

## Board Correspondence

November 2021

Date	From	Subject
September 27, 2021	PHO	CPSO – Provision of information.
October 13, 2021	Grey Bruce Health Unit	Motion #2021-80 – to endorse the request of the HKPR Health Unit – ongoing government financial support for local public health.
October 19, 2021	Huron Perth Public Health	Ltr to Ministry of Health – to express concerns re: variation in vaccination policies for the Home and Community Care sector.
October 21, 2021	Simcoe Muskoka District Health Unit	Ltr to Ministry of Health – urging the provincial government to approve and flow the amount required by each health unit of one-time <i>COVID-19 Extraordinary Costs</i> and <i>COVID-19 Vaccine Program Extraordinary Costs</i> .
November 1, 2021	North Bay Parry Sound Health Unit	Ltr to Minister of Health – Public Health Funding for 2022.

October 13, 2021



The Honourable Christine Elliott , Deputy Premier  
Ministry of Health and Long-Term Care  
10<sup>th</sup> 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 cursive script that reads "Susan Paterson".

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 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5

[www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

519-376-9420

1-800-263-3456

Fax 519-376-0605



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](mailto: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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## 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 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



October 19, 2021

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

Sent via email: [christine.elliott@ontario.ca](mailto: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



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 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  
705-325-9585  
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



November 1, 2021

The Honourable Christine Elliott  
Minister of Health  
Ministry of Health  
777 Bay Street  
College Park 5<sup>th</sup> 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:

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*"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