

Board Correspondence

October 2022

Date	From	Subject
September 7, 2022	Grey Bruce Health Unit	Ltr to Minister of Health: support for a local Board of Health.
September 15, 2022	Haliburton, Kawartha, Pine Ridge Health Unit	Ltr to Ministry of Children, Community and Social Services – review of base-funding needs for the Healthy Babies Healthy Children program.
September 22, 2022	Public Health Sudbury and Districts	Ltr to Premier of Ontario: saving lives through lifejacket and personal flotation device legislation.
September 23, 2022	Simcoe Muskoka District Health Unit	Launch of weekly update on local COVID-19 Community Risk Level

September 7, 2022



The Honourable Sylvia Jones, Minister of Health
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Jones:

Re: Support for a Local Board of Health

On August 26, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Board of Health for Niagara Region on the matter of addressing public health funding shortfalls in Niagara. The following motion was passed:

Motion No: 2022-65

Moved by: Alan Barfoot

Seconded by: Brian O'Leary

"THAT, the Board of Health endorse the correspondence from the Board of Health for Niagara Region on the Matter of Addressing Public Health Funding Shortfalls in Niagara."

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
Hon. Merrilee Fullerton, Minister of Children, Youth and Social Services
Hon. Peter Bethlenfalvy, Minister of Finance
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound
Honourable Brian Saunderson, MPP for Simcoe-Grey
Honourable Lisa Thompson, MPP for Huron-Bruce
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Encl.
/mh

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Office of the Regional Chair | Jim Bradley

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July 29, 2022

Sent by e-mail

Honourable Sylvia Jones, Minister of Health
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Jones,

Re: ADDRESSING PUBLIC HEALTH FUNDING SHORTFALLS IN NIAGARA

I am writing to you on behalf of Niagara Regional Council who, on July 12, 2022, received and approved the enclosed report concerning the growing gap in current provincial funding for Public Health and Emergency Medical Services.

As you know, the majority of Public Health services provided by local public health agencies to the public are funded jointly by the Province and municipal governments, an arrangement that allows for stable, predictable delivery of critical public health services to residents. However, the recent reduction in the Province's share of funding for cost-shared Public Health services, coupled with the change of several 100% provincially funded programs to cost-shared programs, has placed a new financial burden on municipal governments. Beyond public health, where these changes have led to significant budget challenges in critical areas including supports for newborn infants and their parents, the effects are also being felt in the delivery of mental health programming and Emergency Medical Services (EMS) dispatch.

Niagara's mental health program is 100% funded through provincial funds, allocated via Ontario Health (OH). While OH provides an annual lump sum of \$39,500 to cover indirect allocations, the actual expenses incurred by the Region greatly exceed this. In fact, local taxpayers have had to cover a total deficit of nearly **\$2 million** over the past five fiscal years.

Furthermore, the annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental

Health budget despite inflation and the pandemic's impact on the cost of health care delivery.

As alluded to in my previous letter in May of 2022, Niagara's EMS service continues to face significant challenges due to the COVID-19 pandemic. In addition to the budget implications of increased offload delays, Niagara EMS's dispatch program is underfunded for its operations, with a deficit of **\$1,241,912** over the past five fiscal years. This reflects a three-fold increase in call volume with no increase in funding to increase capacity, leading to staffing challenges to maintain operations, and increased costs through additional sick time of overburdened emergency responders, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be affected unless additional funding is available to increase the staffing complement to match this new call volume.

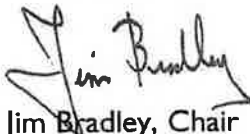
These shortfalls are also affecting the delivery of our Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS), both funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. This has required these programs needing to reduce their staffing levels to reduce costs by **\$201,828** to absorb the impact of inflation over that time. These staffing reductions have resulted in a reduction in service delivery, with the impacts still to be evaluated.

Unfortunately, these challenges are compounded by the lack of increases in base Public Health funding to account for inflation. We very much appreciate the 1% increase in base budget for 2022. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continue to increase with inflation estimated to be 8.1%. Stable and predictable funding with inflationary increases year-to-year is needed to plan and deliver the stable and predictable services that our residents need.

As I'm sure you can appreciate, these funding shortfalls not only make long-term program planning difficult; they form a risk that our residents will not have access to critical public health services when they need them, especially during this critical juncture for the health of our residents. In addition to the continued impact of COVID-19, there is significant catch-up work to be done (e.g. missed grade 7 vaccinations) to recover from the effects of the pandemic, and to ensure the population continues to receive necessary health services. These funding shortfalls endanger that work.

It is my hope that this letter will open a dialogue between the Niagara Region and your respective offices as we search for remedies to these funding shortfalls and leverage our positive working partnerships to ensure that Niagara's residents continue to receive the high-quality public health services they have come to rely on.

Yours sincerely,



Jim Bradley, Chair
Niagara Region

cc: Hon. Merrilee Fullerton, Minister of Children, Youth and Social Services
Hon. Peter Bethlenfalvy, Minister of Finance
S. Oosterhoff, MPP, Niagara West
W. Gates, MPP, Niagara Falls
J. Burch, MPP, Niagara Centre
J. Stevens, MPP, St. Catharines
Association of Municipalities of Ontario (AMO)
Local Area Municipalities
Ontario Board of Health
Association of Local Public Health Agencies (alpha)
Dr. M. M. Hirji, Acting Medical Officer of Health
R. Ferron, Acting Chief/Director, Emergency Medical Service

Encl: PHD 13-2022 Report – Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Subject: Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Report to: Public Health & Social Services Committee

Report date: Tuesday, July 12, 2022

Recommendations

1. That the Regional Chair **BE DIRECTED** to write to the Minister of Health, the Minister of Children, Youth and Social Services, and the Minister of Finance concerning:
 - 1.1. the growing gap in current provincial funding for Public Health and Emergency Medical Services;
 - 1.2. the need for provincial funding to keep pace with costs, including inflation and service changes mandated by the province or in response to changing citizen needs;
 - 1.3. the importance for Public Health and Emergency Medical Services to receive stable, predictable funding to prudently budget and plan services;
 - 1.4. the need for all costs, including necessary indirect allocation expenses, to be eligible for reimbursement for 100% provincially-funded programs; and,
 - 1.5. the necessity for additional opportunities to be made available for Public Health to request additional recovery funding in order to ensure preventive health work unable to be completed during the COVID-19 pandemic can be completed expeditiously before the health of residents suffers further; and
2. That the Regional Chair's Correspondence **BE CIRCULATED** to local Members of Provincial Parliament, the Association of Municipalities of Ontario, and Ontario Board of Health.

Key Facts

- The purpose of this report is to inform Council of the funding challenges currently faced by Niagara Region Public Health and Emergency Services (NRPH&ES).
- Programs that are 100% Provincially funded have not had inflationary adjustments for many years.

- The province makes a number of necessary but “indirect” expenses ineligible for reimbursement. These expenses have forced Council to cover these costs through the Regional Levy.
- Over the past five fiscal years, the following 100% Provincially funded programs have relied on the Regional Levy to cover shortfalls in funding for inflationary costs and indirect allocation expenses:
 - Mental Health: \$1,963,156
 - EMS Dispatch: \$1,392,790
- The Healthy Babies Healthy Children and Infant Child Development Service programs have continued to reduce positions in order mitigate any reliance on the Regional Levy. In 2020, these programs are underfunded by the Province to the order of \$201,828.
- With funding increases from the Province below the rate of inflation, NRPH&ES may increasingly need to reduce service to residents further, or rely on the Regional Levy to ensure 100% Provincially funded programs are able to continue to function.

Financial Considerations

There are no direct costs to Niagara Region associated with the recommendations of this report. Successful communication with the Provincial government may lead to increased provincial funding and reduced reliance on the Regional Levy.

Analysis

On March 21, 2017, PHSSC received MOH 01-2017: *Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health*. As outlined in MOH 01-2017, the Public Health department administers local public health programs and services under the *Health Protection & Promotion Act, R.S.O. 1990* and the attendant regulations and *Ontario Public Health Standards*. In addition, the department administers the Mental Health program and Emergency Medical Services (EMS) including EMS dispatch services.

In Ontario, Public Health is funded through provincial and municipal contributions. Most public health programs are cost-shared, though a few are 100% funded by the province. In 2019, the Province announced a reduction in the province’s share of funding, necessitating that the contribution of municipal governments would increase from 25% to 30% in 2020. In addition, several 100%-funded programs were turned into cost-shared programs, placing a new financial burden on municipal governments.

This downloading of costs occurred in the context of funding being frozen for Public Health in six of the past eight years. Public Health received a 1% increase in base budget for 2022, a welcome increase. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continues to increase with inflation estimated to be 6.8%¹.

Stable, predictable funding is imperative for the long term successful functioning of any organization. This is especially true for Public Health and Emergency Services, where the COVID-19 pandemic has added significant pressures through negative impacts on the health of the population. Predictable funding year-to-year is necessary to enable multi-year planning and thoughtful, prudent budgeting. When funding is announced mid-year, after Council has already approved the Levy Operating budget, it creates avoidable costs and complexities to amend budgets and alter services to account for changes in funding. Additionally, moving forward there is catch-up work to be completed (e.g. missed grade 7 vaccinations) to ensure the population continues to receive necessary health services, and multi-year funding plans from the province would allow a careful planning of this work.

This report focuses on funding shortfalls in Public Health, Mental Health, and Emergency Medical Services (EMS) Dispatch programs that receive 100% of their funding from the provincial government. Not all expenses are reimbursed by the province; notably some indirect allocation expenses including corporate services (e.g. human resources, information technology) are not covered by the provincial government, requiring subsidization by Region through the Levy.

The Mental Health program is 100% funded through provincial funds, allocated via Ontario Health (OH). OH provides an annual lump sum of \$39,500 to cover indirect allocations; however, the expenses incurred by the Region greatly exceed this, and the Regional levy has needed to cover costs ranging from \$340,942 to \$462,207 over the past five fiscal years. The annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental Health budget. This has left the program in deficit. Overall, the Regional levy has covered a deficit of \$1,963,156 over the past five years.

¹ [Consumer price index portal](https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)
(https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)

EMS dispatch is funded by the Ministry of Health where indirect allocations related to capital financing expenses are not eligible for funding. Other indirect allocations are funded for this program. Overall, the program is also underfunded for its operations, with a deficit of \$1,241,912 over the past five fiscal years and \$150,878 of that being ineligible expenses for capital financing. Partly, this deficit may reflect a change in service demand as there has been a three-fold increase in call volume with no increase in funding to increase capacity. This has led to staffing challenges relative to call volume and increased costs through additional sick time, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be impacted unless additional funding is available to increase the staffing complement in proportion to the call volume.

Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS) are both Public Health programs funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. These two programs have reduced staffing costs by \$201,828, achieved through gapping from staff layoffs in 2020, to mitigate any reliance on the Regional Levy as costs have grown with inflation. The staffing reductions have also resulted in a change in service delivery model, partly necessitated by the COVID-19 pandemic, with the impacts still to be evaluated.

Moving forward, as core Public Health work resumes, efforts to catch-up on missed programming (e.g. school vaccinations, dental screening) will require additional funds to ensure the health needs of the population are met. Requests for additional funding have been made to the Ministry of Health; however, they have not been approved. This may impact the Regional Levy if further funding is not provided by the Ministry of Health, or will require some portion of our residents to lose the benefit of critical health interventions (e.g. grade 7 vaccinations).

Alternatives Reviewed

A decision could be made not to request further funding from the province. Options to ensure a balanced budget without additional provincial funding include:

1. Use the Regional Levy to cover funding shortfalls. This would put a strain on the Levy Operating budget and necessitate an increase in the levy. This is not recommended as the provincial government is responsible for adequately funding

programs it requires the Region to deliver. Such a decision would also be inconsistent with Council's budget guidance.

2. Reduce costs through staff layoffs and reduced service delivery. This is not recommended as Niagara Region Public Health may fail to meet the requirements of the Ontario Public Health Standards if this option is chosen. The health of residents in the Region will also be negatively impacted by this option through the impacts on both Public Health and Emergency Medical Services.

Relationship to Council Strategic Priorities

The recommendations from this report reinforce Council's Strategic Priority to build Healthy and Vibrant communities, and support for the community in times of crisis. Funding advocacy to the provincial government will ensure that NRPH&ES can adequately meet the health needs of the population and continue to provide services of the highest level, especially to the most vulnerable in our community.

Other Pertinent Reports

MOH 01-2017 Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health

PHD-C 3-2022 Ministry of Health Funding Adjustments

Prepared by:

Dr. Azim Kasmani, MD, FRCPC
Associate Medical Officer of Health
Public Health and Emergency Services

Recommended by:

M.M. Hirji, MD, MPH, FRCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Michael Leckey and Amanda Fyfe, Program Financial Specialists.



September 15, 2022

Hon. Merrilee Fullerton
Ministry of Children, Community and Social Services
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Sent via email to MinisterMCCSS@ontario.ca

Dear Honourable Minister Fullerton:

Re: Healthy Babies Healthy Children (HBHC) Funding

The HBHC program is a required and vital public health program supporting high risk families. The Haliburton, Kawartha, Pine Ridge District Health Unit remains committed to operationalizing the HBHC program as best possible; however, we are seeking a review of base-funding from the Ministry of Children, Community and Social Services (MCCSS) to ensure the program meets the current complex health needs of families and supports expenditures of the program.

At its meeting held on September 15, 2022, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) carried the following motion:

“THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit endorse the resolution passed by the Board of Health for Public Health Sudbury & Districts requesting that the Ministry of Children, Community and Social Services review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

AND THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit write directly to the Minister of Children, Community and Social Services requesting a review of funding needs for the Healthy Babies Health Children Program.”

The Haliburton, Kawartha, Pine Ridge District Health Unit is concerned that the current base-funding allocated to fully implement the HBHC program is insufficient to meet the expenditures of the program.

.../2

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Haliburton, Ontario K0M 1S0
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LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
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Hon. Merrilee Fullerton
September 15, 2022

Page 2

The complex needs of families as we move to the next phase of the COVID-19 pandemic articulates a strong need for the HBHC program, particularly for families living in rural and isolated communities found in the HKPRDHU's area. The HBHC program has demonstrated positive impacts on family health to increase parenting confidence, knowledge and skills.

In 2000/2001, the province committed to 50 million dollars of HBHC program funding enhancements aimed to improve health outcomes of infants, children, and families. As a result of funding enhancement, the HBHC program at HKPRDHU saw an increase in funds for the program; however, funding has remained stagnant since. Each year the HBHC program at HKPRDHU has extended expenditures beyond base-funding provided by the MCCSS.

To fully implement the HBHC program, the HKPRDHU relies on funding mitigation strategies. With additional pressures associated with renewed collective agreement contracts, travel to rural communities, the education needs of staff to meet the growing complex needs of clients, the need to integrate technology into care, and other operational or administrative needs, the current base funding provided through MCCSS is insufficient to sustain the provision of HBHC programming.

On behalf of the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit, I am respectfully requesting your commitment to carefully review base-funding needs for the HBHC program.

Sincerely,



Doug Elmslie
Board of Health Chair
Haliburton, Kawartha, Pine Ridge District Health Unit

Cc: Dr. Kieran Moore, Chief Medical Officer of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

Attachment



June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Healthy Babies Healthy Children Funding

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at its meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

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Elm Place

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T: 705.522.8200
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Sudbury East / Sudbury-Est

7 rue King Street
Box / Boite 58
St. Charles ON P0M 2W0
T: 705.222.6001
F: 705.862.0474

Essex

800 rue Centre Street
Unit / Unité 100 C
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T: 705.222.4002
F: 705.269.0583

St. Marys/Île du Lac

519 Highway / Route 542
Box / Boite 87
Middlesex ON N0F 1S0
T: 705.478.9298
F: 705.477.5580

Chapleau

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This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for
Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child
Health



**Public Health
Santé publique**
SUDBURY & DISTRICTS

September 22, 2022

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier Ford:

Re: Saving Lives Through Lifejacket and Personal Flotation Device Legislation

At its meeting on September 15, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution # 25-22:

WHEREAS over the 10-year period 2012 – 2021, 2147 Ontarians had emergency visits that resulted from a drowning or submersion injury related to watercraft and 208 Ontarians died because of a drowning or submersion injury related to watercraft over the last 10 years of complete data (2006-2015); locally during the same periods 65 Sudbury & districts residents had emergency visits that resulted from a drowning or submersion injury related to watercraft and 8 died because of a drowning or submersion injury related to watercraft; and

WHEREAS the Ontario Public Health Standards require boards of health to be aware of and use data to influence and inform the development of local healthy public policy for preventing injuries; and

WHEREAS although there is federal legislation requiring that lifejackets or personal flotation devices (PFD) be on board vessels, there is no legislation requiring that individuals wear a lifejacket or PFD while on a pleasure boat; and

WHEREAS legislation requiring the wearing of lifejackets and PFDs has been demonstrated in other jurisdictions to save lives;

Sudbury

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f: 705.522.5182

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Sudbury East / Sudbury-Est

1 rue King Street
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St.-Charles ON P0M 2W0
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f: 705.867.0474

Espanola

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Chapleau

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1.866.522.9200

phsd.ca



Letter to Premier of Ontario
Re: Saving Lives Through Lifejacket and Personal Flotation Device Legislation
September 22, 2022

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly advocate for legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment;

AND FURTHER THAT a copy of this motion be submitted to the Premier of Ontario, the Minister of Health, Minister of Transportation, local members of Provincial Parliament, the Chief Medical Officer of Health, the Association of Local Public Health Agencies (alPHA), and all Ontario Boards of Health.

The Board of Health is pleased to lend its voice to the many others who are calling for this common sense solution to saving lives. We would respectfully request the Government of Ontario to enact legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

Thank you for your attention on this important issue.

Sincerely,



René Lapierre. Chair
Board of Health

cc: All Ontario Boards of Health
Association of Local Public Health Agencies
Honourable C. Mulroney, Minister of Transportation
Honourable S. Jones, Minister of Health
Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
Marc Serré, Member of Parliament, Nickel Belt
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing



September 23, 2022

To Community Partners and Stakeholders:

Re: Health unit launches weekly update on local COVID-19 Community Risk Level

As we move into Fall 2022 and potential future waves of COVID-19, the Simcoe Muskoka District Health Unit (SMDHU) has developed a simple way to communicate to the public the current level of risk of COVID-19 and actions individuals can take to best protect themselves and others from transmission and severe illness due to COVID-19.

The COVID-19 Community Risk Level, available on SMDHU's website, is based on five indicators (percent positivity of PCR tests, local cases, hospitalizations, institutional outbreaks, and wastewater surveillance) that are monitored weekly. Together, these indicators make up the current overall COVID-19 risk level in our community as one of the following levels: lower, moderate, high, or very high. Each risk level is explained, and guidance is provided about assessing personal risks (including the health and vaccine status of close contacts), situational risks, and what actions individuals can take to protect themselves and others from spreading and getting severely ill from COVID-19. The COVID-19 Community Risk Level replaces the COVID-19 Monitoring Dashboard which provided a local snapshot of the COVID-19 pandemic across four dimensions: virus spread and containment, laboratory testing, health system capacity and public health system capacity.

Community partners are encouraged to be aware of the current COVID-19 Community Risk Level (updated every Tuesday by 2:00 p.m.), and the protective actions individuals can take to minimize their risk. Requirements for businesses, employers, and high-risk settings will not be tied to the COVID-19 Community Risk Level. Information and guidance for businesses and employers to help maintain safer places for workers, customers and the public is available on the Operating your Business Safely webpage and the Partners and Municipalities webpage.

As of September 22, the current overall risk for Simcoe Muskoka is moderate and is similar compared to the previous week.

We have created two icons (attached to this email) of the COVID-19 Community Risk Level that include an embedded link directly to our webpage. Please feel free to use these icons on your own organization's website or social media. If you have any questions about the COVID-19 Community Risk Level please contact Health Connection at 705-721-7520 or 1-877-721-7520, Monday – Friday from 8:30 a.m. to 4:30 p.m. Thank you for your continued efforts to reduce the spread of COVID-19 in our communities.

Sincerely,

ORIGINAL Signed By:

Charles Gardner, MD, CCFP, MHSc, FRCPC
Medical Officer of Health

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

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

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

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

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

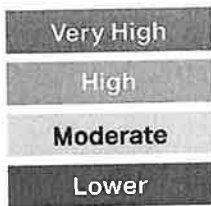
☐ **Orillia:**
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

SMDHU COVID-19 COMMUNITY RISK LEVEL ICONS

Below are two versions of the Simcoe Muskoka District Health Unit's COVID-19 Community Risk Level icon available for your use on your organization's website or social media.

Both images include the link to our new risk level webpage. Simply click on the icon and it will go directly to our website. Feel free to copy and paste the image that you prefer onto your own platform.

COVID-19 Community Risk Level



COVID-19 Community Risk Level

