

- (3) increase provincial funding for public health base budgets proportional to the municipal levy increase needed in 2022 to maintain capacity for public health program delivery.

The financial pressure from not having access to the required amount of COVID-19 funding from the province, with the simultaneous requirement to respond to the pandemic through surveillance, case and contact management, outbreak response, education and enforcement of the changing requirements of the *Reopening Ontario (A Flexible Response to COVID-19) Act*, and the vaccination of the population has placed the Board in a precarious financial situation. If there is not sufficient funding from the province, there is also a sizeable risk that SMDHU will have a large year-end deficit moving into 2022 based on 2021 COVID-19 expenses that may require a large municipal levy increase to eliminate the deficit and to address the response needs in 2022.

For these reasons the SMDHU Board of Health urges the provincial government to approve and immediately flow the amount required by each health unit of one-time *COVID-19 Extraordinary Costs* and *COVID-19 Vaccine Program Extraordinary Costs*.

Thank you for considering this urgent matter.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CG:cm

cc: Ontario Boards of Health
MPPs of Simcoe Muskoka
City of Barrie Mayor and Council
City of Orillia Mayor and Council
The District Municipality of Muskoka District Chair and Council
County of Simcoe Warden and Council
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Graydon Smith, President, Association of Municipalities of Ontario



October 19, 2021

Hon. Christine Elliott
Ministry of Health
College Park, 5th Floor
777 Bay Street
Toronto, ON M7A 2J3

Sent via email: christine.elliott@ontario.ca

Dear Hon. Christine Elliott,

On behalf of the Board of Health for Huron Perth Public Health, we wish to express our great concern for the variation in vaccination policies for the Home and Community Care sector and the risk this presents to those who are trying to stay in their homes.

It is our understanding that home and community care in Huron and Perth is made up of multiple partners and classified as follows:

Home and Community Support Services (HCSS) – have care coordinators in the field and are direct deliverers of some specialized services.

Home Care Service – agencies that have contracts to deliver home care through agreements with Home and Community Support Services.

Community Support Services (CSS) – agencies that provide a range of services including assisted living, adult day programs, transportation, meals on wheels and friendly visiting.

Private agencies – agencies that provide home and community care with no direct provincial funding.

Members of the public, as well as Primary Care stakeholders, are aware that allowing unvaccinated home and community workers to enter a client's home poses additional and avoidable risk to vulnerable clients in whom an exposure to Covid-19 could do irreparable damage and cost them their independence or even their lives. We have received reports from clients who have requested, and have been unable to access, vaccinated workers; these clients have chosen to decline services, meaning they are not receiving appropriate levels of care.

It is our understanding that most agencies that fall under Home Care Services in Huron and Perth have mandatory vaccination policies with only exemptions due to medical purposes. We are grateful that these organizations have embraced this direction and are supporting the safety of their clients. However, some agencies under HCSS and CSS, in compliance with Directive# 6, allow for staff to opt out of vaccination with regular testing allowances. We know that the sensitivity of Rapid Antigen Tests is limited, and particularly if only performed once weekly. Clients do not have the choice to request a fully vaccinated worker and must choose if they are willing to take that risk.

We know that current risk of COVID-19 spread is highest among those who are not vaccinated and that unfortunately, it can be passed to fully vaccinated individuals, including those who are trying, with the aid of home and community services, to stay in their homes. We commend the Ministry of Health for making staff vaccinations mandatory in Long Term Care Homes and are calling for direction to make vaccination mandatory for all staff working and caring for vulnerable clients such as Long Term Care, Retirement Homes and agencies across the Home and Community Care sector.

Thank you for your attention to this important matter.

Regards,



Kathy Vassilakos
Board of Health Chair

Copy: Premier of Ontario, Hon. Doug Ford
Association of Municipalities of Ontario
alPHa
Randy Pettapiece, MPP
Perth Wellington Lisa Thompson, MPP Huron Bruce
Home and Community Care Support Services - South West

Ministry of Health

Office of Chief Medical Officer of
Health, Public Health
Box 12,
Toronto, ON M7A 1N3

Tel.: 416 212-3831
Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste en
chef, santé publique
Boîte à lettres 12
Toronto, ON M7A 1N3

Tél. : 416 212-3831
Télééc. : 416 325-8412

October 28, 2021

MEMORANDUM

TO: Board of Health Chairs, Medical Officers of Health, and Chief Executive Officers

RE: Provision of French Language Services by Board of Health

Dear Colleagues,

The public health sector continues to play an integral role in protecting the health and safety of Ontarians during the pandemic. I recognize and commend the sector for its continued work and leadership during this unprecedented time.

As Ontario is in the fourth wave and recognizing the school year and the academic year for post-secondary institutions are underway, the sector's capacity to meet ongoing pandemic planning and response needs will no doubt continue to be tested.

I am writing to you today to draw attention to the ongoing importance of the provision of French-language public health services and information. The Ministry of Health has been made aware of concerns and challenges faced by health care professionals and the public in accessing public health information and services in French, particularly during the pandemic.

As you are aware, the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability, 2021](#) (OPHS) state that "boards of health should bear in mind that in keeping with the FLSA, services in French should be made available to French-speaking Ontarians located in designated areas". The OPHS also state that Francophone communities may be, in some instances, priority populations for public health interventions.

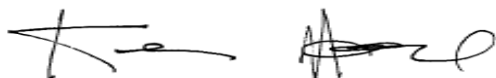
In addition to the availability of Ministry of Health and Public Health Ontario information in both languages, there are other resources and supports available. We encourage you to access resources from other public health units including the [Public Health en français Community of Practice](#), an online community managed by Ottawa Public Health and the Eastern Ontario Health Unit. Their website includes COVID-19 resources. You may also wish to contact the French language leads of Ontario Health regions for resources and supports and their contact information are provided below.

Ontario Health Regions		Contact Information
East Region		Farrah Hirji Farrah.Hirji@ontariohealth.ca (905) 430-3308 ext. 3268
Toronto Region		Tharcisse Ntakibirora (416) 561-9158 t.ntakibirora@ontariohealth.ca
Central Region		Kim Sontag Kim.sontag@ontariohealth.ca (705) 721-8010 ext. 2215 Tina Christman (705) 326-7750 x3240 Tina.Christman@ontariohealth.ca
North Region	North East	Johanne Labonte Johanne.Labonte@ontariohealth.ca (705) 267-2334 ext. 5552
	North West	Diane Breton diane.breton@ontariohealth.ca (807) 684-9425 ext. 2022
West Region	Waterloo-Wellington & Hamilton Niagara Haldimand Brant	Bianca Bempong bianca.bempong@ontariohealth.ca (519) 748 2222 ext. 5442
	South West	Suzy Doucet-Simard suzy.doucet-simard@ontariohealth.ca (519) 672-0445 ext. 2612
	Erie St. Clair	Marthe Dumont Marthe.Dumont@lhins.on.ca 1-888-310-8881 ext. 7130

Again, I thank you for the continued efforts of you and your staff in the response to COVID-19.

If you have any questions, please do not hesitate to contact Colleen Kiel at (416) 317-7058, or myself.

Sincerely,



Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health

c: The Honourable Caroline Mulroney, Minister of Francophone Affairs and Transportation
The Honourable Christine Elliott, Deputy Premier and Minister of Health
Sean Court, Assistant Deputy Minister, Strategic Policy, Planning & French Language Services



November 1, 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

The Board of Health for the North Bay Parry Sound District Health Unit (Board) commends the government's financial commitment to public health throughout the pandemic. This trust has enabled public health programs and services, critical to the pandemic response, to continue. There is still much to be accomplished as the pandemic evolves. Vital to achieving future successes is the ability to strategically plan for 2022.

Pursuant to the Health Unit's correspondence of June 24, 2021, the Board is again respectfully requesting the Ministry to urgently establish funding expectations for 2022. This is critical for planning purposes for both the Health Unit and the municipalities we serve.

The Board is urging the Ministry of Health to commit in writing to:

1. Extend COVID-19 funding in 2022 for:
 - a. COVID-19 Extraordinary Costs; and
 - b. COVID-19 Vaccination Extraordinary Costs
2. Establish funding in 2022 for public health recovery efforts
3. Increase provincial funding for public health base budgets with the proportional municipal levy increase needed in 2022 to maintain public health unit capacity

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. In addition, two public health union contracts are to be negotiated in 2022 with workforces experiencing recruitment and retention issues. A zero percent increase in base funding for 2022 is untenable if health units are to fulfill the requirements for programs, services, and accountability as delineated in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards).

As per the Standards:

.../2

To: The Honourable Christine Elliott

Page 2 of 2

Date: November 1, 2021

“Boards of health are responsible for programs and services in all core function areas, demonstrating accountability to the ministry, and monitoring and measuring the effectiveness, impact and success of their programs and services.”

Requisite to realizing Ministry expectations to deliver mandated public health programs is a highly skilled and experienced workforce. They are essential to ensuring the future success of entrusted programs such as healthy growth and development, school health, chronic disease prevention and well-being, substance misuse and injury prevention, healthy environments, food safety, infectious and communicable diseases prevention and control, and immunization.

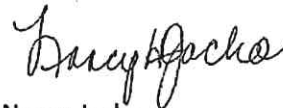
The COVID-19 pandemic has taught us that an able-bodied, prepared public health system is more important than ever. Without a base funding increase, public health’s capacity will be diminished, with even harder choices having to be made regarding where we can assist in pandemic recovery and building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

Your assistance and attention to this pressing matter is greatly appreciated.

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

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)
 Association of Local Public Health Agencies (alPha)
 Council of Medical Officers of Health (COMOH)
 Andrea Horwath, New Democratic Party of Ontario, Leader, Official Opposition
 Steven Del Duca, Ontario Liberal Party
 Mike Schreiner, Green Party of Ontario
 Jim Karahalios, New Blue Party of Ontario



October 13, 2021

The Honourable Christine Elliott , Deputy Premier
Ministry of Health and Long-Term Care
10th Floor, 80 Grosvenor St
Toronto, ON M7A 2C4
Christine.Elliott@pc.ola.org

Dear Minister Elliott:

Re: Support for a Local Board of Health

On September 24, 2021 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Haliburton, Kawartha, Pine Ridge District Health Unit regarding support for a local Board of Health. The following motion was passed:

Motion No: 2021-80

Moved by: Mitch Twolan

Seconded by: Brian Milne

“That the Board of Health endorse the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit Re: requesting ongoing provincial government financial support for local public health.”

Carried.

Sincerely,

A handwritten signature in black ink that reads "Sue Paterson". The signature is written in a cursive, flowing style.

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: 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

Encl.
/mh

A healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5

www.publichealthgreybruce.on.ca



**Peterborough
Public Health**

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

November 5, 2021

The Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@ontario.ca

Dear Minister Elliott:

Re: Support for Local Boards of Health

At its meeting held on October 13, 2021, the Board of Health (BOH) passed a resolution that Peterborough Public Health support the position articulated in the City of Hamilton's Board of Health's correspondence, dated September 15, 2021 regarding the importance and preference of a local versus regional governance model for public health in Ontario.

Our BOH has historically supported this view, both in its [response to the Report of the Minister's Expert Panel on Public Health \(2017\)](#), as well as in its [Position Paper on the Modernization of Public Health in Ontario \(2020\)](#). An Executive Summary of the latter has been appended, for your reference.

Local responsiveness, knowledge and partnerships have been critical throughout the COVID-19 pandemic. These should be explored further and assessed as part of a comprehensive post-pandemic review. As recently recommended by the Ontario Medical Association, the Province should proceed with "carrying out an independent and unbiased review of Ontario's response to the pandemic including the public health system, its strengths and weaknesses during pandemic and non-pandemic times, along with its roles and responsibilities, before considering any changes."¹

Our Board looks forward to working with you and your Ministry to explore ways in which local governance can continue to contribute to and strengthen the delivery of public health services in Ontario.

Sincerely,

Original signed by

Mayor Andy Mitchell,
Chair, Board of Health

/ag
Encl.

cc: Local MPPs
Council of Medical Officers of Health
Association of Local Public Health Agencies
Ontario Boards of Health

¹ Ontario Medical Association (2021). *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*.
<https://www.oma.org/uploadedfiles/oma/media/public/prescription-for-ontario-doctors-5-point-plan-for-better-health-care.pdf>



OFFICE OF THE MAYOR
CITY OF HAMILTON

September 15, 2021

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

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.

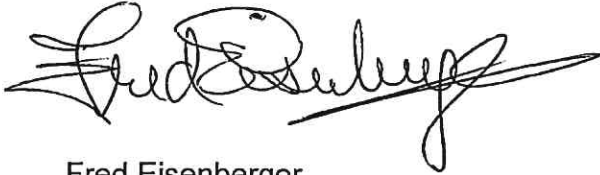
We are writing this letter to reiterate our position that a local, rather than regional governance is preferred to inform planning on how to strengthen and modernize the public health system. One of the current strengths of the governance system in Hamilton is the ties to the municipal sector which has 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.

RE: Support for a Local Board of Health 2

September 15, 2021

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,

A handwritten signature in black ink, appearing to read "Fred Eisenberger". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Fred Eisenberger
Mayor

CC:

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



Peterborough
Public Health

The Modernization of Public Health in Ontario

A Position Paper:
Recommendations from the Board of Health
for Peterborough Public Health

Serving the residents of **Curve Lake** and **Hiawatha First Nations**,
and the **County** and **City of Peterborough**

January 8, 2020

Executive Summary

Ontario's public health system delivers value for money, and helps to ensure Ontarians are fully able to contribute to a prosperous, sustainable and healthy future. Investments in public health are vital to maximizing prevention efforts in order to protect the Province and reduce demands for downstream health care services. Public health recognizes that it plays an important role in reducing hallway health care.

Peterborough Public Health (PPH) does not support the changes to the Ontario public health system put forward by the Provincial Government as part of its April 2019 budget. Although modifications to the system designed to make it more effective should be considered, the proposals of the Provincial Government were overly broad and did not target key areas for reform. If adopted, their impact would have significantly and irrevocably damaged the governance and delivery of public health services in the province. They were akin to using a sledgehammer to crack open a peanut. Public health in Peterborough is not broken – with the exception of issues related to capacity and funding, our communities benefit from services that are responsive, timely and effective.

PPH has worked hard to inform the Province and other stakeholders about its concerns including:

- Responding to local media in order to inform the public and local stakeholders on the potential negative impacts
- Making written submissions to the Minister and Ministry
- Engaging local government MPPs in discussion with the board and local political leaders
- Developing and presenting an emergency resolution to the Annual General Meeting of the Association of Local Public Health Agencies (alPHa)
- Engaging in discussions with neighbouring boards of health
- Engaging in the Eastern Ontario Wardens Caucus resolution
- Engaging in the formal Provincial consultation
- Completing the Ministry survey on public health modernization
- Engaging decision makers at both the Association of Municipalities of Ontario (AMO) and Rural Ontario Municipal Association (ROMA) conferences

We applaud the Provincial Government for seeking public input before proceeding with any structural changes however PPH continues to express concern that the Government is continuing with its plan to transfer \$180 million of public health costs onto the local tax base, although at a slower pace than originally announced.

Principles of Reform

PPH believes that public health in Ontario must be shaped and delivered at the local level and that any proposed changes to public health governance and delivery need to be consistent with the following principles:

1. The enhancement of health promotion and disease prevention must be the primary priority of any changes undertaken;
2. Investments in public health must be recognized as a critical strategy in reducing the need for hallway health care;

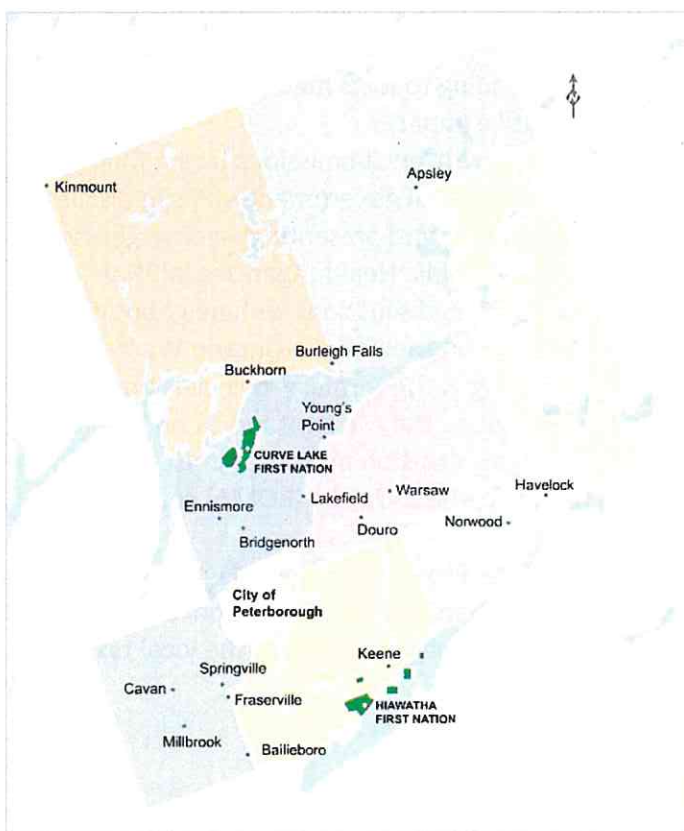
3. Any consolidation of public health units should reflect a community of interests which include distinguishing between rural and urban challenges and facilitates the meaningful participation of First Nations;
4. Adequate provincial funding is necessary to ensure effective health promotion and prevention activities in Ontario. Funding should be predictable and consider factors such as equity, population demographics and density, rural/urban mix and increase to meet new demands;
5. Local funding needs to consider a municipality's ability to pay in the context of the broad range of changes in funding arrangements between the Province and municipalities;
6. As public health is a joint municipal-provincial venture, its governance structure must provide accountability to the local councils that are required to fund local public health agencies;
7. Changes undertaken need to be evidenced based and not ideologically driven; and,
8. Change must be driven from the bottom up, in a process that respects both Provincial and local interests and facilitates genuine collaboration. Change management impact must be acknowledged in this process.

Recommendations

In addressing the reform of public Health in Ontario, PPH has developed a series of recommendations in **three** broad thematic areas consistent with the principles noted above:

1. Structure and Governance

- 1.1. Negotiate boundaries for a local public health agency (LPHA) with an optimal size of 300,000 to 500,000¹ that reflects a community of interests and recognizes the rights and interests of First Nations.
- 1.2. Structure negotiations in a manner that respects local concerns and is responsive to local priorities.
- 1.3. Mandate municipal board representation and accountability that reflects municipal fiscal contributions.
- 1.4. Consider the establishment of regional structures to assist local boards in the delivery of programming and cost containment (i.e., back office integration, mutual aid agreements, issue-specific expertise).
- 1.5. Enhance Public Health Ontario's (PHO) coordination role as it relates to knowledge and technical support; central analytics; evidence generation; and, performance measurement.



¹ Mays et al. Institutional and Economic Determinants of Public Health System Performance. Amer J Pub Health 2006;96;3;523-531.

2. Program Delivery

- 2.1. Ensure health promotion and prevention programming is designed to reduce future health care use and costs.
- 2.2. Ensure stable and predictable provincial funding is provided that reflects demographic, equity and other local conditions, responsive to increased or emerging demands.
- 2.3. Ensure local financial contributions are reflective of municipalities' abilities to pay.
- 2.4. The Province should provide LPHAs with training and human resource support to ensure frontline staff have core competencies consistent with provincial standards.
- 2.5. The local delivery of public health programming should include:
 - Community engagement in design and delivery;
 - Nurturing of local relationships with delivery partners;
 - Supporting local decision makers with healthy public policy;
 - Program delivery which encompasses consistent local staffing;
 - Promotion of provincial policy development based on local needs and issues;
 - Delivery of health promotion campaigns that reflect local conditions and are built on local strategies;
 - Ensuring the social determinants of health are a lens through which local policies are developed; and,
 - Undertaking local applied research that is disseminated at a provincial level for the benefit of all LPHAs.

3. Implementation

- 3.1. Provide sufficient time to implement any proposed changes.
- 3.2. Build on best practices learned from past amalgamations.
- 3.3. Ensure sufficient provincial financial support is available to meet one-time implementation costs.
- 3.4. Implement changes using an integrated and comprehensive approach.

Ontario experienced a prolonged drought for public health that was brought to light with the tragedies of both SARS and Walkerton. We hope that important lessons have been learned and that the neglect that occurred in the past will not be repeated. In order to do that, boards of health need to know that the Province is committed to investing in public health in order to protect its citizens and keep our communities open for business.



Peterborough Public Health provides catch up vaccinations for new Canadians, including this boy originally from Syria.

November 4, 2021

The Hon. Christine Elliott
Ministry 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,

The Board of Health for the Windsor-Essex County Health Unit (WECHU) would like to express its gratitude for the funding received over the course of the COVID-19 pandemic. Additionally, the WECHU would like to take this opportunity to acknowledge the recent approval of mitigation funding for 2022. The extension of the mitigation funding is a recognition of the impact of the COVID-19 pandemic in our community.

Windsor and Essex County (WEC) has been disproportionately impacted by the COVID-19 pandemic. To date, total confirmed cases of COVID-19 were 20,350, and 462 residents of Windsor-Essex have died. While the WECHU continues to be heavily focused on the COVID-19 response in the community of WEC, preliminary work has commenced on recovery and catch-up efforts including:

- Planning of a community needs assessment and review of surveillance data to identify priorities in our community, informing priorities for program restart and program development.
- Continued focus on such initiatives as the establishment of a consumption and treatment site in the community of WEC. Throughout the COVID-19 pandemic, there has been an escalation in opioid related incidents.
- On-going COVID-19 response efforts including case and contact management, vaccinations and enforcement of regulations.
- Conducting an internal review of human and other resources to inform internal capacity during recovery. This includes an assessment of the internal readiness for a shift from COVID-19 pandemic-related activities to COVID-19 endemic-related activities.

- Catching up on the back log of services including but not limited to:
 - School-based catch-up clinics, 5,863 doses of Men C, 8,127 HPV, 8,287 HB are outstanding. With regards to new grade 7 cohorts, 4,329 doses of Men C, 4,437 HPV, 3,909 HB are outstanding.
 - More than 15,000 students have not received oral health screening.
 - Approximately 4,000 students in senior kindergarten have not received vision screening.

Public health has been instrumental in the response to the COVID-19 pandemic. The WECHU like other public health units have redeployed staff, hired additional staff and have stopped important programming to the communities' health in response to pandemic pressures. To facilitate recovery efforts in a comprehensive and sustainable manner the WECHU Board of Health asks the Government of Ontario to provide an increase in base funding for mandatory programs specifically to support:

- Ongoing COVID-19 related expenses and sustainability
- Increases in wages, benefits and operational costs
- Recovery efforts and increased demand and need for programming including but not limited to substance use, mental health, healthy growth and development.

Additionally, the WECHU implores the Government of Ontario to provide one-time funding to support recovery and catch-up efforts over a multi-year period (2022 to 2024), recognizing that certain communities were more negatively impacted by the COVID-19 pandemic than others.

Sincerely,



Gary McNamara
Board of Health

c: Premier Doug Ford
Association of Local Public Health Agencies (ALPHA)

November 16, 2021

The Honorable Christine Elliott,
Deputy Premier and Minister of Health
christine.elliott@ontario.ca

Dear Minister Elliott:

RE: Request for Annualized IPAC Hub Funding and Increase in Provincial Base Funding for Local Public Health

On October 27, 2021, at a regular meeting of the Board of Health for the Algoma Health Unit, the board approved a resolution requesting that the:

Board of Health for the District of Algoma Public Health write to the Ontario Minister of Health to request that the provincial government **commit to increased base funding to local public health units, with particular attention to addressing longstanding public health human resource challenges in the north**, such that public health units are able to both continue a robust pandemic response, and restore the delivery of mandated public health services to Ontario citizens.

Motion No.: 2021-92 Moved by: L. Mason Seconded by: E. Pearce

On behalf of the Board of Health for the District of Algoma Health unit, we thank you and your government for your leadership and financial support during the COVID-19 pandemic. We have appreciated the province's announcements to date for 2022, which have included one-time reimbursement to local public health units for extraordinary COVID-19 expenses and one-time mitigation funding to offset the impacts of the cost-sharing formula change to municipalities. We also express gratitude for the recent approval of 2021-2022 one-time funding for the Infection Prevention and Control (IPAC) Hub Program at Algoma Public Health.

I am writing today to request provincial government commitment to **(a) annualize IPAC funding for northern PHUs to sustainably support IPAC hubs and (b) increase base funding to local public health units, with particular attention to addressing longstanding public health human resource challenges in the north**, to reflect the rising pressures on local public health unit resources. These pressures include:

- The need to routinize COVID-19 response activities, recognizing that COVID-19 will likely become a disease of public health significance and increase baseline public health work going forward;
- Increased wage, benefit, and operational costs due to inflation; and
- Increased demand for health units to restore mandatory programs to pre-pandemic capacity, address the backlog of services, and support population recovery from the COVID-19 pandemic.

Since the start of the COVID-19 pandemic, Algoma Public Health (APH) has provided a robust pandemic response to prevent and mitigate the spread of COVID-19. To date, APH has (a) managed 613 confirmed cases of COVID-19

Blind River	Elliot Lake	Sault Ste. Marie	Wawa
P.O. Box 194	ELNOS Building	294 Willow Avenue	18 Ganley Street
9B Lawton Street	302-31 Nova Scotia Walk	Sault Ste. Marie, ON P6B 0A9	Wawa, ON P0S 1K0
Blind River, ON P0R 1B0	Elliot Lake, ON P5A 1Y9	Tel: 705-942-4646	Tel: 705-856-7208
Tel: 705-356-2551	Tel: 705-848-2314	TF: 1 (866) 892-0172	TF: 1 (888) 211-8074
TF: 1 (888) 356-2551	TF: 1 (877) 748-2314	Fax: 705-759-1534	Fax: 705-856-1752
Fax: 705-356-2494	Fax: 705-848-1911		

in Algoma residents and non-Algoma residents temporarily in Algoma, 2506 high-risk close contacts of cases, and 30 COVID-19 related outbreaks, (b) fielded numerous community concerns regarding infection prevention and control and enforcement for COVID-19 measures, and (c) responded to over 42,000 COVID-related inquiries through our dedicated COVID-19 phone lines. Moreover, APH has coordinated COVID-19 mass immunization across the district, with **86.0% of eligible residents (12+) in Algoma now fully vaccinated** (as of November 8, 2021). Local public health knowledge, responsiveness, and partnerships have allowed for a flexible, equitable, and tailored pandemic response in Algoma that has strengthened our ability to achieve pandemic goals as a community.

However, to resource urgent pandemic response and immunization program needs, APH has diverted resources from moderate to low risk public health services to ensure a timely response to COVID-19 and maintenance of high-risk programming. Similar to other areas of the health sector, this has resulted in significant service **backlogs that unless addressed in the short-term and resourced appropriately, will continue to grow and result in negative community health impacts**. For perspective, the backlog of services includes, but is not limited to:

- 105 individuals on the waitlist for smoking cessation, which is equivalent to a 1-year waiting period.
- 14, 200 doses of vaccine to complete grade 7 catch-up along with 3370 doses required among newly eligible grade seven students.
- A 45 % reduction in food safety inspections completed in 2021, as compared to 2019 (pre-pandemic).
- An 18-month backlog in school dental screening and oral health preventative clinics for children.

As a local public health unit, if we do not start to catchup on the backlog of services and restore programming, the backlog will become too large to overcome.

Limitation of One-Time IPAC Hub Program Funding

As of October 19, 2021, APH received the 2021-2022 updated funding letter with one-time funding to continue the IPAC Hub program. One-time funding provided by the provincial government has been invaluable in supporting immediate IPAC needs in community based congregate living settings in Algoma. However, to date, these needs have been addressed by the existing staff complement, as the one-time nature of the IPAC funding has limited our ability to hire skilled, qualified professionals to support this work in the north. Therefore, as further detailed below, to ensure **sustainable resourcing and commitment to IPAC Hub support**, we are asking that the province commit to annual IPAC Hub Program funding for northern PHUs.

Need to Strengthen and Stabilize Public Health Human Resources

Ontario health systems continue to face many complexities, **with health human resources (HHR) being the biggest challenge**. Layered on the provincial HHR struggle includes the significant and longstanding challenges with recruitment and retention of skilled public health professionals in northern Ontario, similar to the unique HHR challenges of the health care sector in the north.

SARS demonstrated that our **most valuable resource in public health is our HHR** and the high level of expertise that exists at the central and local levels of public health.¹ In addition, as per recommendations from the post-SARS commission, there is need for attention and resourcing of a **public HHR and capacity building strategy**, alongside funding.¹

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*. In addition,

¹The SARS Commission. (2004). SARS and public health in Ontario. Retrieved from http://www.archives.gov.on.ca/en/e_records/sars/report/v4.html

inflation, wage, benefit, and operating costs continued to increase. This means that we were **under-resourced to respond to an infectious disease emergency and implement routine public health priorities prior to the pandemic**, and will remain under-resourced to sustain response, program restoration, and recovery on the go forward unless base funding increases to match public health pressures.

To date, one-time funding has been geared towards curtailing the pandemic, as opposed to annual funding for the hiring of permanent staff to build long-term public health capacity to manage the emergency of today, and prepare for the public health emergencies of tomorrow. This comes at a detriment to northern Ontario, as when one-time funding is available, retention and recruitment continue to pose barriers to fulsome service delivery by public health (i.e., highly skilled professionals unlikely to move to the north for, or with the uncertainty of, a 4-month IPAC position contract).

One-time funding is inadequate to sustainably recruit, hire, and retain skilled, qualified public health professionals in northern Ontario to provide a robust pandemic response, and simultaneously fulfil a provincial mandate of providing core public health programs and services.

Without sustainable increases to provincial base funding, alongside municipal funding support to stabilize and strengthen the local public health workforce for the long-term, with strategies for recruitment and retention that align to northern Ontario, **local public health will be unable to sustain the COVID-19 response and immunization program while restoring mandated public health programming** to meet the needs of our communities and prepare for future health crises without further risk of exhausting existing human resources.

The COVID-19 pandemic has demonstrated the instrumental role that local public health agencies play in preventing and mitigating the spread of infectious diseases. Now, more than ever, 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 (e.g., increase in opioid overdose deaths, children's mental health).

For the above reasons, the Board of Health of Algoma Health Unit urges the provincial government to **commit to (a) annualized IPAC Hub funding and (b) increase base funding to local health units, with particular attention to addressing longstanding public health human resource challenges in the north**, such that public health units are able to both continue pandemic response and restore mandatory public health services to Ontario citizens.

Thank you for considering this urgent matter.
Sincerely,



Mayor Sally Hagman
Chair, Board of Health

Cc: The Hon. Doug Ford, Premier
The Hon. Ross Romano, MPP Sault Ste. Marie
Michael Mantha, MPP Algoma-Manitoulin
Terry Sheehan, MP, Sault Ste. Marie
Carol Hughes, MP Algoma-Manitoulin-Kapuskasing
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

November 18, 2021

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

Ontario Association of Optometrists
Dr. Sheldon Salaba
20 Adelaide St East
Box 16, Suite 801
Toronto, ON M5T 2T6
Sent via email: oaoinfo@otom.on.ca

Dear Minister Elliott and Dr. Salaba,

As partners in visual health as per the Ontario Public Health Standards, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) is writing to express concern over the current lack of vision services for patients under the Ontario Health Insurance Plan (OHIP).

As you are aware, as of September 1, 98 per cent of optometrists have discontinued services for the 2.9 million patients covered for eye care under OHIP, including children under 19, people 65 and older and those with certain eye conditions. This is of particular concern given the concurrent suspension of many public health unit run vision screening programs for children across the province due to the COVID-19 pandemic. These programs aim to detect vision issues amongst senior kindergarten students and refer them to local optometrists for follow-up. Even if public health programs were to be reinstated, with no optometrist services available for referrals, children will continue to be left at risk of undetected vision issues as well as other missed diagnoses.

The Board of Health for the HKPRDHU urges the Ministry of Health and the Ontario Association of Optometrists (OAO) to re-enter discussions with the goal of restoring vision services as soon as possible for vulnerable Ontarians.

Sincerely,

Original signed by Mr. Elmslie
Doug Elmslie
Chair, Board of Health
Haliburton, Kawartha, Pine Ridge District Health Unit

cc (via email): The Honourable Doug Ford
MPP, Laurie Scott
MPP, David Piccini
Association of Local Public Health Agencies

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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 K0M 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

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: christine.elliott@pc.ola.org

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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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 K0M 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

November 23, 2020

Delivered via email: christine.elliott@ontario.ca

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

Dear Minister Elliott:

On November 18, 2021, the Windsor-Essex County Board of Health passed the following Resolution regarding the **COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)**. **WECHU's resolution is outlined below where the Windsor-Essex County Board of Health recommends that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a "designated disease":**

Windsor-Essex County Board of Health

RECOMMENDATION/RESOLUTION REPORT

COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)

November, 2021

ISSUE

On Thursday October 28, 2021, Chief Medical Officer of Health Dr. Kieran Moore indicated during a news briefing that the Province of Ontario would not be adding COVID-19 to the list of nine diseases that public school students must be immunized against.

Currently, there is no requirement for eligible students to provide proof of vaccination against COVID-19 for school attendance. Schools are a high-risk setting for COVID-19 and other communicable diseases as they bring together large numbers of individuals for long and extended periods of time increasing the likelihood transmission of certain diseases. As of November 15th, there have been more than 450 cohorts of students dismissed through schools and daycares due to COVID-19 exposure. The Immunization of School Pupils Act (Ministry of Health, 2021) requires that children and youth attending school be immunized against designated diseases, unless they have a valid exemption. The addition of COVID-19 as a "designated disease" within the Immunization of School Pupils Act would support a number of important public health priorities including:

- Increased uptake of the vaccine, providing protection for those who are too young or medically unable to be vaccinated in school communities and beyond. This will result in a safer learning environment for students, staff, their families and the broader community.
- A systematic framework for parental vaccine education.

BACKGROUND

Vaccines are the safest and most efficient way to guard against communicable diseases and prevent outbreaks. [The Immunization of School Pupils Act](#) (ISPA) R.S.O. 1990 (Ministry of Health, 2021) requires that specified vaccines to be given for a child to attend school in Ontario making sure that all school aged children are protected from vaccine

preventable diseases. Currently under the ISPA, students must be immunized against measles, mumps, rubella, diphtheria, tetanus, meningococcal, varicella and polio, or have a valid Medical, or Conscience or Religious Belief exemption on file at the Health Unit. There is no cost for vaccines covered by [the publicly funded immunization program in Ontario](#).

MOTION

Whereas available COVID-19 vaccines have been approved by Health Canada to be safe and effective for students born in 2009 or earlier; and

Whereas additional approval by Health Canada to vaccinate individuals born after 2009 with COVID-19 vaccine is anticipated by the end of 2021; and

Whereas the COVID-19 pandemic is a global pandemic;

Whereas the Windsor-Essex region has been disproportionately affected by the COVID-19 pandemic; and

Whereas the Windsor-Essex region has lower rates of vaccination against COVID-19 particularly among eligible children and youth; and

Whereas the purpose of the Immunization of School Pupils Act is to increase the protection of the health of children against the diseases that are designated diseases; and

Whereas the IPSA requires that students be immunized for “designated diseases”: diphtheria, measles, mumps, poliomyelitis, rubella, and tetanus, unless a specific exemption is sought through the act.

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a “designated disease”.

References:

Ministry of Health. (2021, April 19). *Immunization of School Pupils Act, R.S.O. 1990, c. | .1*. Retrieved from Government of Ontario Laws: ontario.ca/laws/statute/90i01

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Nicole Dupuis
Chief Executive Officer

c: Hon. Stephen Lecce, Minister of Education
Dr. Kieran Moore, Chief Medical Officer of Health
Association of Local Public Health Agencies – Loretta Ryan
Greater Essex County District School Board – Erin Kelly
Windsor Essex Catholic District School Board – Emelda Byrne
CSC Providence (French Catholic) – Joseph Picard
Conseil Scolaire Viamonde (French Public) – Martin Bertrand
WECHU Board of Health
Windsor City Council and Essex County Council