

Haldimand-Norfolk
Health and Social Services Advisory Committee

September 27, 2023

3:00 p.m.

Virtual Meeting

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13.1	Monday October 23, 2023	
14.	Adjournment	

**Haldimand-Norfolk
Health and Social Services Advisory Committee**

**July 24, 2023
9:30 a.m.
Virtual Meeting**

Present: Chris Van Paassen, Linda Vandendriessche, Alan Duthie, Shelley Ann Bentley

**Absent with
Regrets** John Metcalfe

Also Present: Syed Shah, Stephanie Rice, Chris Everets, Mandy Babbey, Lori Friesen

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- 1. Disclosure of Pecuniary Interest**
 - 2. Additions to Agenda**
 - 3. Presentations/Deputations**
 - 4. Adoption/Correction of Advisory Committee Meeting Minutes**
 - 4.1 Health and Social Services Advisory Committee - June 26, 2023**

The Minutes of the Health and Social Services Advisory Committee meeting dated June 26, 2023 having been distributed to all Committee Members and there no updates and the minutes are adopted and sign by Chair Bentley.

Moved By: Chris Van Paassen
Seconded By: Linda Vandendriessche

Carried.

5. Update on Reports

Syed Shah Acting General Manager of Health and Social Services advised that there are no updates from June 26, 2023 Health and Social Services Advisory Committee meeting and all reports have been approved as presented.

6. Consent Items

7. Closed Session

7.1 Program Update-COVID-19 Response and Vaccinations Funding-2024 -HSS-23-045

Section 239(2) of the Municipal Act, 2001 as amended as the subject matter pertains to:

(b) personal matters about an identifiable individual, including municipal or local board employees;

(d) labour relations or employee negotiations.

Moved By: Alan Duthie

Seconded By: Chris Van Paassen

THAT HSS-23-045 Program Update: COVID-19 Response and Vaccination Funding -2024 as information.

Carried.

8. Staff Reports

8.1 COVID-19 Funding 2024, HSS-23-046

Moved By: Chris Van Paassen

Seconded By: Alan Duthie

THAT the report HSS-23-046 be received as information.

AND THAT the Board of Health write an advocacy letter to the Minister of Health about continuation of COVID Funding for the year 2024.

Carried.

Moved By: Alan Duthie

Seconded By: Chris Van Paassen

THAT the staff report HSS-23-046 requesting that the Board of Health write an advocacy letter to the Minister of Health about the continuation of COVID Funding for the year 2024 also be share with ALPHA, all other Boards of Health and COMOH.

Carried.

9. Sub-Committee Reports

10. Communications

10.1 aLPHa Letter - 2023 Review of the Child, Youth and Family Services Act, 2017 (CYFSA) - Healthy Babies Healthy Children

10.2 July aLPHA InfoBreak

11. Other Business

12. Next Meeting

12.1 Monday September 25, 2023

13. Adjournment

10:06 am

Moved By: Chris Van Paassen

Seconded By: Alan Duthie

Carried.



Board of Health Meeting – October 04, 2023

Advisory Committee Meeting – September 25, 2023

Subject: Acting Medical Officer of Health Update – Dr. Joyce Lock
Report Number: HSS-23-057
Division: Health and Social Services
Department: Public Health
Purpose: For Information

Ontario Vape Tax

The Alliance for a Tobacco Free Ontario (ATFO) is comprised of the Canadian Cancer Society, Heart & Stroke, the Canadian Lung Association, the Ontario Medical Association, the Ontario Tobacco Research Unit, and the Lung Health Foundation. ATFO is seeking organizations to endorse their policy recommendation for the “Government of Ontario to participate in the federal government’s vape tax framework, to deter access to vape products among young people.” This policy direction is consistent with the Association of Local Public Health’s (ALPHA) recent resolution on *Reducing the Harms, the Availability and Youth Appeal of Electronic Cigarettes and Vaping Products through Regulations* which included a tax regime as one of several recommendations. In Public Health Ontario’s (PHO) February 2023 report, *Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health unit in Ontario*, Haldimand and Norfolk Counties have higher rates of deaths, hospitalizations, and emergency department visits, for smoking related illnesses, compared to the provincial average. The attached Heart and Stroke Foundation infographic concisely describes the ATFO’s concerns about rising rates of vaping among youth in Ontario. Given the smoking related chronic disease rates in Haldimand and Norfolk, the concern about smoking initiation via vaping, and the demonstrated reduction in sales with increased sales tax, Haldimand Norfolk Health unit endorsed ATFO’s policy recommendation.

Bill S-254, An Act to amend the Food and Drugs Act

Bills-254 is presently before Senate for review. The Act addresses adding labels to alcoholic beverage containers to provide information on the risks associated with alcohol consumption. Twenty-four percent Haldimand-Norfolk residents reported consuming seven or more standard drinks in the past seven days. This is in the high-risk zone of Canada’s Guidance on Alcohol. It is also higher than Ontario (15%). A study from Yukon Territory demonstrated decreased use of alcohol when labels were added. On behalf of the health unit, a letter of support for this amendment was sent to Minister Holland and carbon copied Senator Brazeau, who introduced the Bill in

November, 2022, stating that the bill is necessary because of the direct causal link between alcohol consumption and the development of at least seven fatal cancers.

Wildfires in Canada: Toolkit for Public Health Authorities

In August, the Public Health Agency of Canada released the Wildfires in Canada: Toolkit for Public Health Authorities. The Toolkit provides direction on Public Health action and interventions throughout the emergency management cycle of prevention and mitigation through preparedness, response, and recovery. In July, at one point nearly 90 wildfires were burning in Ontario. Locally we were impacted by air quality impacts due to smoke from distant fires. The tool kit provides our environmental health team with a starting point to determine local risk and ensure appropriate preparedness.

Fall Vaccine Program

The health unit has received supplies of influenza vaccine and has begun distribution to our healthcare providers and our high-risk congregate living settings. Influenza vaccine will be available to community high-risk individuals in October, followed thereafter to the general public. For COVID, Health Canada has approved the Moderna XBB vaccine. Delivery to the Health unit is expected in late September or early October. Once available, citizens will be able to receive both the COVID and Influenza vaccine at the same time, if the last COVID vaccine injection or COVID infection was at least 6 months ago.

Preparedness for the upcoming Fall and Winter Respiratory Virus Season

Three respiratory viruses are expected to be dominant this upcoming fall and winter: Respiratory Syncytial Virus (RSV), Influenza, and SARS-CoV-19 (COVID). Under the direction of the Chief Medical Officer of Health, Dr. Kieran Moore, and in collaboration with Ontario Health, regional public health units and Ontario Health Teams met together to participate in a virtual “Table Top” exercise. The objective of the exercise was to understand mutual roles, identify gaps in preparedness, and to ensure optimization of system function to preserve acute care capacity. Haldimand Norfolk Health unit staff played a key role in leading and facilitating the regional exercise. Further preparedness work is planned in conjunction with the Greater Hamilton Health Network.

Rapid Antigen Test and Antiviral Medication Access

This fall, rapid antigen tests (RAT) will no longer be available for the general public at routine retail outlets such as grocery store. Healthcare providers will be able to order RATs from Ontario’s central supply. Some pharmacies will continue to distribute tests. The Health unit is working with our municipal partners to determine how best to provide access to our supply of RATs. Individuals at higher risk for severe COVID infection can decrease the risk of hospitalization from COVID infection by taking COVID antiviral medications early in the start of their illness. The Health unit is working with our Healthcare providers to ensure that at-risk individuals know where and how to access a COVID test and antiviral prescriptions

Association of Local Public Health Agencies (aLPHa) Meeting

The fall Symposium, section meetings, and workshops are scheduled for November 22 & 23. This meeting will be held virtually. Details may be found in the aLPHa September 2023 InfoBreak which is attached to your meeting package. Board of Health and Advisory Committee members are encouraged to participate.

Public Health Leadership Table (PHLT) Chronic Disease Prevention Working Group

This working group was established jointly by members of Council of Medical Officers of Health (COMOH), the Office of the Chief Medical Officer of Health (OCMOH), Public Health and Public Health Ontario (PHO). The purpose of this group is to lead a time-limited, task-focused, collaborative process for identifying and prioritizing roles for PHUs, PHO and OCMOH with respect to Chronic Disease Prevention and in the context of the roles of community and health sector partners. The recommendations from this group will inform the ongoing work of reviewing the Ontario Public Health Standards as part of the recent Strengthening Public Health announcement.

Respectfully Submitted,

Dr. Joyce Lock

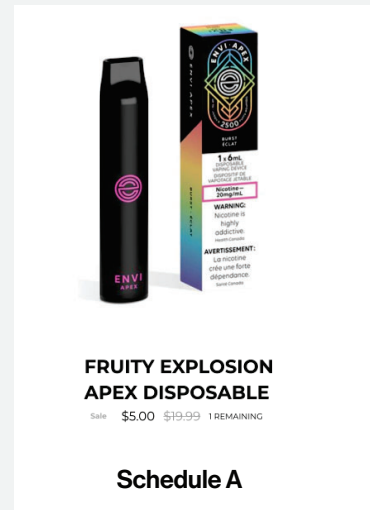
Protecting the Health of Ontario Youth: Addressing Vape Use Through Price

Youth vaping is a crisis. Today in Ontario, there is a new generation of young people **addicted to nicotine** and regularly inhaling toxic chemicals from vape products. Almost half of young adults (ages 20-24) and 29% of youth (ages 15-19) have tried vaping.¹ Many who try go on to become regular vapers.² In addition to impacting brain development,³ vaping is linked to increased risk for respiratory^{4,5} and cardiovascular issues.^{6,7}

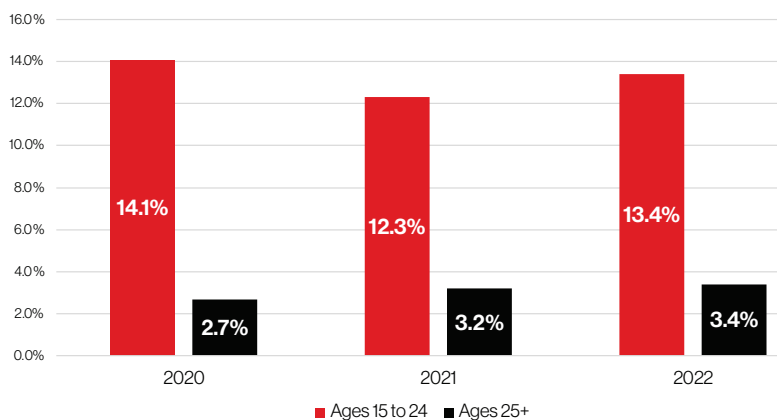
We urge the Ontario government address youth vaping with the implementation of a tax on vaping e-liquids using the new federal excise duty framework.

Youth and Young Adults Drive Vape Market in Ontario

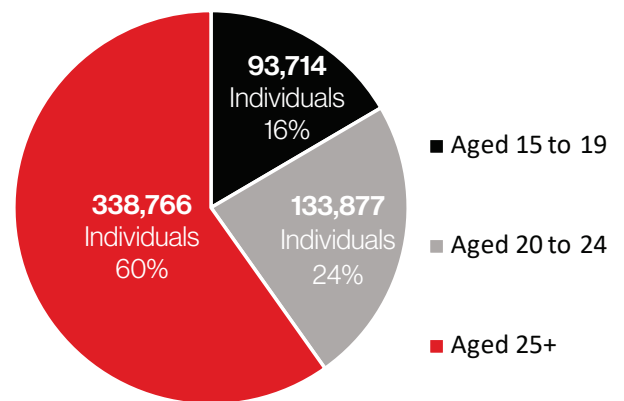
- Over the past decade, **youth vaping has become a crisis**. We have the highest youth vaping rates in the world.⁸ Rates have remained high and at present 13.4% of young people (15 – 24 years of age) in Ontario report use⁹
- Vaping is almost **four times more common among young people** than adults and this threatens to undermine the decades of progress in tobacco control and addition achieved to date.⁹
- As demonstrated in the graph below, in 2022, 40% of Ontario vapers are those under the age of 25⁹ – most of whom vape for reasons other than tobacco cessation (curiosity, enjoyment, stress relief).¹ This recreational use puts young people at risk for a lifelong harmful addiction.³
- A 2020-21 study of youth and young adult current vapers in Canada found that **average age of initiation in Ontario is 15.78 years old**.¹⁰ Young vapers spend between \$13 and \$20 weekly on vaping.¹⁰ Vape products are sold in Ontario for as little as \$5 demonstrating easy access for price sensitive young people. (Schedule A)



Rates of Current Vaping in Ontario⁵



Ontario Current Vapers, 2022⁵



Health Impacts on Youth

- Nicotine **alters adolescent brain development** and can affect memory and concentration.³
- Vaping has been **linked to poor mental health outcomes** including worsening symptoms of depression and anxiety, as well as higher odds of depression.¹¹
- Vaping liquid and aerosol **contain a number of chemicals** with known toxicity.¹²
- E-liquid can **negatively impact cells** in the mouth, nose, lungs, heart, and blood vessels.^{4,6,13}
- Emerging evidence suggests dual use (the most common pattern of use in Canada) of both vapes and cigarettes is **linked to higher risk of disease** (stroke and heart attack).^{14,15}
- Emerging evidence indicates that there is potential for vaping to be a **gateway to tobacco,^{16,17} and cannabis use.¹⁸**
- A research review found that teenagers who used e-cigarettes have **four times higher odds of future tobacco use.¹⁹**

Low Costs and High Stakes Make a Vape Tax Worthwhile

A wealth of evidence from tobacco policy indicates that **youth are particularly sensitive to price,**²⁰ and new research around vape taxation reports similar findings which indicates that price mechanisms have an important role in discouraging the use of vaping products by young people.^{21,22} **A vape tax in Ontario would decrease youth vaping, and lower the health impacts for adolescents during a critical time in their brain development.**

We recognize that there are limitations on the ability of the Government of Ontario to implement new taxes. However, the federal government committed to implementing an excise tax on vaping liquid starting in 2022, which includes a mechanism for 'federal-provincial-territorial taxation coordination.' If Ontario chose to align with this coordinated approach, the tax would be imposed and administered by the federal government and the limitations on the provincial government would not apply.

We recommend that the Ontario government coordinate with the federal government and match the excise per ml tax on vaping e-liquids.

The Rationale for a Tax on Vape Products



An annual revenue of approximately \$49.4 million could be generated in Ontario through this vape tax framework.²³



82% of people in Ontario support the provincial government adopting a tax on vape products, according to a 2023 poll.²⁴



All provinces except Ontario and Manitoba have adopted or announced a vape tax as a means to deter consumption.



8.2% reduction in e-cigarette sales was associated with a 10% increase in e-cigarette price in Europe.²² In the US, same increase associated with **up to 45% reduction in demand** among university students.²¹



Over 50 jurisdictions around the world have adopted a vape tax as a way to signal health harm and addiction and also reduce vape use.

International Health Groups Call for Taxation on Vaping

Various health agencies including the World Heart Federation, World Health Organization, World Bank and H&S have released position / policy statements on e-cigarettes and health. These briefs align in their call for further regulation of e-cigarettes and greater oversight of the industry's marketing and sale strategies – including low pricing- particularly when it comes to targeting young people.

To address the youth vaping crisis, we ask the Government of Ontario to implement an excise per mL tax on vaping e-liquids in alignment with the federal government and most provinces.



For more information, please contact:

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¹Canadian Tobacco and Nicotine Survey. Statistics Canada, 2021. <https://www150.statcan.gc.ca/n1/daily-quotidien/220505/dq220505c-eng.htm>

²Hair E, Barton A, Perks S, et al. Association between e-cigarette use and future combustible cigarette use: Evidence from a prospective cohort of youth and young adults, 2017–2019, *Addictive Behaviors*, Volume 112, 2021.

³U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

⁴Graham E, McCaig L, Lau GSK, et al. E-cigarette aerosol exposure of pulmonary surfactant impairs its surface tension reducing function. *PLOS ONE*. 2022;17(11)5

⁵Jonas A. Impact of vaping on respiratory health *BMJ* 2022; 378

⁶Mohammadi L, et al. Chronic e-cigarette use impairs endothelial function on the physiological and cellular levels. *Arteriosclerosis, Thrombosis, and Vascular Biology*.

⁷Vindhyal M, Ndunda P, Munguti C, et al. Impact on cardiovascular outcomes among e-cigarette users: a review from National Health Interviews Survey. *J Am Coll Cardiol*. 2019 Mar; 73 (9_Supplement_2) 11.

⁸Hammond, D. National Conference on Tobacco and Vaping. February 9, 2023. Citing High-school prevalence for Canadian Student Tobacco, Alcohol and Drug Survey. 2018-2019.

⁹Health Canada. Canadian Tobacco and Nicotine Survey (CTNS): summary of results for 2022. <https://www.canada.ca/en/health-canada/services/canadiantobacco-nicotine-survey/2020-summary.html>

¹⁰Al-Hamdani, M., Hopkins, D.B. and Davidson, M. The 2020-2021 Youth and Young Adult Vaping Project. <https://www.heartandstroke.ca/-/media/pdf-files/getinvolved/yyav-full-report-final-eng-24-3-2021.ashx>

¹¹Becker TD, Arnold MK, Ro V, Martin L, Rice TR. Systematic Review of Electronic Cigarette Use (Vaping) and Mental Health Comorbidity Among Adolescents and Young Adults. *Nicotine Tob Res*. 2021 Mar; 23(3):415-425.

¹²Pipe A, Mir H, E-Cigarettes Reexamined: Product Toxicity, *Canadian Journal of Cardiology*. Volume 38, Issue 9, 2022. 1395-1405.

¹³Hariri L et al. (2022). E-Cigarette Use, Small Airway Fibrosis, and Constrictive Bronchiolitis. *NEJM Evidence*. 1.10:1056

¹⁴Osei, A. D. et al. Association Between E-Cigarette Use and Cardiovascular Disease Among Never and Current Combustible-Cigarette Smokers. *Am J Med* 132, 949–954 (2019).

¹⁵Stokes AC, et al. Association of Cigarette and Electronic Cigarette Use Patterns With Levels of Inflammatory and Oxidative Stress Biomarkers Among US Adults: Population Assessment of Tobacco and Health Study. *Circulation*. 2021 Feb 23;143(8):869-871.

¹⁶Hammond D, Reid JL, Cole AG, Leatherdale ST. Electronic cigarette use and smoking initiation among youth: a longitudinal cohort study. *CMAJ*. 2017;189(43)

¹⁷Soneji S, Barrington-Trimis JL, Wills TA, et al. Association between initial use of e-cigarettes and subsequent cigarette smoking among adolescents and young adults: a systematic review and meta-analysis. *JAMA Pediatr*. 2017;171(8):788

¹⁸Chadi N, Schroeder R, Jensen JW, Levy S. Association between electronic cigarette use and marijuana use among adolescents and young adults: a systematic review and meta-analysis. *JAMA Pediatr*. August 2019:e192574.

¹⁹O'Brien D, Long J, Quigley J. et al. Association between electronic cigarette use and tobacco cigarette smoking initiation in adolescents: a systematic review and meta-analysis. *BMC Public Health* 2021; 21:954.

²⁰Bader P, Boisclair D, Ferrence R. Effects of tobacco taxation and pricing on smoking behavior in high risk populations: a knowledge synthesis. *Int J Environ Res Public Health*. 2011 Nov;8(11):4118-39.

²¹Stoklosa M, Drope J, Chaloupka FJ. Prices and E-Cigarette Demand: Evidence From the European Union. *Nicotine Tob Res Off J Soc Res Nicotine Tob*. 2016;18(10):1973-1980. doi:10.1093/ntr/ntw109

²²Corrigan JR, Hackenberry BN, Lambert VC, Rousu MC, Thrasher JF, Hammond D. Estimating the price elasticity of demand for JUUL E-cigarettes among teens. *Drug Alcohol Depend*. 2021;218:108406. doi:10.1016/j.drugalcdep.2020.108406

²³Ontario Tobacco Research Unit, University of Toronto, 2023. Calculation based on Ontario vape sales and trends, in conjunction with Quebec revenue estimates.

²⁴Pollara, 2023. January 23 to February 6, 2023, Pollara Strategic Insights conducted an online survey for Heart & Stroke amongst a randomly-selected, reliable sample of N=3,971 adult (18+) Canadians including N=1537 Ontarians.

September 12, 2023

Sent by email

Hon. Mark Holland, P.C., M.P.
Minister of Health
House of Commons
Ottawa, Ontario K1A 0A6

Dear Minister Holland,

Re: Bill S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)

As Haldimand-Norfolk Health Unit's Acting Medical Officer of Health, I am writing to express support for the [Senate Bill S-254 An Act to amend the Food and Drugs Act \(warning label on alcoholic beverages\)](#) calling on the Federal Government of Canada to implement alcohol warning labels showing standard drink information, health advice and the link between alcohol and cancer.

Alcohol is a significant but modifiable risk factor for chronic disease and is a leading risk factor for disease, disability and premature death in Canada. In 2020, alcohol use cost Canada \$19.7 billion and caused 17,098 deaths as per the [Canadian Substance Use Costs and Harms \(2023\)](#) study. According to a Public Health Ontario and Ontario Health report entitled [Burden of Health Conditions Attributable to Smoking and Alcohol \(2023\)](#), in an average year, an estimated 4,330 deaths, 22,009 hospitalizations and 194,692 emergency department visits were attributable to alcohol in people age 15 and older in Ontario. Additionally, locally in Haldimand-Norfolk, in an average year an estimated 2,000 emergency department visits are attributable to alcohol among residents aged 15 and over. Effective federal policy and regulation of alcohol are supportive in reducing mortality, morbidity and burden on our hospitals and healthcare system.

Bill S-254 and the implementation of federally mandated labels on all alcohol containers sold in Canada represents an important step to better inform Canadians about the health risks of alcohol. This is especially important given that the majority of Canadians are unaware that alcohol is classified by the [World Health Organization \(WHO\)](#) as a Class 1 carcinogen and causes seven different types of cancer including breast and colon.

Bill S-254 aligns with the recent call for warning labels that formed part of the Canadian Centre on Substance Use and Addiction's (2023) [Canada's Guidance on Alcohol and Health](#) and the recommendation: "**mandatory labelling of all alcoholic beverages with the number of standard drinks in a container, Canada's Guidance on Alcohol and Health and health warnings.**" This recommendation comes from leading scientific experts in the field and is supported by [Evidence-based Recommendations for Labelling Alcohol Products in Canada](#) developed by the [Canadian Alcohol Policy Evaluation \(CAPE\)](#) project researchers, who have been leaders in the alcohol policy field.

Furthermore, Australia and New Zealand recently [mandated a pregnancy warning](#), the Irish government has passed a [Public Health \(Alcohol\) Act](#) and signed into law the [Public Health \(Alcohol\) \(Labelling\) Regulations 2023](#) that requires a cancer warning label on alcoholic beverages as of May 2026.

Additionally, a [recent study in Yukon](#) demonstrated the impact of warning labels and concluded that applying new alcohol warning labels was associated with reduced population alcohol consumption.

Alcohol warning labels placed directly on alcohol containers also provide consumers with easy-to-use information and an accurate way to track and monitor their alcohol use in terms of standard drinks. This information is essential if individuals are to effectively reduce their alcohol consumption as recommended in [Canada's Guidance on Alcohol and Health](#).

As per [Public Health Ontario \(PHO\) Alcohol Use Snapshot](#), in 2019-20:

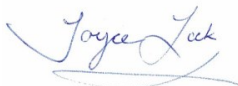
- 24.5% of Haldimand-Norfolk residents reported consuming seven or more standard drinks in the past seven days, (which is in the increasingly high risk zone of [Canada's Guidance on Alcohol and Health](#)) significantly higher than Ontario (14.8%), putting them at an elevated risk for harms.

Without understanding standard drinks and reasons why they should modify their consumption, people are unlikely to follow the guidance.

I also support calls for the federal government to develop a federal Alcohol Act, within which alcohol labelling regulations can be housed. [Tobacco](#) and [cannabis](#) products, two other legally regulated psychoactive substances, are already subject to mandatory warning labels and governed by federal Acts.

In summary, I support [Bill S-254 An Act to amend the Food and Drugs Act \(warning label on alcoholic beverages\)](#) as all Canadians should be supported in making healthy and safe choices. Bill S-254, if approved will protect the health and wellbeing of Canadians now and for future generations.

Sincerely,



Dr. Joyce Lock, M.D., MSc
Acting Medical Officer of Health
Haldimand-Norfolk Health Unit

CC: Senator Patrick Brazeau (Bill Sponsor), Senator Donald Plett, Senator Raymonde Saint-Germain, Senator Scott Tannas, Senator Jane Cordy, Senator Marc Gold, Minister of Mental Health and Addictions and Associate Minister of Health Hon. Ya'ara Saks, Dr. Theresa Tam, Chief Public Health Officer of Canada, Dr. Kieran Moore, Chief Medical Officer of Health, Ontario, Leslyn Lewis, Member of Parliament for Haldimand-Norfolk, Standing Committee Social Affairs, Science and Technology.



Board of Health Meeting – October 03, 2023

Advisory Committee Meeting – September 25, 2023

Subject: Haldimand-Norfolk Health Unit COVID-19 After Action Report
Report Number: HSS-23-048
Division: Health and Social Services
Department: Public Health
Purpose: For Information

Recommendation(s):

THAT the Board of Health accept the Haldimand-Norfolk Health Unit (HNHU) COVID-19 After Action Report as information.

Executive Summary:

The purpose of this report is to present the Haldimand-Norfolk Health Unit’s COVID-19 After Action Report.

Discussion:

After Action Reviews are an integral part of emergency management and response which contribute to continuous learning and improvement. In alignment with emergency response practices, HNHU conducted an After Action Review of the health unit’s COVID-19 pandemic response for the period of January 2020 to June 2022. HNHU’s After Action Review documents the actions that HNHU took related to COVID-19 response, assesses challenges and best practices encountered during the response, and makes recommendations to be better prepared for future emergencies.

The process to conduct the After Action Review included review of internal documents, an online survey for staff, key informant interviews facilitated by an external firm and a workshop with HNHU’s leadership team. HNHU’s After Action Report outlines successes, challenges, lessons learned and recommendations.

Financial Services Comments:

Norfolk County

The COVID-19 After Action Report was developed internally by Health Unit staff, with the exception of assistance from an external firm. Since salary and benefit

expenditures are not tracked at this level of detail, a definitive cost for the report cannot be determined. External resources amounted to just over \$10,000 in costs and are within the allocation approved through the Haldimand-Norfolk Health Unit's 2023 Operating Budget.

COVID-19 expenditures continue to be funded 100% by the Ministry of Health through either the General or Vaccine program. Both programs are currently set to end on December 31, 2023.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services.

Interdepartmental Implications:

Norfolk County

N/A

Haldimand County

N/A

Consultation(s):

N/A

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority Empowering Norfolk - Putting the tools and resources in place to ensure our businesses' and residents' success

Explanation:

This After Action Report will enable HNHU to put into place emergency plans that are practical, tailored to infectious diseases and responsive to the needs of the community. By developing and practicing emergency plans through emergency planning exercises, the HNHU will be better equipped when the next emergency occurs.

Conclusion:

The experiences of the HNHU team and the lessons learned throughout this emergency should not be forgotten. HNHU must show a sustained commitment to emergency preparedness to ensure HNHU is better equipped when the next emergency

strikes. This After Action Report will serve HNHU to improve its response to future public health emergencies.

Attachment(s):

- Haldimand-Norfolk Health Unit COVID-19 After Action Report Summary

Approval:

Reviewed and Approved By:
Syed Shah
Director, Public Health

Reviewed By:
Sarah Titmus
Program Manager, COVID-19 Response

Prepared By:
Julie Richardson
Health Planner, Planning and Evaluation

Prepared By:
Nicole Stone
Health Promoter, Planning and Evaluation

COVID-19 AFTER ACTION REVIEW

SUMMARY REPORT

2023



Authorship

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Introduction

The Haldimand-Norfolk Health Unit (HNHU) is responsible for the delivery of public health services in the rural counties of Haldimand and Norfolk, home to just over 110,000 residents. HNHU employs approximately 100 staff that keep Haldimand and Norfolk counties healthy through health promotion and health protection, including the effective management of public health emergencies, such as the COVID-19 pandemic.

HNHU has been working diligently to manage the pandemic response locally since January 2020. Between January 2020 and June 2022, 8,863 cases of COVID-19 were reported in Haldimand and Norfolk. Throughout a significant portion of this time, nearly all HNHU staff were deployed to COVID-19 response. The dedication of the HNHU team, along with the sacrifices of individuals and the community, helped to slow the spread of the virus and lessen the impact of COVID-19. These efforts should be commended.

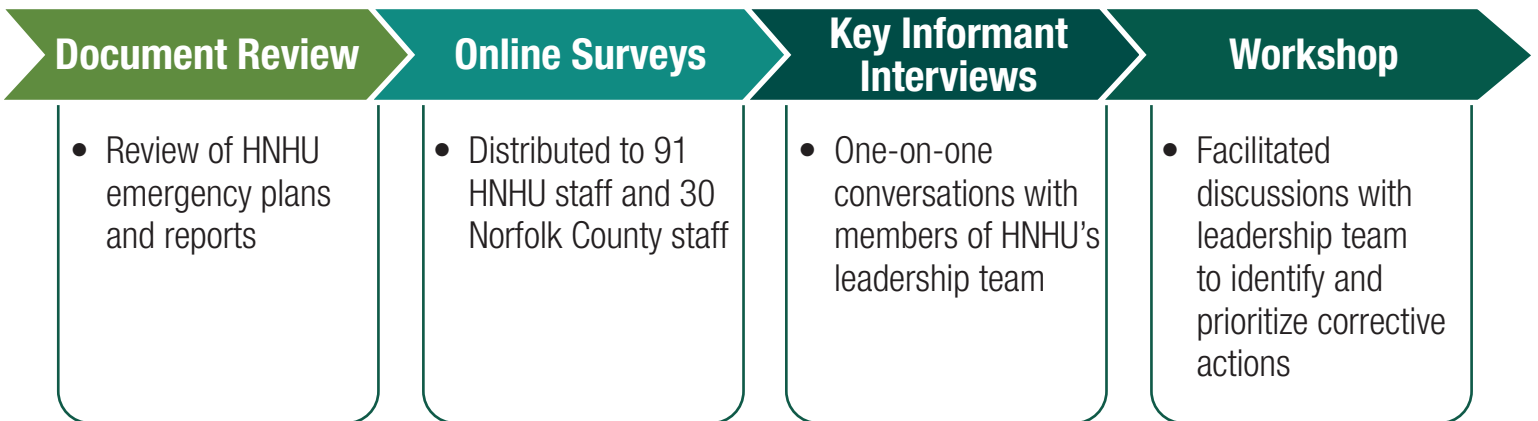
In alignment with emergency response practices, HNHU conducted an after-action review (AAR) of the health unit's COVID-19 pandemic response for the period of January 2020 to June 2022. This summary report shares the methods used, provides an overview of HNHU's COVID-19 response and highlights the lessons learned and recommendations for HNHU to be better prepared for future emergencies.

Methods

HNHU’s AAR set out to answer the following overarching questions about HNHU’s COVID-19 response:

1. What should have happened?
2. What actually happened?
3. What worked well (and why)?
4. What did not work well (and why)?
5. What action(s) should be taken to improve response capacities?

To answer these questions, a mixed methods approach was used including review of emergency documents, an online survey, key informant interviews with members of HNHU leadership and a workshop facilitated by an external engagement agency which assessed and prioritized corrective actions for future emergencies. All HNHU team members and Norfolk County staff who were deployed to support HNHU’s COVID-19 response were given an opportunity to participate in the AAR.



COVID-19 Response

On March 11, 2020, the World Health Organization declared the novel coronavirus outbreak a global pandemic. HNHU, like other public health units, was responsible for a wide range of public health measures to respond to COVID-19.

Even prior to the identification of the first case in Haldimand and Norfolk, HNHU was working to manage the pandemic response locally to protect the health of the community and the local health system. HNHU rapidly mobilized, developed processes and policies, and implemented public health measures that mitigated the spread of COVID-19 in Haldimand and Norfolk communities.

HNHU led comprehensive case, contact and outbreak management for individuals, workplaces, schools and high-risk settings, such as long-term care homes, retirement homes, congregate living settings, hospitals and bunkhouses. HNHU's COVID-19 response further required the essential work of data analysis and epidemiological assessments, public and partner communications and stakeholder engagements. When COVID-19 vaccines became available, HNHU quickly operationalized a vaccination program, coordinating with multiple partners and offering vaccinations at an unprecedented rate.

Some unique characteristics of HNHU's rural community also influenced HNHU's COVID-19 incident objectives and strategies. HNHU has a higher proportion of residents over the age of 65 compared to the provincial average with limited acute medical resources. Haldimand and Norfolk also welcome over 4,000 international agricultural workers annually who are housed in over 900 bunkhouses on local farms which required additional public health response from HNHU.

HNHU accomplished extraordinary feats in response to the COVID-19 pandemic. These successes would not have been achieved without dedicated, passionate teams, strong support from our community partners and modernizing the way that HNHU conducts its work.

“The COVID-19 pandemic was an unprecedented time that required an unprecedented response. Our staff rose to the challenge and made many sacrifices in both their personal and work lives for our communities. I cannot thank them enough for their perseverance and dedication. Their ability to pivot and meet every challenge helped to save lives.” - **Syed Shah**, Director of Public Health

COVID-19 Response by the Numbers

The activities that HNHU conducted, in coordination with community partners, over the pandemic response were vast. Some highlights are shared below.



8,863
Cases reported



82
Deaths reported



272
Outbreaks declared



221,587
Vaccine doses administered



94
Unique vaccine clinic
locations +



> 66,500
COVID-19 calls answered

31 GO-VAXX clinic locations



> 80
Media briefings

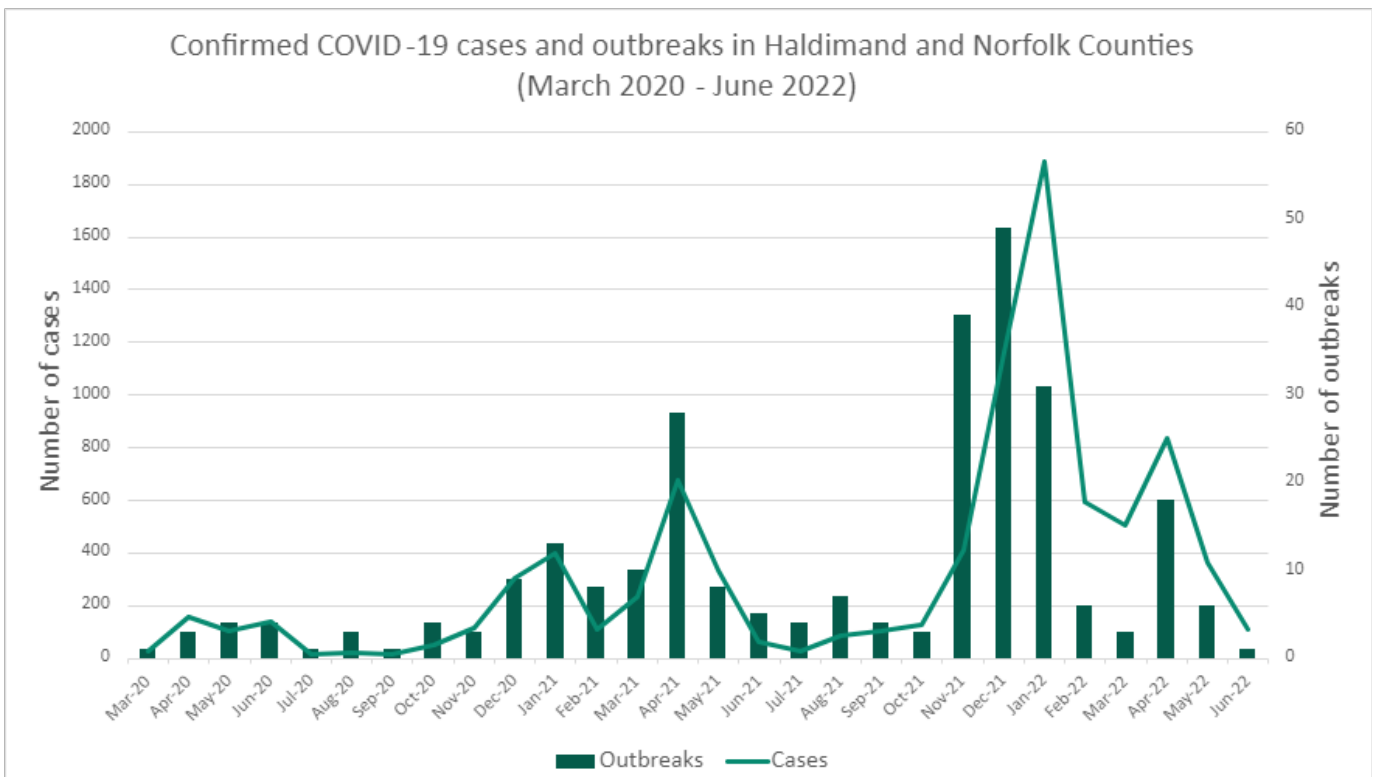


>150
staff responding to COVID-19
at peak response

“...walking into the first mass immunization clinic is something that will always live with me. It was an incredible example of how a community can come together and work towards a common goal to accomplish the 'impossible'. It was the best display of teamwork, partnerships, hard work, learning on the fly etc. that I have ever witnessed in my public health career” - HNHU Team Member

Confirmed COVID-19 cases and outbreaks

This graph shows the number of confirmed COVID-19 cases and outbreaks in Haldimand and Norfolk Counties from March 2020 to June 2022. Confirmed case and outbreak numbers fluctuated throughout the course of the pandemic based on the COVID-19 variant, public health measures that were put in place, and testing guidelines and availability.



Timeline of events

To help understand what happened in the incredibly complex response effort, an extensive timeline of over 300 activities and events was developed. An abridged version is shared here.

Date	Event Description
January 29, 2020	HNHU's first Emergency Control Group (ECG) meeting
March 8, 2020	HNHU's COVID-19 Command Team established
March 2020	HNHU takes a more protective approach to case and contact management with expanded case definitions. Implementing more proactive case management, contact tracing and monitoring continues throughout the response until summer 2021.
March 11, 2020	WHO declares novel coronavirus disease a pandemic
March 13, 2020	HNHU launches COVID-19 hotline and webpage dedicated to COVID-19
March 14, 2020	HNHU shifts to 7-day work schedule
March 15, 2020	Norfolk County Emergency Operations Centre (EOC) activated
March 17, 2020	HNHU announces suspension of non-core public health services
March 17-24, 2020	HNHU's Medical Officer of Health issues several Section 22 orders implementing public health measures to prevent transmission of COVID-19
March 26, 2020	First confirmed case in Haldimand and Norfolk counties
March 27, 2020	HNHU confirms first fatality due to COVID-19 in Haldimand and Norfolk counties
March 28, 2020	First long-term care outbreak declared, which results in 73 cases of COVID-19 and 27 deaths
May 29, 2020	Large outbreak declared at agricultural congregate living setting, which results in 198 confirmed cases of COVID-19 and one fatality.
August 13, 2020	Newly developed CCM system replaces iPHIS as provincial tool for case and contact management and Ministry reporting
September 24, 2020	HNHU launches interactive online dashboard to allow community to explore COVID-19 data
October 2020	HNHU report to Board of Health requesting additional staffing to form a COVID-19 Response Team. The proposal aimed to formulate a sustainable plan to manage COVID-19 while allowing capacity to provide other key public health services.

Continued from page 8

Date	Event Description
December 2020	COVID-19 Response Team initially formed with the hiring of Program Manager
January 2021	HNHU begins phased work-from-home project for staff
January 12, 2021	First shipment of COVID-19 vaccines arrives in Haldimand and Norfolk
January 13, 2021	First doses of COVID-19 vaccine administered at long-term care homes in Haldimand and Norfolk
February 2021	Vaccine clinics open in Vittoria, Dunnville and Norfolk General Hospital
May 21, 2021	HNHU's new interim Medical Officer of Health instated
June 1, 2021	"Hockey Hub" model mass vaccination clinic opens at Cayuga Memorial Arena
June 2, 2021	HNHU implements surge model for COVID-19 case and contact management
July 8, 2021	HNHU updates COVID-19 case and contact management policy to align with Ministry direction
September 3, 2021	Haldimand Norfolk Board of Health appoints new Acting Medical Officer of Health
November – December 2021	Recruitment of COVID-19 vaccine team
November – December 2021	Multiple schools are closed due to high COVID-19 transmission in these settings
December 1, 2021	Provincial workforce deployment teams on boarded with HNHU
December 23, 2021	HNHU, in alignment with the province, shifts case and contact management to focus on highest risk settings. HNHU no longer follows up with individual cases not associated with highest risk settings.
January 22, 2022	HNHU moves from a 7-day work week down to 6 days
March 21, 2022	HNHU moves back to regular business hours: Monday-Friday, 8:30-4:30
May 11, 2022	HNHU begins a phased plan to transition COVID-19 response to just the combined Infectious Disease and COVID-19 Response Teams, with support from Provincial Workforce by June 2022.
June 10, 2022	Launch of HNHU's Interim Strategic Plan "The Rebuild Year: Stronger. Healthier. Happier."

Findings, Lessons Learned & Recommendations

Findings from the document review, online survey, key informant interviews and workshop identified successes and challenges of HNHU's COVID-19 pandemic response. Following the review of HNHU's COVID-19 response, several lessons learned and recommendations were identified which should inform HNHU's efforts in preparation for future emergencies. In order to operationalize these learnings, HNHU has developed an improvement action plan that will guide HNHU to ensure that the health unit is better prepared for future public health emergencies.

Lessons Learned

The following section highlights key learnings that HNHU should leverage in future emergency response:

- Implement an Incident Management System (IMS) structure for the emergency response, regardless of the size of the emergency.
- Ensure policies, procedures and resources are put in place early to prioritize responder physical and psychological safety.
- Advocate early for additional resources and redeployments, particularly for leadership and key IMS roles. Continuously evaluate workloads and staffing needs throughout the response.
- Ensure there is a formal process to document emergency response decisions and actions.
- Ensure decision makers have regular, consistent, and transparent communication with all responders.
- Maintain skills and competencies in surveillance and epidemiological data at HNHU to ensure local epidemiological data informs decision-making.
- Provide regular debrief opportunities following critical incidents during the response and overall emergency response to address potential psychological impacts.
- Ensure a culture of continuous quality improvement throughout emergency response, including regular hotwashes and/or debrief of responders as they are demobilized or redeployed into other roles.
- Leverage partnerships and relationships with local community organizations, health care sector, municipalities and other stakeholders to support public health efforts during an emergency.
- Establish and maintain public trust through strong risk communication that is transparent, evidence-based, and action-oriented.

Recommendations

An AAR seeks to identify areas for improvement in preparedness and response activities. The following is an overview of recommendations for HNHU to improve how it responds to future emergencies.

1. Develop and implement a comprehensive emergency preparedness-training plan for HNHU that ensures appropriate training for all team members and conduct regular mock emergency exercises.
2. Review and update HNHU's Infectious Disease Emergency Plan (2020) with the lessons learned throughout the COVID-19 response to be a functional and actionable document based in an IMS structure. Update and revise detailed business continuity plans as part of emergency plan review.
3. Explore opportunities to support redeployments and flexible hiring when HNHU activates its emergency plan.
4. Continue to build strong municipal partnerships with Haldimand and Norfolk counties and establish joint plans on how HNHU works together with municipal Emergency Operation Centres (EOCs) during public health emergencies.
5. Invest in technology software for HNHU that will improve efficiency in HNHU's operations and can be leveraged during future emergencies.

“The AAR process provided a unique opportunity to address gaps in our pandemic response. Implementation of lessons learned will further strengthen future public health emergency response”
- **Sarah Titmus**, Program Manager COVID-19 Response

Conclusion

Together with partners, stakeholders, and the community, HNHU effectively used public health measures to slow the spread of the virus and save lives. After more than two and a half years, HNHU's COVID-19 response has evolved to meet the many challenges of a prolonged emergency.

After Action Reviews are an integral part of emergency management and response which contribute to continuous learning and improvement. Through this process, HNHU has identified successes to be leveraged and key areas for improvement.

HNHU has developed an improvement action plan based on the lessons learned and recommendations within this report. The improvement action plan will guide HNHU in ensuring that it is better prepared for future public health emergencies.

“Preparedness is a process that requires sustained investment in a wide range of relationships, skills, technologies, infrastructure, and capacities.” - CMOH 2022 Annual Report¹

The experiences of the HNHU team and the lessons learned throughout this emergency should not be forgotten. Upon reflection, many of the learnings from this after-action report are consistent with the learnings of previous emergency responses. HNHU must show a sustained commitment to emergency preparedness to ensure HNHU is better equipped when the next emergency strikes.

¹ Being Ready 2022 Annual Report of the Chief Medical Officer of Health of Ontario of the Legislative Assembly of Ontario. <https://files.ontario.ca/moh-cmoh-annual-report-2022-en-2023-03-15.pdf>



Board of Health Meeting – October 03, 2023

Advisory Committee Meeting – September 25, 2023

Subject: Haldimand Norfolk Health Unit Strategic Planning Process
Report Number: HSS-23-050
Division: Health and Social Services
Department: Public Health
Purpose: For Information

Recommendation(s):

THAT report number HSS-23-050 be received as information.

Executive Summary:

Haldimand-Norfolk Health Unit (HNHU) is conducting a strategic planning process in order to develop a new 5-year strategic plan. As per the Ontario Public Health Standards, Boards of Health must have a strategic plan that establishes strategic priorities over 3 to 5 years, including input from staff, clients and community partners, and review this plan at least every other year.

Discussion:

HNHU's last strategic plan was for the period of 2016-2020. In spring of 2022, while HNHU was moving into the recovery phase of the pandemic response, an Interim Strategic Plan was developed with input from HNHU staff to guide HNHU for the next 12-18 months. This Interim Strategic Plan provided a bridge until HNHU could undertake a more formal planning process and develop a new 5-year strategic plan.

HNHU has contracted an external agency to facilitate the strategic priority setting process. Members of the Health and Social Services Advisory Committee and Board of Health will be invited to participate in the strategic planning process, which may include focus groups, a one-on-one interview and/or an online survey as well as a strategic planning retreat in the fall. The dates for all activities will be confirmed in consultation with the clerk's office.

The strategic plan will then be presented to the Health & Social Services Advisory Committee and the Board of Health in early 2024 for final approval. HNHU's new strategic plan will be launched in Q1 of 2024 to cover the period of 2024 – 2029.

Financial Services Comments:

Norfolk County

The Approved Capital Budget includes an allocation of \$20,000 for the Haldimand-Norfolk Health Unit's development of a strategic plan, with funding provided through the shared levy. Levy funded expenditures are shared between the two counties as per the cost sharing agreement.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services.

Interdepartmental Implications:

Norfolk County

N/A

Haldimand County

N/A

Consultation(s):

N/A

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority Empowering Norfolk - Putting the tools and resources in place to ensure our businesses' and residents' success

Explanation:

The HNHU strategic plan will involve collaborating with the community and institutions to address the needs of Haldimand and Norfolk. The Strategic plan will also support the changing needs of our communities and encourage innovation in public health service provision.

Conclusion:

HNHUs strategic plan will meet the requirements of the Ontario Public Health Standards, by establishing strategic priorities over the next 3 to 5 years whilst at the

same time supporting the needs of our communities and encouraging innovation in public health service provision. HNHU's new strategic plan will be launched in Q1 of 2024 to cover the period of 2024 – 2029.

Attachment(s):

- None

Approval:

Reviewed and Approved By:
Syed Shah
Director, Public Health

Reviewed By:
Sarah Titmus
Program Manager – COVID Response, Public Health

Prepared By:
Julie Richardson
Health Planner, Planning and Evaluation



Board of Health Meeting – October 03, 2023

Advisory Committee Meeting – September 25, 2023

Subject: Health Equity Program
Report Number: HSS-23-049
Division: Health and Social Services
Department: Public Health
Purpose: For Information

Recommendation(s):

THAT the Information Memo regarding the Health Equity Program HSS-23-049 be received as information.

Executive Summary:

Haldimand and Norfolk Counties are committed to creating communities where everyone can thrive. One important aspect of a thriving community is health equity. Health equity is achieved when everyone can reach their full potential for health and well-being (Whitehead & Dahlgren G, 2006).

Public Health is mandated by the Ontario Public Health Standards to address health equity (Ontario Ministry of Health, 2021). The Haldimand Norfolk Health Unit (HNHU) interim strategic plan sets the direction for achieving the vision for health equity in Haldimand and Norfolk communities.

The COVID-19 pandemic exposed many of the conditions that contribute to avoidable and unfair differences in health between people. HNHU developed a renewed strategy and plan for health equity in Haldimand and Norfolk counties by building on current and previous work to ensure that public health programs continue to address health equity. The renewed plan for health equity focuses on building HNHU capacity, community engagement, and collaboration with others.

The purpose of this document is for the Board of Health (BOH) and the Health and Social Services Advisory Committee to learn about the current HNHU vision and plan for advancing health equity in Haldimand and Norfolk.

Discussion:

The renewed health equity program plan was designed to address the priorities and issues identified from the 2022 Community Needs Assessment and to support HNHU public health teams with health equity planning during this period of recovery, learning and rebuilding from the COVID-19 pandemic.

The HNHU health equity goal is that “public health practice results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.” This goal aligns well with Haldimand and Norfolk Counties visions for community health, safety, and well-being.

The social determinants of health are the “conditions in which people are born, live, work and age that impact their health” (WHO, 2018). According to the Public Health Agency of Canada, the social determinants of health are: income and social status; employment and working conditions; education and literacy; childhood experiences; physical environments; social supports and coping skills; healthy behaviours; access to health services; biology and genetic endowment; gender; culture; and race/racism.

A social determinants of health public health nurse (SDOH PHN) provides leadership around planning, implementing, and evaluating the health equity strategy and plan.

The health equity program plan identifies the following three pillars to capture the health equity work across all HNHU public health programs:

- Organizational Capacity Building
- Community Engagement
- Interprofessional and Intersectoral Collaboration

Health Equity Pillars	Activities
Organizational Capacity Building	Staff capacity building through team-level learning and development activities. The Health Equity Advocates Interprofessional Committee will relaunch in September 2023. This committee, which includes public health staff across teams and roles will play a central role in facilitating team-level health equity dialogue and discussion.
Community Engagement	Supporting HNHU teams to use the results of the 2022 Community Needs Assessment to identify priority issues, populations, and community stakeholders for advancing health equity. Actively building new relationships with community stakeholders and strengthening existing relationships.
Interprofessional and Intersectoral Collaboration	Review of internal health equity policies, processes, and tools. Collaboration and communication across internal HNHU teams to connect various streams of work and to share learnings.

	Connection and collaboration with Haldimand and Norfolk Social Services, Paramedic Services, and external partners to advance health equity.
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Financial Services Comments:

Norfolk County

There are no direct financial implications within the report as presented.

The Social Determinants of Health Public Health Nurse, within the Health Equity program, is part of the Ministry of Health’s Mandatory Programs. Per the latest amending agreement with the Ministry, funding for Mandatory Programs is provided to a capped allocation. The remaining costs are levy funded between Haldimand and Norfolk Counties as per the cost sharing agreement.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services.

Interdepartmental Implications:

Norfolk County

None

Haldimand County

None

Consultation(s):

None

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority. Empowering Norfolk - Putting the tools and resources in place to ensure our businesses' and residents' success

Explanation:

Empowering Norfolk by fostering and building partnerships with the community, creating a place where residents can thrive, and advocating for the needs of Norfolk. Building Norfolk by ensuring the health, safety and well-being of the community. Serving Norfolk by ensuring a fiscally responsible organization with engaged employees who value excellent service.

Conclusion:

HNHU will continue to monitor the needs of the community and to identify opportunities to advance health equity. Updates will be brought to the BOH and Advisory as necessary.

References

Haldimand Norfolk Health and Social Services. (2022). Community Needs Assessment. <https://hnhu.org/health-topic/community-needs-assessment/>

Ontario. Ministry of Health. (2021). Ontario public health standards: requirements for programs, services, and accountability. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

Public Health Agency of Canada. (2023). Social determinants of health and health inequalities. [Social determinants of health and health inequalities - Canada.ca](https://www.canada.ca/en/public-health/services/social-determinants-of-health-and-health-inequalities.html)

Whitehead M, Dahlgren G. (2006). Concepts and principles for tackling social inequities in health: levelling up part 1 [Internet]. Copenhagen (Denmark): World Health Organization, Regional Office for Europe. <https://apps.who.int/iris/handle/10665/107790>

World Health Organization. (2018). About social determinants of health. Retrieved from http://www.who.int/social_determinants/sdh_definition/en/

Attachment(s):

- None

Approval:

Approved By:
Al Meneses
CAO, Norfolk County

Reviewed By:
Syed Shah
Director, Public Health

Reviewed By:
Marcia Annamunthodo
Program Manager, Professional Practice and Quality Assurance and Chief Nursing Officer

Prepared By:
Jacquie Dover
Public Health Nurse, Health Equity Program



Select Meeting Type – October 04, 2023

Advisory Committee Meeting – September 25, 2023

Subject: Strengthening Public Health and Voluntary Mergers
Report Number: HSS-23-056
Division: Health and Social Services
Department: Public Health
Purpose: For Information

Recommendation(s):

That this report HSS-23-056 be received as information;

AND THAT the Director of Public Health engage with the Norfolk County Purchasing Team to explore expedited procurement options, such as a Vendor of Record, to secure a consultant to explore merger options with neighboring health units and present a report with recommendations;

AND FURTHER THAT the consultant's report and an accompanying staff report be brought back to the February Board of Health meeting for a decision on a potential voluntary merger to be included in the 2024 Haldimand Norfolk Health Unit Annual Service Plan.

Executive Summary:

In response to a recent communication from the Chief Medical Officer of Health (CMOH) about strengthening Public Health including voluntary mergers of Health Units, staff are bringing forward this report to provide the Board of Health with an overview of the CMOH and a recommendation to the Board to hire a consultant to review the pros and cons of voluntary merger by the Haldimand Norfolk Health Unit to facilitate evidence-based decision making by the Board of Health. Due to the time sensitivity involved with this review and decision, staff recommend working with the Norfolk County Purchasing team to explore options for an expedited procurement, including the possibility of using a consultant that is a Vendor of Record, meaning that they are already an approved public contractor.

Discussion:

At the Association of Municipalities of Ontario Conference on August 21, 2023, the Minister of Health announced that the province is moving forward with a strategy to strengthen Ontario's public health sector, which will be aimed at optimizing capacity, stability, and sustainability in the public health sector.

On August 22, Health Units received a letter from the Chief Medical Officer of Health highlighting the strengthening Public Health strategy. The strategy is grounded in a locally driven approach, equipped with the provincial support and resources needed to facilitate change while ensuring to retain and strengthen front-line jobs and local public health programs and services.

Key initiatives of this strategy include:

1. Clarifying Roles and Responsibilities

- Conduct a routine, sector driven review of Ontario Public Health Standards (OPHS), against a prioritization framework.
- Work with partners to identify roles and responsibilities that can be refined, stopped and /or re-defined to a regional or provincial level.
- Implement the full revised OPHS beginning in January 2025.

2. Supporting Voluntary Mergers

- Optimize capacity by encouraging mergers between Local Public Health Agencies (LPHAs) through a time limited voluntary, sector driven process.
- Re-engage with the LPHAs that have identified interest in mergers and work with local sector partners to identify other merger candidates.
- Leverage mergers through other partners (e.g. alPHa, AMO) to co-develop a voluntary merger approach including objectives, parameters and accountability mechanisms with the time limited funding supports to facilitate the merger process.
- LPHAs will then have the opportunity to submit proposals to the government based on established guidelines and criteria through current reporting mechanisms (e.g. 2024 Annual Service Plan and Budget Submission). The Annual Service Plan and Budget Submission will be due to the Province by March 1, 2024.
- Mergers to take effect January 1, 2025.

3. Providing Stable, Sustainable Funding

- Provide 3-year funding to LHPAs that addresses the urgent need for stabilization.
- Establish a Merger support Fund to support change.
- Provide growth base funding of 1% for each of the next 3 calendar years (2024-2026).

Staff have participated in two follow-up meetings with the Ministry of Health. Staff are recommending that the Board of Health use this opportunity to hire a consultant to explore merger options with the neighboring health units, keeping in view the local needs and unique requirements of Haldimand and Norfolk Counties. Given the timelines associated with this process for the submission of the Health Unit's Annual Service Plan and budget to the Ministry of Health, staff commit to bringing a report back to the Board of Health in February 2024 to facilitate decision making.

There is a budget available with Ministry funding to support this service and the Ministry has also confirmed additional financial resources will be available to support this work.

Financial Services Comments:

Norfolk County

The Ministry of Health has committed to funding all voluntary merger-related costs. While funding has not been allocated to the Haldimand-Norfolk Health Unit, the Ministry has verbally provided confirmation that the consultant retained would be eligible to be funded.

A full financial analysis of potential options will be provided to the Board once details are made available. At this point, there is no indication what the levy impact of a merger may be for either County.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services.

Interdepartmental Implications:

Norfolk County

Purchasing Department

Purchasing staff have reviewed the report and advise that Section 4.1 of CS-02 Purchasing Procedures requires division/departments to use Cooperative Purchasing wherever possible. Purchasing will work together with the HNHU to investigate any potential cooperative opportunities and if through that research no opportunities are available or acceptable, Purchasing staff will work together with the issuing department to

develop and issue a modified Request for Proposal process in accordance with Section 4.5.6 of the Policy.

Haldimand County

Any purchasing activity conducted by Haldimand Norfolk Health & Social Services (HNHSS) must comply with Norfolk County's Purchasing Procedures. Haldimand staff have confirmed that Norfolk Purchasing staff have reviewed the report and will work with HNHSS to source a consultant for this deliverable if approved.

In follow up with the author of this report, the Director, Public Health has confirmed that 100% of the costs for the scope of work outlined in the report will be funded by the Ministry of Health; and there will be no impact to the tax levy. The Ministry supports the initiative of clarifying roles and responsibilities of public health units noting that this information may help to support future mergers and determination of downloaded services.

At multiple Health and Social Services Advisory meetings, concerns from Advisory members were brought forward indicating that mergers of health units could have a negative impact on addressing the rural, large geographical and diverse needs of Haldimand and Norfolk if merged with a larger urban health unit. Staff are requesting that this information be communicated to the consultant for consideration in the study.

Consultation(s):

N/A

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority sustaining Norfolk - Creating a sustainable community and a positive legacy.

Conclusion:

To explore voluntary merger options by the Haldimand Norfolk Health Unit, staff are advising Board of Health to hire a consultancy services firm to facilitate evidence-based decision making.

Attachment(s):

- Implementation Timeline

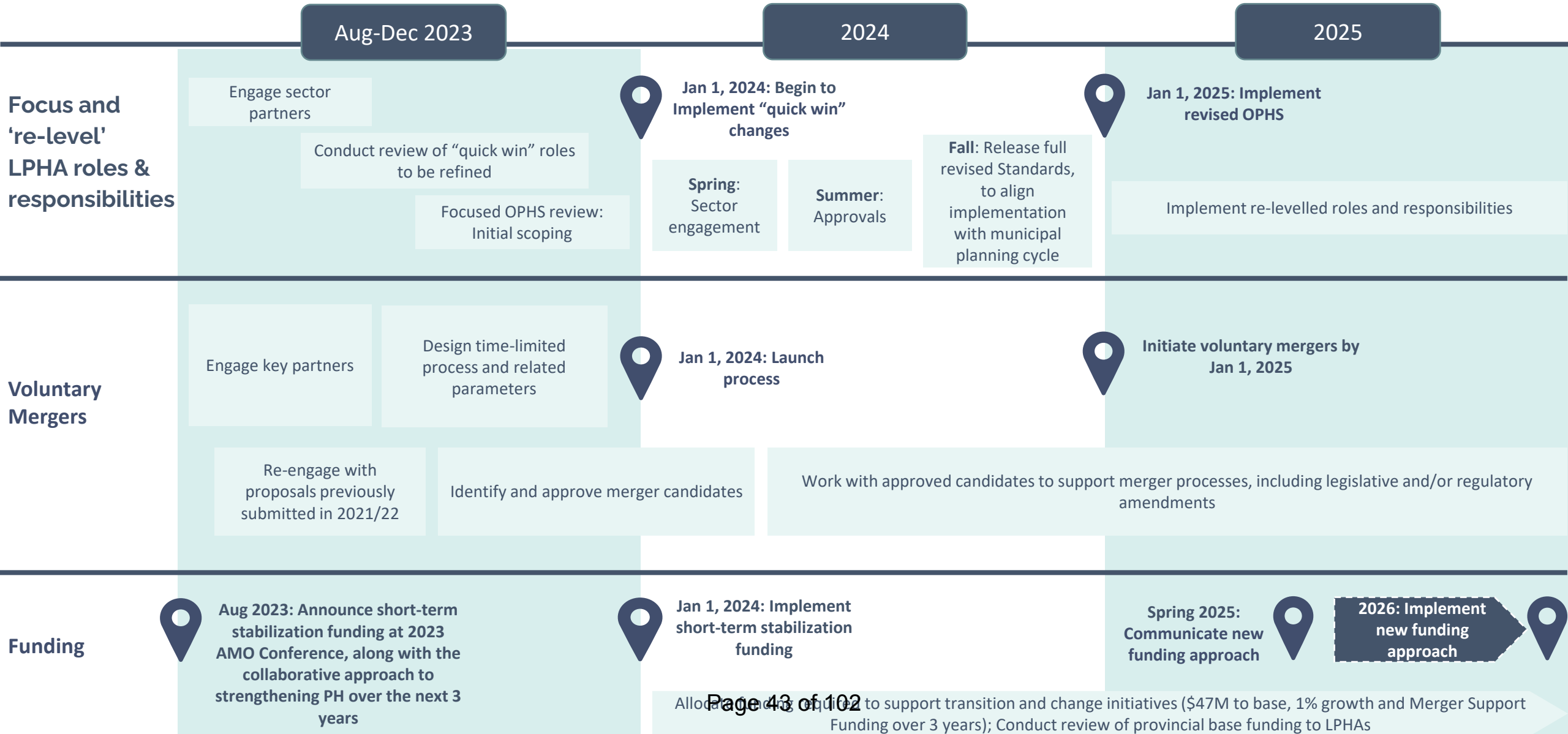
Approval:

Approved By:
Al Menses
CAO, Norfolk County

Reviewed By:
Heidy VanDyk
General Manager, Corporate Support Services

Prepared By:
Syed Shah
Director, Public Health

Implementation Timeline





Council-In-Committee Meeting – October 10, 2023

Advisory Committee Meeting – September 25, 2023

Subject: Service Manager Consent-Sale of Haldimand Norfolk
Housing Corporation (HNHC) Properties
Report Number: HSS-23-047
Division: Health and Social Services
Department: Social Services and Housing
Purpose: For Decision

Recommendation(s):

THAT staff report HSS 23-047, Service Manager Consent for sale of Haldimand Norfolk Housing Corporation (HNHC) properties, be received as information;

AND THAT Council direct staff to provide Service Manager Consent to the Haldimand Norfolk Housing Corporation (HNHC) to sell properties: 72/74 Oakwood Avenue, Simcoe and 643 Gibraltar St., Delhi;

AND THAT the proceeds from the sale of these properties be deposited into the appropriate HNHC reserve fund to be used towards the development of new affordable housing in Norfolk County;

AND FURTHER THAT Council direct staff to provide this information to MMAH once the sale of the property closes, in accordance with the *Housing Services Act*.

Executive Summary:

As a next step in the Haldimand Norfolk Housing Corporation (HNHC) Regeneration Master Plan, the Housing Corporation is requesting Service Manager consent to proceed with two property sales in Norfolk County. This report provides the details on the properties HNHC is seeking Service Manger Consent to sell.

As outlined in the HNHC Regeneration and Master Plan, the properties located at 643 Gibraltar St., Delhi and 72/74 Oakwood Ave., Simcoe have been identified as leverage. Through the sale of these properties, the funds will be used by HNHC to repair and develop new housing to meet the needs of the community.

As Consolidated Municipal Service Manager (CMSM), consent must be provided in order for HNHC to proceed with sale of these properties. Staff are seeking Council direction to provide Service Manager Consent to HNHC for sale of these properties.

Discussion:

HNHC presented Haldimand Norfolk Housing Corporation Regeneration Master Plan and Strategic Asset Management Plan to Council in report HSS-21-12- On July 13, 2021. Part of the plan recommends selling and leveraging properties on 643 Gibraltar St., Delhi and 72/74 Oakwood Ave in Simcoe.

Through the sale of these properties, the funds will be used for:

- Repairs to existing properties to be put back online as rental units
- Demolition of two units in Delhi to prepare the building site for proposed Delhi development
- Tenant relocation costs to other HNHC addresses for impacted tenants.
- Consultant fees and business plan work for Norfolk regeneration new developments

643 Gibraltar is a single unit; however, 72/74 Oakwood Avenue is a semi-detached unit, which would need to be severed in order to sell as individual units. The severance of lots is required due to the Provincial transfer of these properties as a block transfer.

Due to the cost and timeline of severance, the Service Manager, in conversation with the CEO of HNHC, has determined that selling 72 and 74 Oakwood as one, would be beneficial in terms of moving the regeneration plan forward and the opportunity to build more suitable housing and repair properties to get them rented out more quickly.

Staff have consulted with external legal counsel and have confirmed the requirement for severance due to the provincial transfer of properties. It is important to note there are other HNHC Norfolk County properties for which severance would be required to sell block transferred properties as individual units. These units are all within Simcoe and Delhi. Of these units, some are identified as leverage in the Regeneration Master Plan, while others are to be renovated. There would be value in reviewing each proposed sale of property with this in mind as future Service Manager Consent reports are brought forward to Council.

Note: All Haldimand properties are single units as any required severance work had been previously completed/most units are single detached.

The Housing Services Act (HSA, 2011) states the conditions for Service Manager Consent: that all proceeds from the sale of homes must be used for housing purposes, that a communication plan to tenants must occur, and that tenants cannot be displaced in order to sell property. The Service Manager has determined that all of these conditions are met, or will be met, and supports the sale of these properties.

Financial Services Comments:

Norfolk County

Funds raised through the sale of the proposed properties will be transferred to HNHC's reserve fund, to be held for use towards new builds and/or repair and renewal of existing units. HNHC manages their own reserve funds, ensuring Haldimand and Norfolk funds raised through the sale of properties are accounted for separately, and are used as a subsidy reduction towards planned commitments in a future year for the respective County.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Finance staff. As the sale of the identified Haldimand Norfolk Housing Corporation (HNHC) properties are located in Norfolk County, there are no anticipated financial impacts to Haldimand County as a result.

Interdepartmental Implications:

Norfolk County

Haldimand County

As the sale of the identified Haldimand Norfolk Housing Corporation (HNHC) properties are located in Norfolk County, Haldimand staff have no additional comments.

Consultation(s):

Norfolk County Corporate Services General Manager as Representative of Shareholder

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority Building Norfolk - Develop the infrastructure and supports needed to ensure complete communities.

Explanation: As outlined in the HNHC regeneration plan, the sale of these properties will provide funding to support the repair of existing properties and the development of new properties to meet the needs of our communities.

Conclusion:

The CMSM is seeking Council Direction to provide Service Manager Consent to HNHC to sell 643 Gibraltar St., Delhi and 72/74 Oakwood Ave., in Simcoe to leverage these assets as outlined in the HNHC Regeneration Master Plan. The revenue generated from the sale of these properties will be used to repair existing housing and build new housing in line with the standards outlined in the Housing Services Act.

Attachment(s):

- None

Approval:

Approved By:
Heidy VanDyk
General Manager, Corporate Services

Reviewed By:
Heidy VanDyk
General Manager, Corporate Services

Prepared By:
Stephanie Rice
Director, Social Services and Housing



Council-In-Committee Meeting – October 11, 2023

Advisory Committee Meeting – September 25, 2023

Subject: Provincial Allocation of Ontario Priorities Housing Initiative (OPHI) and Canada-Ontario Community Housing Initiative (COCHI) Funding and Investment Plan 2023-2024 – Budget Amendment
Report Number: HSS-23-051
Division: Health and Social Services
Department: Social Services & Housing
Purpose: For Decision

Recommendation(s):

THAT Staff Report HSS 23-051, Provincial Allocation of OPHI and COCHI Funding and Investment Plan 2023-2024 – Budget Amendment be received as information;

AND THAT Council accept the COCHI funding in the amount of \$507,600 and the OPHI funding in the amount of \$505,400;

AND THAT Council authorize the Mayor and Clerk to sign the required Transfer Payment Agreement with the Ministry of Municipal Affairs and Housing;

AND THAT Council approve the per program funding allocations as outlined in this staff report;

AND FURTHER THAT the COCHI and OPHI Investment Plan containing the per program allocations be submitted to the Ministry of Municipal Affairs and Housing.

Executive Summary:

The purpose of this staff report is to advise Council of the COCHI and OPHI funding allocations from the Ministry of Municipal Affairs and Housing for the fiscal year 2023-2024. Further, Council approval of the per program allocations is being sought and authorization to communicate these allocations to the Ministry of Municipal Affairs and Housing through the required Investment Plan.

Discussion:

The Canada Ontario Community Housing Initiative (COCHI) and the Ontario Priorities Housing Initiative (OPHI) funding are funding streams from the Ministry of Municipal Affairs and Housing to support affordable housing. This funding is 100% provincial with no required municipal levy contribution.

The COCHI program is intended to provide Service Managers with funding to replace the federal Social Housing Agreement funding that expires each year, beginning April 2019. This funding can be used by Service Managers to repair, regenerate and expand community housing to protect affordability support for tenants. It can also be used to support community housing providers whose original program arrangements are expiring and help them to become more sustainable.

The COCHI funding allocation for Haldimand and Norfolk Counties for the fiscal year 2023/2024 is \$507,600. Staff are proposing that \$482,220 be provided to the 11 not for profit, community housing providers in Haldimand and Norfolk Counties, including the Haldimand Norfolk Housing Corporation for capital repairs and renewal activities. The amount of funding available per housing provider has been calculated as a percentage amount of the total available funding that is equal to the percentage of the housing that the provider owns and operates within the community housing system. Community Housing providers are those that provide social, rent-geared-to-income housing in Haldimand and Norfolk. The balance of the COCHI funds, \$25,380 (5% of the total funding) will be retained by the Service Manager for program administration.

The OPHI program is intended to provide flexible funding to all 47 Service Managers to address local priorities in the areas of housing supply and affordability, including new affordable rental housing construction, renovation assistance for lower income homeowners for repairs related to health and safety and/or accessibility, rental assistance, and tenant supports. This program is similar to the previous federal-provincial housing program called “Investment in Affordable Housing” and the related “Extension” to this program.

The OPHI funding allocation for Haldimand and Norfolk Counties for the fiscal year 2023-2024 is \$505,400. Within the various OPHI program streams, staff are proposing the following allocations.

Ontario Renovates – Staff are proposing that \$125,000 be allocated to Ontario Renovates, the program which provides forgivable loans to lower income home owners for repairs related to health and safety and/or accessibility. Additionally, Staff propose that \$175,000 be allocated to repairs in community housing, which are also eligible in the Ontario Renovates program stream.

Rent Supplements – Staff are proposing that \$22,500 be allocated to the rent supplement program. Rent supplements provide housing assistance to tenants who are living in market rent housing that is unaffordable. In the rent supplement program, the Service Manager enters into agreements with private market landlords and the rent supplement payment is paid to the landlord. Currently, the Social Services & Housing Department has partnerships with community agencies in mental health and non profit housing providers in order to create additional supportive, affordable housing units. The rent supplement is provided through OPHI funds and the partner agency provides the support to the tenant.

Housing Allowances – Staff are proposing that \$107,040 be allocated to the housing allowance program stream. Similar to rent supplements, housing allowances provide rent assistance to individuals who are living in private market rent that is difficult for the tenant to afford. The housing allowance payment is paid to the tenant who uses the funds toward payment of their rent along with the portion they pay. Housing staff does monitor the list of housing allowance participants and assess on an ongoing basis. To determine eligibility, staff obtain the tenant’s address and name of landlord. If staff become aware of a recipient of the housing allowance not being used to pay their rent, then they would be removed from the program. The benefit of paying the funds to the tenant is that the housing allowance is then portable, meaning that if the tenant moves (e.g. for safety reasons such as in domestic violence cases) then the housing benefit goes with them to maintain affordability and housing stability.

Housing Support Services – Staff are proposing that \$50,540 be allocated to the housing support services program stream. These funds would be used to support tenants in rent-g geared-to-income housing specifically who are in rent arrears and facing eviction. It is acknowledged that RGI tenants have very few other housing options, and so strategies for eviction prevention and housing stability are incredibly important to prevent homelessness among this vulnerable population.

The remainder of the OPHI funding, \$25,270 (5% of the total allocation) will be maintained by the Social Services & Housing department to offset the costs to administer the program.

The per program allocations for COCHI and OPHI are communicated to the Ministry of Municipal Affairs and Housing through the required Investment Plan.

Financial Services Comments:

Norfolk County

The Approved 2023 Levy Supported Operating Budget includes allocations of \$538,200 for OPHI and \$396,100 for COCHI, with both initiatives funded by the Ministry of

Municipal Affairs and Housing. Due to the programs operating on a fiscal year (April 1 to March 31), calendar budget allocations are not reflective of the fiscal amounts. In addition, many amounts have to be estimated since information is not available during budget preparations. Table 1 outlines the budget amendment requested, including the approved estimated expenditures and the revised expenditures for the remaining calendar year (April to December) based on the investment plan; a net decrease in both initiatives. If approved, the budget will be amended as outlined.

Table 1 – Budget Amendment Request

COCHI Program	Approved Budget (Apr 1 – Dec 31)	Revised Budget (Apr 1 - Dec 31)	Amendment Requested
Repair	287,500	257,900	(29,600)
Administration	19,800	25,400	5,600
Total COCHI	\$307,300	\$283,300	(\$24,000)

OPHI Program	Approved Budget (Apr 1 – Dec 31)	Revised Budget (Apr 1 - Dec 31)	Amendment Requested
Ontario Renovates	236,600	160,000	(76,600)
Housing Allowance	31,200	80,300	49,100
Housing Support	0	30,300	30,300
Rent Supplement	45,000	11,300	(33,700)
Administration	26,900	25,300	(1,600)
Total OPHI	\$339,700	\$307,200	(\$32,500)

Planned commitments for 2024-25 have been provided by the Ministry, and Norfolk County Financial Management & Planning staff will work with Housing Services staff to provide Council with an accurate 2024 budget for the two initiatives.

Housing Services staff work within the Ministry allocations to ensure these programs do not require use of the shared levy.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services. Future costs over and above the 100% funding envelope would be cost shared based on the applicable cost sharing agreement, and should be ranked and evaluated during the appropriate budget process.

It is important to note that report HSS-22-027 indicated that a future round of OPHI funding, or its equivalent, be first considered for an affordable rental housing development in Haldimand County, the priority of which being the proposed development on Ramsey Drive in Dunnville. While this project is still moving forward, it is currently not at a stage that makes it eligible to use 2023-24 OPHI funding.

Haldimand County is hopeful that this project continues to make progress, and will be eligible for future years' OPHI allocations.

Interdepartmental Implications:

Norfolk County

N/A

Haldimand County

As a supplement to Haldimand Finance comments, as per the OPHI Guidelines, in order for a project to receive capital build funding, the project must be shovel ready within 120 days of signing the agreement and also fall within the current fiscal year. The Haldimand Norfolk Housing Corporation mixed housing project does not meet this criteria at this time. Staff will continue to monitor this project status for alignment with future year funding as it becomes available.

Consultation(s):

The Program Manager of Housing Services has consulted with all 11 community housing providers about eligible capital repair and renewal projects for the COCHI funding allocation. All of the housing providers have submitted projects to fully utilize their COCHI allocation.

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority Serving Norfolk - Ensuring a fiscally responsible organization with engaged employees who value excellent service.

Explanation: The COCHI and OPHI funds are provincial funds that support residents of Haldimand Norfolk maintain their housing, and also protects our rent geared to income housing through repair funding, which ensures there are affordable housing options in our communities.

Conclusion:

The COCHI and OPHI are 100% provincial funds that support the creation of affordable housing and the maintenance of existing community housing. For the 2023-2024 fiscal year, the COCHI funding allocation is \$507,600 and the OPHI allocation is \$505,400. Staff are proposing to use these funds for repair and renewal projects in community housing, Ontario Renovates, tenants supports, rent supplements, housing allowances and program administration. Once approved, the per program allocations will be communicated to the Ministry of Municipal Affairs and Housing.

Attachment(s):

- Confirmed Funding Allocations 2023-2024

Approval:

Approved By:
Heidy VanDyk
General Manager, Corporate Services

Reviewed By:
Stephanie Rice
Director, Social Services and Housing

Prepared By:
Jessica Horton
Program Manager Housing Services
Haldimand-Norfolk Health & Social Services

**Ministry of
Municipal Affairs
and Housing**

Office of the Minister
777 Bay Street, 17th Floor
Toronto ON M7A 2J3
Tel.: 416 585-7000

**Ministère des
Affaires municipales
et du Logement**

Bureau du ministre
777, rue Bay, 17^e étage
Toronto ON M7A 2J3
Tél. : 416 585-7000



August 17, 2023

Amy Martin
Mayor, County of Norfolk
50 Colborne Street South
Simcoe, ON N3Y 4H3

Dear Amy Martin:

Re: 2023-24 and 2024-25 Confirmed Funding Allocations for Provincially-Delivered National Housing Strategy Initiatives

I am pleased to provide you an update on the roll out of the Canada-Ontario Community Housing Initiative (COCHI), the Ontario Priorities Housing Initiative (OPHI) and the Canada-Ontario Housing Benefit (COHB) programs. This update reflects the historic and continued investments our government is continuing to make to support Service Managers and municipalities and help more Ontarians find a home that meets their needs and budgets.

Unfortunately, even though the fiscal year has already begun, the Canada Mortgage and Housing Corporation has not yet agreed to the final details of a renewed Action Plan under the National Housing Strategy (NHS) for 2023-24 and 2024-25.

In the interim, to ensure stability and continuity of the housing programs upon which so many Ontarians depend, the Ministry is proceeding with implementation consistent with past practice and based on the planning allocations provided to all Service Managers and Indigenous Program Administrators in February of this year.

Your confirmed 2023-24 and planned 2024-25 (where applicable) NHS allocations are attached to this letter as Appendix "A" and remain unchanged from the allocations communicated to you in February of this year.

COCHI-OPHI

Please find enclosed the new Transfer Payment Agreement template, the updated Program Guidelines, and Investment Plan template. The key changes to the COCHI and OPHI program design elements effective for 2023-24 are summarized in the "What's New" section of the Program Guidelines.

Your Transfer Payment Agreement (TPA) will be made available via the Transfer Payments Ontario (TPON) system for signature by the authorized signatory(ies). To ensure Service Managers and Indigenous Program Administrators are well-positioned to move forward with implementation in the 2023-24 year and to facilitate the flow of funding, we are requesting that the signed COCHI and OPHI program Transfer Payment Agreement (TPA) and completed Investment Plan be returned to the Ministry via TPON as soon as possible.

COHB

I want to be clear from the outset that the total federal/provincial funding available under the COHB program has consistently increased from \$48.1 million in 2021-22 to \$96.8 million in 2022-23 to \$148.6 million in 2023-24 – an increase of more than \$100 million over the last two years. COHB funding is continuing to grow by \$51.8M between 2022-23 and 2023-24 – an increase of over 53%.

This total COHB funding is required to continue supporting existing households in addition to supporting the new households added for this fiscal year.

Planning allocations reflect the expansion of the COHB program this year, to support additional new households in the program. Province-wide, we anticipate over 3,700 new households will be enrolled into the program this year. This is on top of the ~17,500 households already participating in the COHB program.

Moreover, to address rapid increases in rent across the province, the Ministry has updated the COHB monthly payment calculation effective July 1, 2023 to increase benefit amounts for many households. The update to the COHB calculation takes into account the actual shelter costs (rent and utilities) paid by participants. This is based on what we have heard from you, our Service Manager partners, in delivering this program. To reiterate, this update to the benefit calculation will result in higher benefit amounts for many households.

The new COHB benefit formula will result in increased payments for a significant portion of existing and new participants and hence the planning allocations to Service Managers for new applicants to the program reflect the greater proportion of the funding required to support existing program participants. The enclosed Program Guidelines include the new calculation and have also been updated to reflect the availability of an online application process.

These important changes to the COHB program require amendments to the associated Transfer Payment Agreement which can be found in Appendix F. We are requesting that you submit the signed Appendix F in TPON as soon as possible.

My expectation is that you continue to administer NHS housing programs as usual, and that there is no interruption to housing services and supports. I trust this letter provides

the certainty you need to proceed. If you have any questions, please contact your ministry staff contacts at your regional Municipal Services Office.

We sincerely appreciate your efforts to assist vulnerable people in your communities, and I look forward to continuing our work together as we move forward on these important changes.

Yours truly,



The Honourable Steve Clark
Minister of Municipal Affairs and Housing

Enclosures

- c. Al Meneses, Chief Administrative Officer
- Stephanie Rice, Acting Director, Social Services & Housing
- Cynthia Cabral, Team Lead, Municipal Services Office

Appendix “A”

Funding Allocations – County of Norfolk

Program	Planning Allocation Amounts	
	2023-24 Fiscal Year Confirmed	2024-25 Fiscal Year Planned
Canada-Ontario Community Housing Initiative (COCHI)	\$507,600	\$690,500
Ontario Priorities Housing Initiative (OPHI)	\$505,400	\$487,600
Canada-Ontario Housing Benefit (COHB) ¹	\$222,100	N/A
Homelessness Prevention Program (for reference)	\$3,610,300	\$3,610,300

Notes:

¹The allocation amount for COHB is to be used for planning purposes and reflects funding available to enroll new participants in the program for the fiscal year, including SM administration payments. Allocations exclude the funding required to support existing participants. As the cost required to support existing participants in 2024-25 depends on the 2023-24 participant take-up, the 2024-25 allocations will not be available until early 2024. Housing Program staff will be in touch with you to discuss estimates for the number of applications you should plan to enroll with the 2023-24 funding amount.

²The Homelessness Prevention Program allocation is provided for reference only.

Appendix “B”

COCHI-OPHI Transfer Payment Agreement Template

Please see attached.

Appendix “C”

COCHI and OPHI – Program Guidelines (effective April 1, 2023)

Please see attached.

Appendix “D”

COCHI and OPHI – Investment Plan Template

Please see attached.

Appendix “E”

COHB – Program Guidelines (effective April 1, 2023)

Please see attached.

Appendix “F”

COHB Program Sign-Back Letter

Ontario Transfer Payment Agreement dated April 1, 2020 (the “Agreement”) for COHB between Her Majesty the Queen (now His Majesty the King) in right of Ontario as represented by the Minister of Municipal Affairs and Housing (“MMAH”) and the Minister of Finance (“MOF”) and County of Norfolk (the “Service Manager”).

In accordance with section 4.1 of the Agreement, the Agreement is hereby amended as follows, with each amendment taking effect on the specified date:

1. Effective July 1, 2023, Schedule “C” is amended as follows:

(i) The fourth paragraph of Article C.1 is deleted and replaced with the following:

With the assistance of Service Managers, households will complete COHB applications which will be sent to the Ministry of Finance (MOF) to determine eligibility. Eligible applicants will receive a monthly PHB based on the difference between the greater of 80 per cent of the average market rent of their Service Manager area or the applicant’s shelter costs, up to a maximum of 100 per cent of the average market rent, and 30 per cent of their adjusted family net income. PHB payments will be issued by MOF directly to households and subject to an annual renewal process. Households that have been found to be eligible may also receive first and last month’s rent assistance directly from Service Managers, where appropriate.

(ii) The definition of “Application Form” in section 1.1 of Article C.3 is deleted and replaced with the following:

“Application Form” means a paper application form for the Program in the form provided to the Service Manger by MMAH, or an online application form for the Program available through a secure restricted website hosted by MOF.

(iii) Clause 3.1 (e) of Article C.3 is deleted and replaced with the following:

(e) Send completed paper Application Forms to MOF for processing for the initial Benefit Period;

2. Effective July 1, 2023, Schedule “D” is amended by deleting the COHB Program Guidelines dated April 2020, and replacing them with the COHB Program Guidelines dated July 1, 2023 attached to this letter.

3. Effective April 1, 2023, Schedule "F" is amended by deleting the sentence "Funding for administration costs per Fiscal Year shall not exceed five per cent of the Service Manager's annual planning allocation for that Fiscal Year." and replacing it with the following:

"Funding for administration costs per Fiscal Year shall not exceed the amount set by MMAH in its sole discretion and communicated to the Service Manager each Fiscal Year."

Please acknowledge your agreement with the above by signing in the space provided below and returning a signed electronic copy of this letter to Olivia Iemma at Olivia.Iemma@ontario.ca.

The undersigned hereby agrees to the terms of the above letter agreement.

Service Manager: County of Norfolk

Name: Amy Martin

Signature: 

Title: Mayor

Date: August 23, 2023

Name: Genevieve Scharback

Signature: 

Title: County Clerk

Date: August 23, 2023

I/We have authority to bind the organization.



Council-In-Committee Meeting – October 11, 2023

Advisory Committee Meeting – September 25, 2023

Subject: Homelessness Prevention Program (HPP) Update
Report Number: HSS-23-054
Division: Health and Social Services
Department: Social Services and Housing
Purpose: For Information

Recommendation(s):

That Council receive report HSS-23-054 as information;

And that Council authorize a single source supply as outlined in Norfolk County Purchasing Policy CS-02, section 4.8.4 to permit the Director of Social Services & Housing and the Program Manager, Homeless Prevention Services to negotiate with Church Out Serving an amendment to the executed contract for RFP HSS-SSH-22-04 Emergency Shelter Solutions and option to extend the existing contract based on the updated agreement for a period of fifteen (15) months with the option to further extend the Agreement for five (5) additional terms of up to one (1) year each term;

And that Council authorize a single source supply as outlined in Norfolk County Purchasing Policy CS-02, section 4.8.4 to permit the Director of Social Services & Housing and the Program Manager, Homeless Prevention Services to negotiate with Indwell an amendment to the executed contract for RFP HSS-SSH-22-04 Supportive Housing and option to extend the existing contract based on the updated agreement for a period of fifteen (15) months with the option to further extend the Agreement for five (5) additional terms of up to one (1) year each term;

And further that Council authorize a single source supply as outlined in Norfolk County Purchasing Policy CS-02, section 4.8.4 to permit the Director of Social Services & Housing and the Program Manager, Homeless Prevention Services to negotiate new contracts in Norfolk for Emergency Solutions and Transitional Housing services should the current providers decline any contract extensions.

Executive Summary:

On June 20, 2023, Council accepted the Provincial funding for the Homelessness Prevention Program (HPP) for 2023/2024 and approved the Investment Plan presented

by staff for the HPP allocation of \$3,610,300 and directed staff to communicate such to the Ministry of Municipal Affairs and Housing (MMAH).

Included in the approval was the recommendation that Council approve the per program area allocations as outlined in the report, which included allocations for renewal of contracts for two new initiatives from the previous year. The two contracts included operation of an annual warming centre by Church Out Serving under the Emergency Solutions funding category, and the operation of a Transitional Housing Program by Indwell under the Supportive Housing funding category.

To move forward with this, further approval is required to comply with Purchasing Policy CS-02 requirements to single source contract extensions with Church Out Serving and Indwell versus putting these programs back out to RFP after one year.

Discussion:

In November 2022 Council approved the award of two contracts as a result of the open competitive bid process RFP HSS-SSH-22-04 Emergency Housing Services; which were funded with one-time funding from MMAH. At the time of the awards, there were no funding allocations planned or confirmed past the one year contractual term to enable a contract extension option within the contracts.

Since 2018, RFPs for provincial homelessness funding have been put out to the open market four times with zero or receipt of a single bid each time. Development of human services are locally driven and uniquely challenged by local capacity. Haldimand and Norfolk service providers work creatively and collaboratively to meet the unique needs of our two rural municipalities.

To ensure efficient fiscally responsible services continue to be available in our communities, staff requested approval to single source Emergency Solutions and Transitional Housing options in Haldimand County in HSS-23-026 when successful bids were not received as a result of RFP HSS-SSH-22-04 but funding was now confirmed as available annually. Because funding has now been secured annually, staff seek the same approval for Norfolk Services to continue the contracts with the current providers, or single source and negotiate new contracts in the event either provider wishes to exit the current contract.

In accordance with Norfolk County's Purchasing Policy CS-02, both Norfolk contracts were secured through a competitive process in 2022 and awarded accordingly. Given the demonstrated lack of available services outside of these two providers and desire to continue both services without disruption, staff bring this background and further approval request to Council.

Across the two municipalities a total of \$517,000 is allocated for warming centre type programs of the total \$1,267,000 Emergency Shelter Solutions budget, and \$426,000 is

allocated for Transitional Housing Programs of the total \$636,000 under the Supportive Housing budget. Approving the negotiation of these contracts allows staff to find cost efficiencies that allow the provider to continue operating the program at a reduced cost to the HPP budget.

Financial Services Comments:

Norfolk County

Per report HSS-23-026, the Amended 2023 Levy Supported Operating Budget includes \$3,610,300 for the Homelessness Prevention Program, funded by the Ministry of Municipal Affairs and Housing. Sufficient allocations approved within that report support the initiatives outlined within this report, including the operation of a warming centre and transitional housing.

If approved, the Proposed 2024 and 2025 Levy Supported Operating Budgets will include sufficient contract allocations to support the continuation of these initiatives. Future budgets will also reflect contract extensions, should those options be exercised.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services. Future costs over and above the 100% funding envelope would be cost shared based on the applicable cost sharing agreement, and should be ranked and evaluated during the appropriate budget process.

Interdepartmental Implications:

Norfolk County

Purchasing Services

Purchasing staff have reviewed the report and advises that Norfolk County Policy CS-02 Section 4.8.4 requires all single source procurements to be authorized prior to the purchase through resolution of Council. Single source supply is defined where there is more than one vendor able to supply the goods or service but for reasons of function or service, one supplier is recommended for consideration and the purchase will be made without a competitive bidding process.

Haldimand County

All purchasing activity completed by the Haldimand Norfolk Health & Social Services department must comply with Norfolk's Purchasing Policy and Procedures. Previous open competition over the last four years has resulted in no bids, or only a single bid.

Although single sourcing is recommended for this report; Haldimand staff recommend that ongoing monitoring of the service market continue, to ensure that the Housing Prevention Program needs and budgets are continually optimized.

Consultation(s):

N/A

Strategic Plan Linkage:

This report aligns with the 2022-2026 Council Strategic Priority

Building Norfolk - Develop the infrastructure and supports needed to ensure complete communities.

Building Norfolk and Serving Norfolk.

- Building Norfolk: Ensure the health, safety and well-being of the community facilitating the necessary supports to ensure affordable, accessible and equitable service options.

Serving: Norfolk: Improving how Norfolk delivers services to the community.

Conclusion:

The HPP is intended to be flexible and streamlined, so that Service Managers can target funding where community need is greatest and can make the most impact on reducing and preventing homelessness.

Staff are recommending Council approval of the single sourcing and negotiating of Emergency Shelter Solution and Transitional Housing programming in both Counties as outlined in the report to ensure we maximize the funds to support and serve the most vulnerable populations of Haldimand & Norfolk and fully utilize our provincial funding envelopes.

Attachment(s):

N/A

Approval:

Approved By:
Heidy Van Dyk
General Manager, Corporate Services

Reviewed By:
Stephanie Rice
Director, Social Services and Housing

Prepared By:
Louise Lovell
Program Manager, Homeless Prevention Services

PUBLIC HEALTH MATTERS

Providing Leadership in Public Health Management

alPHa

Association of Local PUBLIC HEALTH Agencies

www.alphaweb.org

A BUSINESS CASE FOR LOCAL PUBLIC HEALTH

Public health champions health for all. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

OUR ASK

We are asking decision makers for their support for the goals and objectives of public health, with sustained and sufficient resources to ensure stability for Ontario's locally-based network of public health agencies.

Local public health remains essential to the province's population health and the associated economic prosperity.

Local public health supports the Ontario government in its goals to be efficient, effective, and provide value for money.

INVESTMENT IN LOCAL PUBLIC HEALTH

Investment in local public health includes the following returns:



REDUCED HOSPITALIZATIONS AND DEATHS:

Public health measures such as **vaccination, case and contact management, outbreak response, community infection control measures** reduced hospitalizations by 13 times during the COVID-19 pandemic.

Local public health is also central to responding to new infectious disease risks such as MPOX, reemerging pathogens like poliomyelitis and tuberculosis, and the return of annual seasonal epidemics such as influenza and respiratory syncytial virus (RSV).



SAFE COMMUNITIES:

Local public health protects our communities by working with municipalities to provide **safe water, safe food, and emergency preparedness and response.**



HEALTHY CHILDREN:

Local public health protects children through **promotion of healthy growth and development, vaccination, dental screening, and school health.**



Population Health Assessment



Health Equity



Effective Public Health Practice



Emergency Management



Chronic Disease Prevention and Well-Being



Food Safety



Healthy Environments

PUBLIC HEALTH MATTERS



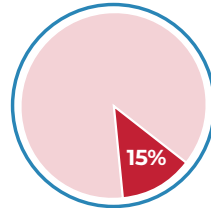
FUNDING

Local public health requires sufficient and sustainable base funding from the provincial government.

The end of mitigation funding (\$46.8M) from the province would equal a **14.76% (\$316.7M) municipal levy increase**, or a **3.78% (\$1.24B) loss** to the overall funding of local public health programs.

A return to the previous **provincial-municipal** cost-sharing formula for all programs and services would help to offset this loss.

PUBLIC HEALTH LEADS TO HEALTH CARE SAVINGS



Health promotion and **disease prevention** are mandated roles for local public health agencies. In doing this, they also work with the Ministry of Health and key stakeholders in addressing chronic diseases such as diabetes, heart disease and cancer.

HEALTH INEQUITIES DUE TO SOCIOECONOMIC POSITION CONTRIBUTED \$60.7B = 15% OF ALL HEALTH CARE COSTS.

Smoking, alcohol, diet and **physical activity** improvements could prevent \$89B in health care costs = 22% of all health care costs over 10 years.

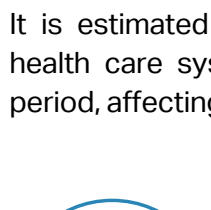


Alcohol use is another major contributor to health care and societal cost. It is estimated that alcohol use costs the Ontario economy \$5.3B in health care, law enforcement, corrections, prevention, lost productivity and premature mortality.

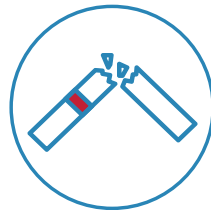


COVID-19 RECOVERY

In the wake of the COVID-19 pandemic, local public health has been working hard to put back in place its full range of programs, with progress being made on its recovery priorities (Public Health Resilience), and responding to seasonal respiratory viruses.



It is estimated that **diabetes** in Canada cost the health care system \$15.36 billion over a 10 year period, affecting nearly 10% of the population.



Promotion of **tobacco cessation** and **tobacco control** reduced health care costs by 1.7% overall = \$4.2B saved over 10 years.



Healthy Growth and Development



Immunization



Infectious and Communicable Diseases Prevention and Control



Oral Health



Safe Water



School Health



Substance Use and Injury Prevention

[View this email in your browser](#)

Dear COMOH Members,

Please enjoy the August edition of alPHa's InfoBreak Newsletter.

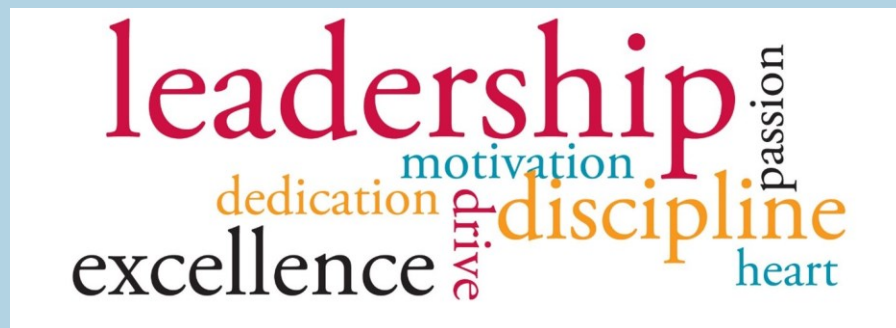
August 25, 2023



August 2023 InfoBreak

This update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa activities, correspondence, and events. Visit us at alphaweb.org.

Leader to Leader - A Message from alPHa's President - August 2023



As we reach the end of August, I hope that all have had the opportunity for some enjoyment and restoration, despite the environmental challenges that we have experienced around the world including in Ontario. The forest fires (and the resultant smoke exposure), tornadoes, heat events and flooding that have impacted across the country have sadly taken the lives of individuals and endangered entire communities.

We face a challenging future with climate change impacts being more evident. This is yet another reason to have a strong local public health system.

On August 22, at the Association of Municipalities of Ontario (AMO) Conference, the Minister of Health announced the restoration of \$47-million in annual base funding and annual 1 per cent increases to base funding for local public health units in each of the next three years. In my letter of acknowledgement to the Minister, I indicated that while this may not be sufficient to completely meet our mandate, alPHa appreciates knowing what our thresholds will be when planning our budgets. I also noted the opportunity to work together with the province to address long-standing challenges in the system. The alPHa Board has been engaging with the province with messaging calling for ongoing, stable and sufficient funding, including during a meeting of the alPHa Executive with Minister Jones on July 26th. We understand that with this funding announcement comes the opportunity for the local public health community to identify changes that can be put in place to increase our capacity, effectiveness and efficiency. The alPHa Board will carefully consider the roles that alPHa may play in response to this opportunity.



The timing of this allows the alPHa Board to reflect on its implications for the renewal of alPHa's strategic plan, a work in progress through the remainder of 2023. It is also an opportunity that we need to reflect on in our engagements such as with the Office of the Chief Medical Officer of Health, Public Health Ontario (PHO), Ontario Health, AMO and the Ontario Medical Association (OMA). In keeping with this, the alPHa Executive, as well as a number of other local public health leaders, attended the AMO Conference, raising the profile of local public health among the attendants and supporting Dr. Robert

Kyle, Commissioner and Medical Officer of Health for Durham Region in his address *Transforming Health In Ontario*. We also continue engaging with PHO in the development of their own renewed strategic plan.

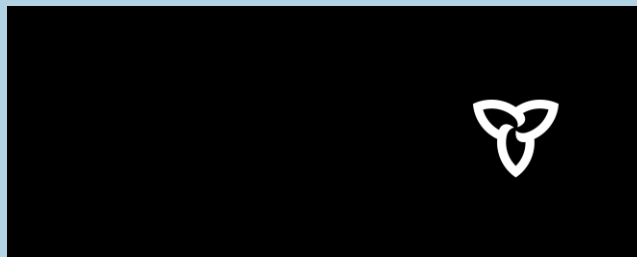
In follow up to our excellent alPHa Conference in June, as alPHa President, I am proud to be the signatory for the [letters](#) in support for the resolutions approved by the membership. They cover a wide range of public health topics of fundamental importance and reflect the insights and the dedication of local public health leadership across the province.

As we continue to restore and renew local public health, and to engage with the broader health care system, we also prepare for the surge in respiratory viruses that will come later in the year. Thus, the response to daily population health needs continues while we also anticipate and prepare for the needs to come. In all of this, I am always grateful for the dedication and quality of leadership in local public health throughout the province, also of the alPHa Board and Executive, and the excellent work of our alPHa staff.

*Charles
alPHa President*

Gardner

Public Health Funding and Capacity Announcement



As noted above in the President's message, alPHa wrote to the Minister of Health, Hon. Sylvia Jones, regarding the Public Health Funding and Capacity Announcement made at the Association of Municipalities of Ontario Conference on Tuesday, August 22. A link to alPHa's submission can be found [here](#) and a link to the Minister's remarks is available [here](#).

alPHa representatives, including those from the Boards of Health Section, the Council of Ontario Medical Officers of Health Section, Affiliate organizations and alPHa staff, continue to work hard on your behalf to advocate for a strong, effective, and efficient local public health system in Ontario. Recent activities include actively participating on key tables, correspondence on important public health issues, recent meetings with

the Premier and the Minister of Health, and ongoing dialogue and meetings with the Chief Medical Officer of Health and his staff.

alPHa is anticipating further dialogue and as updates are available, we will connect back with the membership.

Thank you to the alPHa members who attended the AMO Conference and helped to profile the *Public Health Matters* infographic - A Business Case for Local Public Health

alPHa would like to thank the many members who attended the AMO Conference, particularly from the Boards of Health Section. Thank you for highlighting key public health issues, the importance of local public health, and for using key alPHa resources, including this infographic, in your discussions and delegations with Ministers.

To view the infographic, click [here](#).

Save the date for the alPHa 2023 Fall Symposium, Section Meetings, and Workshops

Mark your calendars for November 22-24, as we prepare to host a remarkable event that will amplify the critical role, value, and benefit of Ontario's local public health system.

Join us for online plenary sessions with public health leaders in the morning, followed by BOH Section and COMOH Section meetings in the afternoon.

Attendees are invited, at no additional cost, to participate in workshops called: *Climate Change and Public Health, How to Use a Human Rights Based Framework in the Workplace, and the Importance of Risk Communication in a Changing World.*

This gathering provides a unique opportunity to connect with public health leaders from all corners of the province. Together, we will delve into shared obstacles and strengthen the future of public health. Expect to gain access to invaluable tools and resources that will empower local public health and their communities. Registration is \$399 plus HST and aPHa will notify the membership when it opens in September.

For further details, [check out our flyer](#) and stay tuned for updates!

**Association of
Local Public
Health Agencies**

**2023 Fall Symposium,
Section Meetings
and Workshops**

Hold the Date!



alPHa's Fall Symposium, Section Meetings, and workshops will continue the important conversations on the critical role, value, and benefit of Ontario's local public health system.

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Attendees will also be invited, at no additional cost, to participate in pre-symposium workshops on November 22nd & 23rd:

- Climate Change and Public Health
- How to Use a Human Rights Based Framework in the Workplace
- Importance of Risk Communication in a Changing World

Registration will open in September (date TBD) and will cost \$399 plus HST.

Dalla Lana
School of Public Health



Hosted by alPHa with generous support from the University of Toronto's Dalla Lana School of Public Health and Eastern Ontario Health Unit.

Please note that you must be an alPHa member to participate in the Pre-Symposium Workshops, Symposium or Section meetings.

RISK COMMUNICATION
in a changing world

Half-day online workshop for scientists and public health professionals

Apply real-world principles when you talk about public health and environmental risks

Presented by  **RONALD W. BRECHER, Ph.D., DABT, CChem**
Toxicology & Risk Assessment Specialist
rbrecher@rogers.com
riskpartners.ca

November 23, 2023
Virtual Workshop 1:00-4:00 pm

Part of the alPHa Fall Symposium

Stay tuned for more information
alphaweb.org

Presented by  **TREVOR SMITH DIGGINS**
Risk Communication Specialist
trevor@smithdiggins.com
riskpartners.ca

Share your climate change and health adaptation resources!



Climate change is having serious impacts on health and health systems in Ontario. This summer alone, we've witnessed the severe consequences of climate change with wildfires, heat domes, and flooding sweeping across the country. Many health authorities are taking actions to prepare for climate change through health assessments, early warning systems, training and education of staff and public education and outreach.

In response to this critical issue, aPHa is taking a proactive approach. We're excited to announce a special Climate Change Workshop at our upcoming 2023 Fall Symposium on November 22nd. We sincerely hope you will join us for this vital event.

We're continually striving to enhance our [Climate Change resource page](#). This page currently houses essential liaison reports and key resources. However, we believe that, together, we can make it even more comprehensive and valuable. We are asking members to contribute to this collective effort. If you have any climate change and health adaptation resources that you believe would be beneficial, please share them with us at gordon@alphaweb.org. Your input will help ensure that our resources remain up-to-date and relevant.

Lights, camera, action!



As part of the alPHa Fall 2023 Symposium taking place on November 22-24, there is an opportunity to showcase recent videos from public health units from across the province.

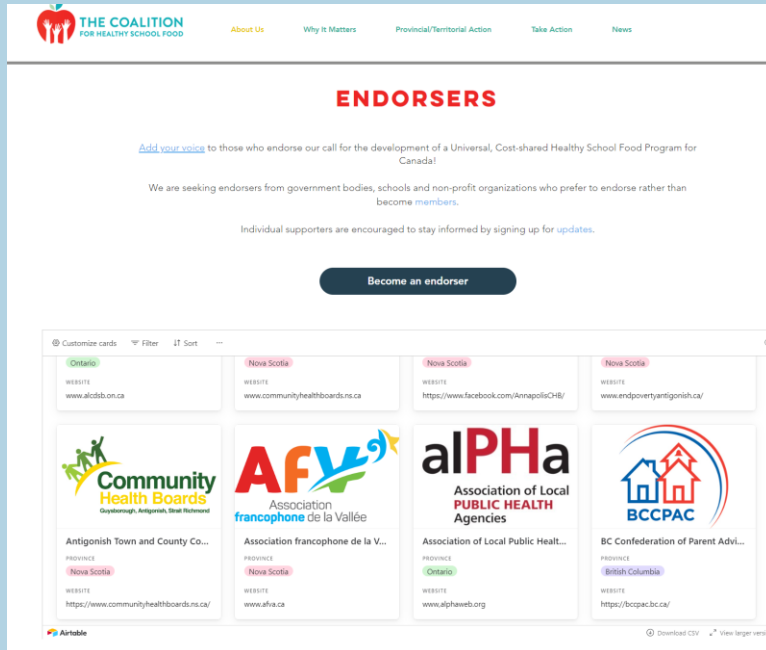
Has your PHU posted a short public health video on your website or YouTube that you'd like to share with Symposium attendees? The Symposium is an excellent opportunity to showcase and share your communications work on key public health issues!

Here's how to submit:

1. Send the title and link to your PHU's video(s) to info@alphaweb.org
2. Send only the URL(s) and do not send any video files.
3. YouTube videos are preferred.
4. Clips can be live-action or animated.
5. Video(s) should be short and can be no longer than five minutes in length.
6. Clips should be recently recorded (2023)/stand the test of time from when the videos were recorded.
7. Variety is welcomed as we'd like to cover a broad range of public health topics.
8. Videos must be from your PHU and not from another organization.
9. Maximum of three (3) videos can be submitted.

The deadline to submit information on your video clip is 4 p.m. on Friday, November 10th. We look forward to receiving your submissions!

Update on Resolution A23-06, Advocating for a National School Food Program in Canada



alPHA is pleased to announce that the process of endorsing the work on the Coalition for Healthy School Food has been completed. This was directed by the membership through [Resolution A23-06, Advocating for a National School Food Program in Canada](#). Please note, alPHA’s logo has been added to the “Endorsers” page and is the 130th endorser. We join other health units, networks, school districts, community health boards, schools, government agencies, cities, and indigenous and nonprofit organizations who have endorsed the Coalition.

Affiliates update





Ontario Dietitians in Public Health (ODPH)

ODPH's Food Insecurity Workgroup prepared a written submission for the Federal Government's Pre-Budget Consultation. The submission, with recommendations focused on the Canada Child Benefit, can be found [here](#).

BrokerLink Insurance: How to Save on Insurance



In partnership with alpha, [BrokerLink](#) is proud to offer exclusive discounts on personal home and auto insurance to members. If you're trying to save money in different areas of your budget, it's a good idea to look over your insurance policies. Check out BrokerLink's tips on how to save money on your insurance [here](#).

Boards of Health: Shared Resources



A resource [page](#) is available on alpha's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.

Resources available on the alpha website include:

1. [Orientation Manual for Boards of Health \(Revised Feb. 2023\)](#)
2. [Review of Board of Health Liability, 2018, \(PowerPoint presentation, Feb. 24, 2023\)](#)
3. [Legal Matters: Updates for Boards of Health \(Video, June 8, 2021\)](#)
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3. [Ontario Boards of Health by Region](#)
4. [List of Units sorted by Municipality](#)
5. [List of Municipalities sorted by Health Unit](#)
6. [Map: Boards of Health Types](#)
7. [NCCHPP Report: Profile of Ontario's Public Health System \(2021\)](#)
8. [The Municipal Role of Public Health\(2022 U of T Report\)](#)
9. [Boards of Health and Ontario Not-for-Profit Corporations Act](#)

Calling all Ontario Boards of Health: Level up your expertise with our NEW training courses designed just for you!



Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario.

BOH Governance training course
Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

Social Determinants of Health training course
Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Reserve your spot for in-person or virtual training now! Visit [our website](#) to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.

alpha Correspondence



Through policy analysis, collaboration, and advocacy, aPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#). These documents are publicly available and can be shared widely.

1. [aPHa Letter - Public Health Funding Announcement](#)
2. [aPHa Letter - A23-06 - National School Food](#)
3. [aPHa Letter - A23-05 - Food Affordability](#)
4. [aPHa Letter - A23-04- Underhousing](#)
5. [aPHa Letter - A23-03- Indoor Air Quality](#)
6. [aPHa Letter - A23-02 - Nicotine Strategy](#)
7. [aPHa Letter - Vaccine Expansion in Pharmacies](#)
8. [aPHa Letter - Minister/aPHa Leadership Meeting](#)

9.

Public Health Ontario



COVID-19 and Respiratory Virus Reports

1. [COVID-19 Wastewater Surveillance in Ontario](#)
2. [SARS-CoV-2 Genomic Surveillance in Ontario](#)
3. [Respiratory Virus Overview in Ontario](#)

Additional Resources – New

1. [Environmental Scan: Heat Alert and Response Systems \(HARS\)](#)
2. [Rapid Review: Interventions to Mitigate Heat-related Harms among Vulnerable Populations](#)
3. [Median influenza immunization coverage estimates among hospital and long-term care staff, 2022-23 influenza season, Ontario](#)
4. [Updated Stimulant Harms Snapshot](#)
5. [IPAC Construction, Renovation, Maintenance and Design form](#)
6. [Interactive Opioid Tool Update](#)

Events

Interested in PHO's upcoming events? Checkout their [Events](#) page to stay up-to-date with all PHO events.

Missed an event? Check out their [Presentations](#) page for full recordings of their events.

Upcoming DLSPH Events and Webinars



1. [Full Moon Ceremony: Blue Moon](#) (Aug. 30)
-

2.

RRFSS Update - Important RRFSS Membership information for 2024



The 2024 cost options for RRFSS 2024 membership are now available! And for the first time we are able to offer \$ savings with an early bird cost freeze for 2024 members — this means a freeze at 2023 costs for both ISR data collection contracts and RRFSS Coordination costs (currently set at \$7,000 annually).

Health units have told us that budget challenges are the #1 barrier to joining RRFSS. That is why RRFSS will be offering this “early bird” membership cost for 2024 membership at 2023 cost levels!

To get early bird cost savings, RRFSS Letters of Intent to participate in 2024 RRFSS must be submitted by Sept 15, 2023 using the 2023 cost options. Please note this

deadline only applies for Letters of Intent, payments are flexible and can be arranged for a preferred time frame later in 2023 or in 2024.

After Sept 15, 2023, costs will increase and the 2024 cost options (5 per cent increase) will come into effect.

For further information please contact, Lynne Russell, RRFSS Coordinator:
lynnerussell@rrfss.ca

News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).



Our mailing address is:

|480 University Ave. Suite 300 Toronto, Ont. M5G 1V2|

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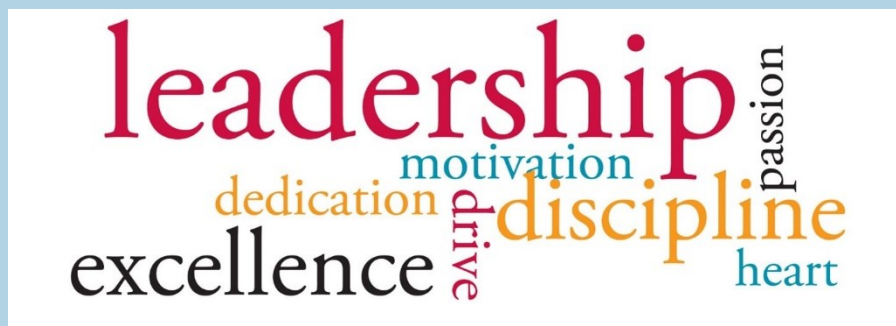
September 15, 2023



September 2023 InfoBreak

This update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa activities, correspondence, and events. Visit us at alphaweb.org.

Leader to Leader - A Message from alPHa's President - September 2023



As we move into September towards the fall and winter season (despite the unseasonably hot weather early this month), local public health continues with the recovery of our full mandate of program delivery. With the funding announcement from the Minister of Health and the letters to local boards of health, we can plan for the resources that we will have (for the next three years), managing shortfalls that occur, and prioritizing locally how such will impact on our programs. In this context, we have also received communication and engagement from the Office of the Chief Medical Officer of Health regarding the new major change initiative – Strengthening Public Health.

Strengthening Public Health will keep us busy for at least three years with three-prongs of activity: Reviewing our mandate in the Ontario Public Health Standards; Supporting voluntary local health unit mergers; and determining the funding model for local public health commencing in 2026. Indeed, this is an ambitious timeline (with both changes to the OPHS and mergers to commence in 2025), and we are told that, overall, this will be a field-driven process. We have our work cut out for ourselves!

With this in mind, the alPHa Board will identify and pursue all that alPHa can do to help with this work. Certainly, we anticipate it to be a major topic at our November Symposium.

The work of alPHa continues, engaging with the province and other stakeholders on the importance of a strong local public health system, advocating on the topics identified through the resolutions by our members, supporting our partners in their development (such as Public Health Ontario's strategic plan development), and the pursuit of our own strategic planning.

In all of this, I acknowledge the leaders of local public health, as well as the alPHa Board members and staff, for all you do to advance our public health system and the health of the populations in our communities.

Charles
alPHa President

Gardner

Strengthening Public Health



At the Association of Municipalities of Ontario (AMO) Conference, on Tuesday, August 22, the Ministry of Health announced its intent to deliver on [Your Health: A Plan for Connected and Convenient Care](#) by increasing provincial funding for public health agencies to build a robust public health sector that has the support and resources needed to connect people to faster, more convenient care in their communities. The news release can be found here: [Ontario Investing in a Stronger Public Health Sector](#). Members are encouraged to read the [alPHa Response](#). Subsequent to this, the Office

of the Chief Medical Officer of Health held briefings with stakeholders. The slide deck can be found [here](#).

alPHa representatives, including those from the Boards of Health Section, the Council of Ontario Medical Officers of Health Section, Affiliate organizations and alPHa staff, continue to work hard on your behalf to advocate for a strong, effective, and efficient local public health system in Ontario. Recent activities include actively participating on key tables, correspondence on important public health issues, recent meetings with the Premier and the Minister of Health, and ongoing dialogue and meetings with the Chief Medical Officer of Health and his staff.

alPHa is anticipating further dialogue and as updates are available, we will connect back with the membership.

Register for the alPHa 2023 Fall Symposium, Section Meetings, and Workshops

Registration for the alPHa 2023 Fall Symposium, Section Meetings, and Workshops is now open! This event will amplify the critical role, value, and benefit of Ontario's local public health system. Registration is \$399 plus HST and you can register [here](#).

Join us for online plenary sessions with public health leaders in the morning followed by the BOH Section and COMOH Section meetings in the afternoon.

Attendees are invited, at no additional cost, to participate in workshops called: *How to Use a Human Rights Based Framework in the Workplace* from 1-4 p.m. on November 22 and the *Importance of Risk Communication in a Changing World* from 1-4 p.m. on November 23. Please note, the previously scheduled *Climate Change and Public Health* workshop will now be held during the 2024 Winter Symposium.

This gathering provides a unique opportunity to connect with public health leaders from all corners of the province. Together, we will delve into shared obstacles and strengthen the future of public health. Expect to gain access to invaluable tools and resources that will empower local public health and their communities.

For further details, [check out our flyer](#), [Symposium program](#), and [BOH Section Meeting agenda](#). Additionally, the website has been updated with the latest content. Be sure to take a look at it regularly for updates!

**Association of
Local Public
Health Agencies**

**2023 Fall Symposium,
Section Meetings
and Workshops**

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- How to Use a Human Rights Based Framework in the Workplace
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Dalla Lana
School of Public Health



Hosted by ALPHA with generous support from the University of Toronto's Dalla Lana School of Public Health and Eastern Ontario Health Unit.

Please note that you must be an ALPHA member to participate in the Pre-Symposium Workshops, Symposium or Section meetings.



**alPHA Fall Symposium & Section Meetings
November 24, 2023**

*Draft as of September 14, 2023 – Further information to be added.
Note: Meeting is hosted via Zoom Webinar
8:30 am to 4:30 pm - All times are Eastern Time (ET)*

Public Health Matters Infographics and Videos <i>We have a full program for the day and will be getting things underway right at 8:30 am! Attendees are encouraged to get started a few minutes early to check their internet connection, log into the Zoom webinar, test audio settings etc. alPHA's Public Health Matters infographics and videos will play at this time and again during the morning break.</i>	8:15 am to 8:30 am
Call to Order, Greetings and Land Acknowledgement Speaker: Dr. Charles Gardner, President, alPHA	8:30 am to 8:45 am
Update from the Chief Medical Officer of Health (60 minutes) Speaker: Dr. Kieran Moore, Chief Medical Officer of Health	8:45 am to 9:45 am
Southwestern Public Health Merger Experience (30 minutes) Speaker: Cynthia St. John, CEO, Southwestern Public Health	9:45 am to 10:15 am
Break	10:15 am to 10:45
Strategic Plan (60 minutes) Speaker: Maria Sánchez-Keane, Principal, Centre for Organizational Effectiveness Strategic planning is a process in which an organization defines their vision for the future and identifies the organization's goals and objectives. alPHA's current plan has served the association well, but it sunsets at the end of 2023. Throughout 2023 alPHA has been working on the review. Join public health colleagues as members participate in further discussion on the 2024 to 2026 Strategic Plan.	10:45 am to 11:45 am

Not-for-Profit Corporations Act, 2010 Update (30 minutes) Speakers: John Allen and Adam Malek, Allen & Malek, LLP, Dr. Robert Kyle, ONCA Compliance Working Group Chair, and Steven Rebellato, alPHA Board	11:45 am to 12:15 pm
The Not-for-Profit Corporations Act (ONCA) is a significant legislative update that replaced Ontario's Corporations Act on October 19, 2021. The ONCA was introduced with the aim of enhancing the legal framework governing not-for-profit organizations in the province of Ontario. It provides a comprehensive set of regulations tailored to meet the unique needs of non-profit corporations while promoting transparency, accountability, and effective governance. Come and hear the latest updates on alPHA's work to come into compliance with the Act.	
Lunch Break Take a break, grab a sandwich, and come back for an important update from PHO.	12:15 pm to 1:00 pm
Public Health Ontario Update (30 minutes)	1:00 pm to 1:30 pm
Section Meetings <i>Members of the BOH Section and COMOH Section meet separately in the afternoon. Boards of Health members are asked to stay with the Zoom webinar platform. COMOH members will join a separate meeting. Agendas for these meetings are provided separately.</i>	1:30 pm to 4:30 pm

This event is hosted by alPHA with generous support from:

Dalla Lana
School of Public Health



480 University Avenue, Suite 300, Toronto, Ontario M5G 1V2
(416) 595-0006 | info@alphaweb.org | www.alphaweb.org
Follow us on Twitter @PHAgencies

RISK

COMMUNICATION

in a changing world

Half-day online workshop for scientists and public health professionals

Apply real-world principles when you talk about public health and environmental risks

Presented by

RONALD W. BRECHER, Ph.D., DABT, CChem
Toxicology & Risk Assessment Specialist
rbrecher@rogers.com
riskpartners.ca

November 23, 2023
Virtual Workshop 1:00-4:00 pm

Part of the alPHA Fall Symposium

Stay tuned for more information
alphaweb.org

Presented by

TREVOR SMITH DIGGINS
Risk Communication Specialist
trevor@smithdiggins.com
riskpartners.ca

Lights, camera, action!



As part of the alPHa Fall 2023 Symposium taking place on November 22-24, there is an opportunity to showcase recent videos from public health units from across the province.

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- Variety is welcomed as we'd like to cover a broad range of public health topics.
- Videos must be from your PHU and not from another organization.
- Maximum of three (3) videos can be submitted.

The deadline to submit information on your video clip is 4 p.m. on Friday, November 10th. We look forward to receiving your submissions!

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Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

Social Determinants of Health training course
Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Reserve your spot for in-person or virtual training now! Visit [our website](#) to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.

Meet the speakers for our new BOH Section training courses!

Join us for a transformative learning experience led by speakers, Monika Turner and Loretta Ryan. Together, we'll empower you with the tools and insights needed to excel in public health governance and address the critical issues related to Social Determinants of Health.

About the speakers

Monika Turner was the Director of Policy for the Association of Municipalities of Ontario (AMO) from 2010 to 2022. She joined AMO in 2010 after 25 years with the Ontario Government as both a public servant and a political assistant. Monika worked in several provincial ministries including the Ministry of Health. Monika has a Masters of Law from Osgoode Law School and completed her Masters of Public Health in 2011. Throughout her career, Monika has been noted for her passion for public health and her extensive

knowledge of the sector. She now has her own public policy consulting and facilitation business, Roving Capacity. Loretta Ryan is the Executive Director of the Association of Local Public Health Agencies where she effectively manages and conducts the business of the Association and supports work that fosters a strong, effective, and efficient public health system in the province. Previously, Loretta was the Director of Public Affairs for the Ontario Professional Planners Institute where she provided leadership in the development and delivery of the Institute's government relations, public policy, and communication efforts. Prior to this, Loretta worked for the Toronto Board of Trade and the Ministry of Municipal Affairs and Housing.

These training courses offer a unique opportunity to gain valuable knowledge and skills that will elevate your role in public health leadership. To learn more, reserve your spot, and get more information about the costs for Public Health Units (PHUs), [visit our website](#).

Boards of Health: Shared Resources



A resource [page](#) is available on alPha's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library. Resources available on the alPha website include:

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alpha Correspondence



Through policy analysis, collaboration, and advocacy, alpha's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#). These documents are publicly available and can be shared widely.

- In case you missed it in last month's newsletter: [Premier Response - A23-04 - Underhousing](#)
- [Reply from Sen. Brazeau - Alcohol Warning Labels](#)

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Public Health Ontario



Public Health Ontario Resources

Public Health Ontario Launches New Ontario Respiratory Virus Tool

Public Health Ontario (PHO) has released the new [Ontario Respiratory Virus Tool](#), an interactive report that provides a comprehensive view of respiratory virus activity in Ontario, including COVID-19, influenza, and other respiratory viruses. This new tool provides a centralized resource of respiratory virus surveillance data to support integrated population health monitoring. Explore respiratory virus data including weekly case trends, laboratory testing, and outbreaks. The tool also contains additional COVID-19-specific data including: outcomes (hospitalizations, deaths, and ICU and hospital bed occupancy) and COVID-19 vaccination and dose administration.

Learn more about the new tool here: [Public Health Ontario Launches the New Ontario Respiratory Tool](#)

News Releases

- [Infection Prevention and Control for Environmental Cleaning](#): a suite of new resources and online learning modules
- [Rapid Review: Canadian Health Equity Related Glossaries](#)
- [Ontario Tobacco, Vaping & Cannabis By-law Summary – 2023](#)
- [COVID-19 Wastewater Surveillance in Ontario](#)

Upcoming Public Health Ontario Events

- September 19 | PHO Rounds: [Updates on Influenza, COVID-19, and RSV for the 2023-24 Season](#)
- September 20 | PHO Webinar: [Engaging Fathers in Home Visiting](#)
- September 26 | Repeat event of PHO Rounds: [Updates on Influenza, COVID-19, and RSV for the 2023-24 Season](#)

Interested in PHO's upcoming events? Check out their [Events](#) page to stay up-to-date with all PHO events.

Missed an event? Check out PHO's [Presentations](#) page for full recordings of their events.

Upcoming DLSPH Events and Webinars

Dalla Lana School of Public Health

- [Specialist Knowledge Translation Training \(SKTT\)](#) (Sept. 21-22)
 - [META:PHI 2023 Conference](#) (Sept. 22-23)
 - [Paul Whitinui - ONTARIO NEIHR WEBINAR SERIES 2022/2023](#) (Sept. 27)
 - [Adaptive Platform Trial Scientific Meeting](#) (Sept. 28-29)
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After a three-year hiatus, Blue Cities is returning to Toronto!



The banner for the Blue Cities 2023 conference is divided into three sections. The left section is white and contains the text 'Canadian Water Network BLUE CITIES' with a blue maple leaf icon, and 'October 24-25, 2023 Toronto, Ontario'. The middle section is green and features the heading 'Attention senior decision-makers!' followed by a paragraph: 'Join your peers and industry experts from across Canada to explore shared strategic goals and pathways to achieve them.' Below this is a white 'Register now' button. The right section is blue and has the heading 'Stay ahead of emerging trends' followed by three lines of text: 'Using wastewater-based surveillance to help protect public health.', 'Integrating wastewater-based surveillance into public health systems.', and 'Future of wastewater-based surveillance in Canada.'

Blue Cities, hosted by Canadian Water Network, is happening this October 24-25 in downtown Toronto. This year's conference includes a focus on water and public health protection. A national dialogue plenary featuring Dr. Bonnie Henry, B.C.'s provincial officer of health, will explore the future of wastewater-based surveillance in Canada. Other topics to be covered during the conference include ethics and equity related to wastewater-based surveillance, new developments in water monitoring for public health decision-making, and public health threats from water impacted by forest fires. Program and registration details can be found at bluecities.ca

The cost options for RRFSS 2024 membership are now available!



There are many reasons to choose RRFSS for your Health Unit Survey. 2024 data can be collected in one, two or all three cycles of the 4 data collection months in the year. Sample size is also flexible and data can be collected by landline and cell phone (up to a 50 per cent/50 per cent mix).

RRFSS has hundreds of pretested survey questions available on most health-related topics including the recent Climate Change questions, newly developed Sociodemographic questions on Gender, Sexual Orientation and Race, Use of and Barriers to Recreational, Social and Spiritual Supports for Older Adults module, Smoking, Vaping and Waterpipe by-laws Awareness, as well as updated LRDG questions.

By participating in RRFSS, survey costs are reduced through sharing administrative costs associated with CATI setup, data collection and data file preparation by ISR. In addition, RRFSS also allows for custom surveys based on specific budgets and customizable survey packages are available on most budgets.

For further information about joining RRFSS, contact Lynne Russell, RRFSS Coordinator at: lynnerussell@rrfss.ca or visit the RRFSS website: www.rrfss.ca

News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).



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August 22, 2023

MEMORANDUM

- TO:** Local Public Health Agency (LPHA) Board Chairs, Medical Officers of Health, Associate Medical Officers of Health, and Chief Executive Officers, Business Administrators
- FROM:** Dr. Kieran M. Moore, Chief Medical Officer of Health of Ontario and Assistant Deputy Minister, Public Health, Ministry of Health
- RE:** Provincial Strategy to Strengthen Public Health In Ontario
-

Dear Colleagues,

Earlier today, at the 2023 Association of Municipalities of Ontario Conference, the government announced that the province is moving forward with a strategy to strengthen Ontario's public health sector.

I am excited to follow-up with some further details on the key initiatives of this strategy, which are aimed at optimizing capacity, stability and sustainability in the public health sector.

Since the SARS pandemic in 2003, there have been a series of reports that have consistently called for strengthening public health to address critical challenges

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such as a lack of capacity and critical mass, structural governance challenges, misalignment of the public health sector with other health and social services, as well as challenges with the public health workforce, including recruitment, retention and leadership. The COVID-19 pandemic reinforced the critical importance of a robust public health sector while once again highlighting these challenges.

Through the strategy announced today, the public health sector has an opportunity to demonstrate leadership in addressing these challenges. This strategy is grounded in a locally-driven approach, equipped with the provincial supports and resources needed to facilitate change while ensuring that we retain and strengthen front-line jobs and local public health programs and services.

Key initiatives of this strategy include:

1. Clarifying roles and responsibilities through the Ontario Public Health Standards (OPHS)

- Working in close collaboration with the public health sector, the government will initiate a review of the OPHS in order to refine, clarify and strengthen local public health roles and responsibilities, including relationships and alignment across and beyond the broader health care system.
- As part of this review, the government will seek to support Local Public Health Agencies (LPHAs) by exploring opportunities to shift some roles and responsibilities to a regional or provincial level.

2. Supporting voluntary mergers among local public health agencies

- Mergers among LPHAs have been demonstrated to be an effective solution to long-standing capacity challenges as they have significant potential to increase program delivery resources, including through the pooling of resources, greater ability to recruit and retain staff for specialized roles, and greater ability to manage surge capacity.

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- Beginning this fall, the government will work collaboratively with the public health and municipal sectors, and other stakeholders to develop criteria, parameters and accountability mechanisms to support a coordinated approach to voluntary mergers, informed by lessons learned from previous mergers.
- LPHAs will then have the opportunity to submit proposals to the government based on established guidelines and criteria through current reporting mechanisms (e.g., 2024 Annual Service Plan and Budget Submission).
- Where there is agreement between LPHAs to merge, the government will provide time-limited supports and resources to facilitate the merger process and support business continuity to ensure program and service delivery stability while change is underway. Any savings realized through mergers can be reinvested by the successor LPHAs to further support capacity and program and service delivery.

3. Providing stable, sustainable funding to LPHAs

- Recognizing the urgent need for stability, the government will restore \$47M in provincial base funding to LPHAs, effective January 1, 2024. This will restore funding for those impacted LPHAs and municipalities to the level previously provided under the 2020 cost-share formula.
- The province will also provide all LPHAs with growth base funding of 1% annually over the next 3 years to further support stabilization while collaborative processes are underway to review roles and responsibilities and facilitate mergers.

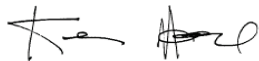
These initiatives will lay the groundwork for a longer-term approach to sustainable funding, including a review of the ministry's funding methodology for public health, based on a renewed and strengthened sector.

The Office of Chief Medical Officer of Health, Public Health is committed to collaborating with you to implement these initiatives and will be scheduling

meetings in the coming days to facilitate further discussion. If you have any immediate questions, please reach out to Colleen Kiel, Director, Public Health Strategic Policy, Planning and Communications Branch, at Colleen.Kiel@Ontario.ca, and Brent Feeney, Director, Accountability and Liaison Branch, at Brent.Feeney@ontario.ca.

As always, thank you for your continued support as we work to strengthen the public health sector in Ontario.

Yours truly,



Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health, Ministry of Health

c:

- Dr. Catherine Zahn, Deputy Minister, Ministry of Health
- Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- Elizabeth Walker, Executive Lead, Ministry of Health
- Colleen Kiel, Director, Ministry of Health
- Brent Feeney, Director, Ministry of Health
- Dr. Barbara Yaffe, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Daniel Warshafshy, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. David McKeown, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Michelle Murti, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Wajid Ahmed, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health, Ministry of Health