Board of Health Meeting

MS Teams Electronic Participation

Thursday, January 7, 2021

3:00pm

AGENDA			
Item	**Agenda Item**	**Lead**	**Expected Outcome**
1.0 COVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Guests, Board of Health Members and Staff	Larry Martin	
1.2	Approval of Agenda	Larry Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Larry Martin	
1.4	Reminder that Meetings are Recorded for minute taking purposes	Larry Martin	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes • December 3, 2020	Larry Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	**Basic Income for Income Security during COVID-19 Pandemic and Beyond** November 20, 2020 – Thundery Bay District Health Unit *Summary: This letter of support expressed support for efforts to provide income solutions to reduce Household Food Insecurity to Federal leaders.*	Peter Heywood	Receive and File
3.2	**Letter to All Boards of Health** December 4, 2020 – Grey Bruce Health Unit *Summary: This letter expresses concerns for the undefined regional initiatives that have developed across Ontario. It states that these initiatives challenge and undermine the legal authority of local public health boards.*	Larry Martin	Receive and File
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
4.1	None at this time.		
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	Attachment Theory and the Circle of Life Report and Presentation	Felix Harmos Kate Andrews	Acceptance
5.2	Governance Standing Committee Report for January 2021	Larry Martin	Acceptance
5.3	Chief Executive Officer's Report for January 2021	Cynthia St. John	Acceptance
5.4	Medical Officer of Health's Report for January 2021	Dr. Joyce Lock	Acceptance
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			

9.0 FUTURE MEETINGS & EVENTS			
9.1	Thursday, February 4, 2021	Larry Martin	Decision
10.0 ADJOURNMENT			

December 3, 2020

Board of Health Meeting

Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, December 3, 2020 virtually through MS Teams commencing at 3:03 p.m.

PRESENT:

Ms. L. Baldwin-Sands	Board Member
Mr. G. Jones	Board Member
Mr. T. Marks	Board Member
Mr. L. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member
Mr. J. Preston	Board Member (Vice Chair)
Mr. L. Rowden	Board Member
Ms. S. Talbot	Board Member
Mr. D. Warden	Board Member
Dr. J. Lock	Medical Officer of Health
Ms. C. St. John	Chief Executive Officer
Ms. A. Koning	Executive Assistant

GUESTS:

Ms. M. Cornwell	Manager, Communications
Mr. P. Heywood	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Mr. D. Smith	Program Director
Ms. C. Walker	Program Director
Ms. W. Lee	Administrative Assistant
Mr. G. Colgan	Woodstock Sentinel-Review
Mr. R. Perry	Aylmer Express

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

1.2 AGENDA

Resolution # (2020-BOH-1203-1.2)

Moved by J. Preston
Seconded by D. Warden

That the agenda for the Southwestern Public Health Board of Health meeting for December 3, 2020 be approved.

Carried.

1.3 Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises.

1.4 Reminder that Meetings are Recorded for minute taking purposes.

2.0 APPROVAL OF MINUTES

Resolution # (2020-BOH-1203-2.1A)
Moved by L. Baldwin-Sands
Seconded by D. Warden

That the minutes for the Southwestern Public Health Board of Health meeting for November 5, 2020 be approved.

Carried.

3.0 CONSENT AGENDA

None.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

None.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Finance and Facilities Standing Committee Report for December 2020

J. Preston reviewed the report.

L. Baldwin-Sands asked about the status of the Healthy Growth & Development program. She noted that it appears that the program will meet their budgeted amount before the end of the fiscal year. C. St. John noted that she believes the program will meet the budgeted amount.

C. St. John noted that we believe there will be a shift regarding program and service delivery to more virtual methods in 2021 in light of the ongoing pandemic.

Resolution # (2020-BOH-1203-5.1A)
Moved by T. Marks
Seconded by D. Warden

> That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee's recommendation to approve the third quarter financial statements for the period ending September 30, 2020.
>
> Carried.

Resolution # (2020-BOH-1203-5.1B)
Moved by D. Warden
Seconded by G. Jones

> That the Board of Health for Southwestern Public Health approve that the Board chair sign the engagement letter and audit planning letter received from Graham Scott Enns as presented, in preparation for the upcoming 2020 financial audit.
>
> Carried.

Resolution # (2020-BOH-1203-5.1C)
Moved by L. Baldwin-Sands
Seconded by L. Rowden

> That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee's recommendation and approve the 2021 Southwestern Public Health General Programs and 100% Provincially funded budget.
>
> Carried.

Resolution # (2020-BOH-1203-5.1)
Moved by T. Marks
Seconded by D. Warden

> That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee report for December 3, 2020.
>
> Carried.

5.1 Chief Executive Officer's Report

C. St. John reviewed the report.

C. St John noted that the Community Support Task Force, specifically our Content Table has been such an incredible resource to us internally as well as to our external partners. She noted that their role in this pandemic has been instrumental to our response.

C. St. John noted that flu immunization is going well throughout our community and we appreciate the support of our external partners in administering the immunizations.

C. St. John noted that our Logistics team is turning their attention to the resources required to administer and distribute the COVID-19 vaccine. She noted that we believe we will play a key role in the administration and distribution of the vaccine and that we will be consulting with Ministry representatives to inform our actions.

L. Martin asked if the Ministry of Labour is contacted with respect to cases in the workplace. C. St. John noted that SWPH works with the workplace; however, if we see concerns regarding the safety of the employees, we will contact the Ministry of Labour. Employees can also contact the Ministry of Labour for support.

Resolution # (2020-BOH-1203-5.2)
Moved by L. Rowden
Seconded by L. Baldwin-Sands

> That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for December 3, 2020.
>
> Carried.

5.4 Medical Officer of Health's Report

Dr. Lock provided an overview.

Dr. Lock noted that the recently released provincial modelling notes that we are not yet flattening the curve. She noted that the Christmas holidays may have a negative impact on our case counts.

Dr. Lock reiterated that it is on all of us to ensure that we stay home when we are experiencing symptoms of COVID-19, even minor symptoms. She noted that this is imperative to keep our case counts low. This will ensure our community stays safe and our businesses stay open.

Dr. Lock noted that currently we are in the "Orange-Restrict" category within the provincial framework. She noted that over the next few weeks, we will be challenged to keep ourselves

within this category. She noted that currently our health system has not been dramatically impacted which is a significant factor for us to move to a more restrictive tier.

Dr. Lock noted that public health has a seat at the provincial table with respect to vaccine distribution. She noted that public health will be working with many other partners to streamline the rollout of the vaccine. She noted that public health is well versed in vaccine administration and distribution and will play a key role in the coming months.

L. Martin asked if we are testing more people within the community. Dr. Lock noted that we have tripled our testing capacity. She noted that there is enhanced capacity for testing within our health system. She noted that she believes there is more virus within the community and many people are not being tested. She noted that there really isn't an impact to people who get tested wherein individuals should be staying home if they are symptomatic.

L. Rowden asked for clarity regarding direction that was provided by SWPH to a local business. He noted that the business was directed to take temperatures of all patrons upon arrival to the business. L. Rowden noted that this information was second-hand and may not be accurate. C. St. John asked that she and L. Rowden connect after the meeting so that she can obtain additional information regarding the matter and have SWPH staff follow-up with the local business as taking temperatures of all patrons is not a requirement.

S. Molnar noted that he believes our community needs to be reminded that SWPH and our Medical Officer of Health have valuable and important insights into the pandemic response.

G. Jones noted that in follow-up to the discussion held at the Municipal Partners teleconference today, he believes that the additional public health measures noted in a proposed additional Letter of Instruction are not required. Dr. Lock noted that we really appreciated the feedback from the municipal partners. She noted that we will be using the data obtained by the Enforcement Blitz occurring over the next few weeks as well as workplace outbreak data to inform our next steps. She noted that we will not be moving forward with an additional letter of instruction.

Resolution # (2020-BOH-1203-5.3)
Moved by D. Warden
Seconded by L. Rowden

> That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for December 3, 2020.
>
> Carried.

6.0 NEW BUSINESS/OTHER

None at this time.

7.0 TO CLOSED SESSION

Resolution # (2020-BOH-1203-C7)
Moved by L. Baldwin-Sands
Seconded by L. Rowden

That the Board of Health moves to closed session in order to consider one or more the following as outlined in the Ontario Municipal Act:

(a) the security of the property of the municipality or local board;
(b) personal matters about an identifiable individual, including municipal or local board employees;
(c) a proposed or pending acquisition or disposition of land by the municipality or local board;
(d) labour relations or employee negotiations;
(e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
(f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
(g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
(h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

Other Criteria:

(a) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or
(b) an ongoing investigation respecting the municipality, a local board or a municipally-controlled corporation by the Ombudsman appointed under the *Ombudsman Act*, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2020-BOH-1203-C8)

Moved by J. Preston
Seconded by D. Warden

That the Board of Health rise with a report.

Carried.

Resolution # (2020-BOH-1203-C3.1)
Moved by S. Talbot
Seconded by T. Marks

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for December 3, 2020.

Carried.

Resolution # (2020-BOH-1203-C3.2)
Moved by L. Baldwin-Sands
Seconded by L. Rowden

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health and Chief Executive Officer Report regarding correspondence received by Grey Bruce Public Health and take appropriate actions as noted.

Carried.

10.0 ADJOURNMENT

Resolution # (2020-BOH-1203-10)

Moved by T. Marks
Seconded by D. Warden

That the meeting adjourns at 4:26 p.m. to meet again on Thursday, January 7, 2020.

Carried.

Confirmed: _____

Thunder Bay District Health Unit

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School Board Learning Centre
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TBDHU.COM

November 20, 2020

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2
Sent via email: justin.trudeau@parl.gc.ca

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister and Minister of Finance
Privy Council Office
Room 1000
80 Sparks Street
Ottawa, ON K1A 0A3
Sent via email: chrystia.freeland@parl.gc.ca

Dear Prime Minister Trudeau and Deputy Prime Minister Freeland:

Re: Basic Income for Income Security during Covid-19 Pandemic and Beyond

At its regular meeting held on November 18, 2020, the Thunder Bay District Health Unit (TBDHU) Board of Health resolved to express support for efforts to provide income solutions to reduce Household Food Insecurity (HFI) to Federal leaders.

Prior to COVID-19, many Canadians were already experiencing HFI, which is the inadequate and insecure access to food due to financial constraints. Statistics Canada estimated that in 2017/2018, 10.5% or 1 in 10 households experienced HFI[I]. In Thunder Bay, this value is 14.3% or 1 in 7 households[II]. Abundant research has shown that higher HFI rates are associated with increased risk for poor and inadequate diets that are directly linked to higher chronic disease rates, poorer health outcomes and increased health inequities[III]. Since COVID-19, this pre-existing issue has become more apparent and worrisome with Statistics Canada reporting an increase to 14.6%, or 1 in 7 households, experiencing food insecurity. Applying that similar increase locally to the District of Thunder Bay would mean an HFI rate of 18.4% or 1 in 5 household. This increase was anticipated due to many individuals facing precarious employment, reduced hours of work, or loss of job altogether, coupled with the less predictable food supply and fluctuating food prices.

As short-term temporary solutions, many have relied on emergency and charitable food programs and services, such as food banks. The commitment of the Federal government to allocate $200 million for these

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programs has undoubtedly bolstered the initial access to food for many experiencing HFI. In addition, the enactment of Canadian Emergency Response Benefit (CERB), amongst others, has demonstrated that income solutions can be effective. The issue however, is that both of these solutions are intended for emergency and temporary coverage, which may not provide longer coverage with the anticipated prolonged existence of COVID-19. It also does not address the root cause of food insecurity, which is inadequate income, and may not fully provide relief for other needs for daily living (such as rent and household expenses) experienced by those in poverty. This has set the precedent for the call to action in this letter of support, which is the consideration for adequate income solutions that provide long-term income support, have a permanence structure, are not only available during emergencies or pandemics, and are equitable in that they provide support to the most at-risk and in need.

An adequate and secure level of household income is strongly linked to lower food insecurity rates, and income solutions have been recommended as the primary strategy to address this issue. The TBDHU will continue to support the government in their priority actions to reduce poverty and improve household food insecurity, and we appreciate your time, commitment and consideration for this crucial endeavor.

Sincerely,

Mr. James McPherson
Chair, Thunder Bay District Board of Health

cc. Honourable Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health
Thunder Bay MPs and MPPs
Ontario Public Health Association
Ontario Boards of Health

References:

[I] Statistics Canada. (2020). Food Insecurity during the COVID-19 pandemic, May 2020. Retrieved from: https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00039-eng.htm
[II] CCHS. (2017). Hungry for Change – 2019. Retrieved from: https://www.tbdhu.com/resource/cost-of-eating-well-district-of-thunder-bay
[III] PROOF – Food Insecurity Policy Research. (2020). Household Food Insecurity in Canada (2017-2018). Retrieved from: https://proof.utoronto.ca/wp-content/uploads/2020/03/Household-Food-Insecurity-in-Canada-2017-2018-Full-Reportpdf.pdf

December 4, 2020

Dear Members of the Boards of Health:

I write on behalf of the Board of Health for Grey Bruce Health Unit to bring to your attention an issue of deep concern to public health units in Ontario: the extra-legislative development of undefined regional initiatives that challenge and undermine the legal authority of local public health boards, and negatively affect their effectiveness in addressing community health needs..

Regionalization generally means “an organizational arrangement involving the creation of an intermediary administrative and governance structure to carry out functions or exercise authority previously assigned to either central or local structures” as defined by *Church et al* 1998 in their publication on the subject - Regionalization Of Health Services In Canada: A Critical Perspective. By definition, regionalization entails the shifting of responsibility for provision of health service from local boards to a regional agency.

Whether one supports or opposes regionalization in principle, it is certain that one of the most important factors in determining the success or failure of regionalization is conducting adequate and thorough consultation with local stakeholders. Throughout the processes of planning, implementation and evaluation, consultation is crucial. Furthermore, it is indispensable that such consultation is in place to address equity between urban and rural communities.

“Regionalization creep” affecting health units in Ontario is currently underway. The 2019 provincial proposal of Public Health regionalization (modernization/merger/amalgamation of health units) lead to a directive from the Ministry of Health to conduct consultations with all Boards and Medical Officers of Health to decide on important aspects of regionalization. In March this year, while still in the early stages of discussion, the Ministry rightly placed consultations on hold due to the COVID-19 emergency.

Nevertheless, while consultations were ostensibly placed on hold, regionalization has informally, surreptitiously and progressively advanced. Within eight weeks in March and April of 2020, regional communication channels and regional pre-reporting structures (precursors to merger and amalgamation) were imposed between the South West LHIN (a functionary of Ontario Health) and almost all health organizations in Grey Bruce. These include regional initiatives such as the Triad Table and Grey Bruce Crisis Response group that duplicate public health work, including collaboration already being performed by the Grey Bruce Health Unit and other agencies. These redundant initiatives confer no discernible benefit. In fact, they pose the serious threat of harm by creating uncertainty among healthcare partners; roles, responsibility, and authority during the emergency response are weakened by dilution and diffusion of responsibility.

Most importantly, the reporting structures imposed under some regional initiatives is incongruent with the legal chain of authority outlined in the *Health Protection and Promotion Act*, the legislative framework under which public health operates. Neither the South West LHIN nor Ontario Health has legal jurisdiction over the activities or within the sphere of authority granted to local health units. For example, some proposed activities in the SW LHIN regional model require a Medical Officer of Health to follow direction from a “Regional Pandemic Public Health Lead” (a position and authority that do not exist in the *Health Protection and Promotion Act* or at law). This undermines the authority of the local Board of Health.

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Furthermore, the creeping regionalization initiative countermands direction by the Ministry of Health Emergency Operations Centre and the Chief Medical Officer of Health. One example is the cap on the number of COVID-19 tests arbitrarily placed on Grey Bruce by the South West LHIN. At the same time, the Ministry of Health Emergency Operation Centre confirmed there were no caps on testing in place. The artificial LHIN cap resulted in the failure of the local system to meet the local health need in September. Approximately 30% of families in Grey Bruce did not have access to timely testing during the critical period of school reopening.

Although these regional channels, structures and initiatives were established under the slogan of "let's collaborate to respond to the COVID emergency", there are demonstrated negative consequences in the short-term. Potential harms grow when these artificial regional structures have no adequate checks and balances in place to meet the health need of the community in the long-term. A key underlying concern is that the development and design of these initiatives were not based on adequate and thorough consultation with local stakeholders, specifically Boards of Health. These activities were undertaken while the Board's most pressing issue was our response to the pandemic emergency.

The Board of Health for the Grey Bruce Health Unit welcomes the opportunity to collaborate together with all the health system partners in a productive and professional manner. However, we differentiate collaboration from duplication, and from unilateral and potentially unlawful action. Ultra-legislative structures promoting and implementing unauthorized programs leads, in our view, to inter-agency and inter-jurisdictional encroachment upon the lawful mandate reserved to each Public Health Unit.

Our Board's purpose in writing is twofold. First, to inform you about these developments in Grey and Bruce Counties, and second to raise the alarm that similar initiatives are likely to fall upon, or may be encroaching upon your own Health Unit. Our Board invites you to consider a collaborative dialogue to explore these serious concerns.

It is our Board's hope that discussions will lead to awareness, planning and action to best position our organizations for success in continuing to address the health needs of our communities throughout the region and the province.

Sincerely,

Mitch Twolan, Chair
Board of Health for the Grey Bruce Health Unit

CC: Minister of Health
Chief Medical Officer of Health for Ontario
MPP Bill Walker
MPP Lisa Thompson
Bruce County Warden
Grey County Warden
CEO for Erie St. Clair, South West, Hamilton Niagara Haldimand Brant and Waterloo Wellington LHINs and Regional Lead West, Ontario Health

REPORT

MEETING DATE:	January 7, 2021
SUBMITTED BY:	Susan MacIsaac, Program Director
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.1
RESOLUTION #	2021-BOH-0107-5.1
REPORT TITLE	Attachment Theory and the Circle of Security

PURPOSE:
This report and accompanying presentation is designed to give Board of Health members more information about an important aspect of our healthy growth and development program. This information is presented for information only.

INTRODUCTION:
Attachment refers to how we, as humans, rely on our caregivers for nurturance as we grow towards maturity. A selective few attachment figures will naturally shape our growth by the way in which they communicate with us from our earliest days. Attachment research has shown that those children who are fortunate to develop what is called "secure" attachment are the most likely to grow into caring, thoughtful, emotionally and socially intelligent, resilient individuals who thrive.

Many factors influence how we parent our children, including our own childhood experiences. Research has shown that it is the way we've made sense of how our childhood experiences have influenced us and affect our parenting that matter the most.

WHAT IS THE CIRCLE OF SECURITY:
The Circle of Security is a visual map of attachment. It is also a visual tool used as part of interventions for caregivers, all of which are focused on helping them reflect upon their children's attachment needs, in order to promote secure attachment with a child. These are the principles that underlie the Circle of Security models of intervention:

1. Attachment problems in infancy and early childhood increase the probability of psychopathology later in life.
2. Secure attachment relationships with caregivers are a protective factor for infants and preschoolers, setting the foundation for social competence and promoting effective functioning of the emotion regulation and stress response systems.
3. The quality of the attachment relationship is amenable to change.
4. Learning, including therapeutic change, occurs from within a secure base relationship.
5. Lasting change in the attachment relationship comes from caregivers' developing specific relationship capacities rather than learning techniques to manage behavior.
6. All caregivers want what is best for their children.

CIRCLE OF SECURITY at SWPH:
To date, we have provided Circle of Security training for some of our Healthy Growth and Development team members, to help caregivers connect with the children in their lives, especially infants and toddlers because that's when attachment bonds are first formed. This included monthly facilitated case study discussions, which have provided team members with excellent learning and feedback to support their ongoing home visiting.

ANTICIPATED NEXT STEPS:
In an effort to continue aligning practice across the organization in 2021, we anticipate an opportunity to train all HBHC staff members in Circles of Security. This builds additional capacity and expertise on our team, meaning that we will be able to better serve the needs of our clients and communities.

References:
The Developing Mind, D.J Siegel, 2012
Raising a Secure Child, D.J. Siegel et. Al., 2017
Circleofsecurity.com

MOTION: 2021-BOH-0107-5.1
That the Board of Health for Southwestern Public Health receive and file the Attachment Theory and the Circle of Security report.

Governance Standing Committee

Open Session

MEETING DATE:	January 7, 2021
SUBMITTED BY:	Larry Martin, Committee Chair
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☒ Decision ☒ Discussion ☐ Receive and File
AGENDA ITEM #	5.2
RESOLUTION #	2021-BOH-0107-5.2

1) Governance Standing Committee Workplan for 2021 (Decision and Discussion):

The Governance Standing Committee is responsible for several deliverables over the course of any given year. Development of a workplan is required to assist with tracking so that deliverables are met. To ensure deliverables of this committee are met, the attached workplan for this committee has been developed.

MOTION: (2021-BOH-0107-5.2A)
That the Board of Health accept the Governance Standing Committee Workplan for 2021.

MOTION: (2021-BOH-0107-5.2)
That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Report for January 7, 2021.

2021

Governance Standing Committee

Workplan - DRAFT

Quarter	Period	Meeting Date	Deliverables
1	January 1 – March 31	February 18, 2021	• Review and recommend to the Board the acceptance of the previous year's risk register with mitigation performance • Review Committee and Board meeting evaluations • Review biennial Board Member Self Evaluation results and recommend Board acceptance of report • Review and recommend Provincial Appointees to the BOH
2	April 1 – June 30	May 20, 2021	• Review Committee and Board meeting evaluations • Review current inventory of Board member knowledge and skills related to Board Functions.
3	July 1 – September 30	August 19, 2021	• Review Committee and Board meeting evaluations. • Review and recommend to the Board a risk register outlining risks and mitigation strategies for the coming year.
4	October 1 – December 31	November 18, 2021	• Review the orientation plan for new Board members and continuing education program plan for existing board members which includes a framework for what and how information is shared with the Board. • Review Committee and Board meeting evaluations. • Review and approval of workplan for the Governance Standing Committee and the Board of Health.

CEO REPORT

Open Session

MEETING DATE:	January 7, 2021
SUBMITTED BY:	Cynthia St. John, CEO (**written as of December 21, 2020**)
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.3
RESOLUTION #	2021-BOH-0107-5.3

1) Provincial Updates (Receive and File):

1.1 Ministry of Health Updates

Reporting

The Ministry of Health continues to request public health units to report on various COVID – 19 response indicators. Since my last report, SWPH has reported:

Long Term Care Home and Retirement Home Assessment Forms - submitted twice weekly to alert the Ministry of Health of concerns about facility infection prevention and control capacity during COVID. At present, seven of our homes are in a public health defined outbreak. In my last CEO report, I reported two homes were in a public health defined outbreak.

Contact Tracing Reports – are submitted weekly to identify the number of high-risk contacts for each COVID – 19 positive case in our community. This helps the Ministry (and other health units) determine where there may be higher rates in the province. This report is for surveillance purposes only – with no set established target. Since the last Board report, SWPH

has had 292 positive COVID – 19 cases and 1576 close contacts (of positive cases) to follow up. In my last CEO report, I reported 142 cases and 873 close contacts.

2) SWPH General Updates (Receive and File):

2.1 COVID-19 Response

Unless otherwise noted, the information within this section is to keep SWPH Board of Health apprised of matters pertaining to SWPH's response to COVID-19 and no decision is required at this time.

2.1.1 Operations

Community Support Task Force

The Community Support Task Force continues to receive a high volume of queries due to the increasing caseload and questions related to the restrictions described in the *COVID-19 Response Framework: Keeping Ontario Safe and Open*. In addition to 2347 calls answered at the Call Centre from November 17 to December 13, 2020, 160 email queries were processed by the Content Table.

The frequency of call types answered at the Call centre is depicted in Figure 1. Queries related to exposures and testing continue to make up the majority of our calls.

Figure 1: Percentage of call types in 2,347 calls answered at the Call Centre between November 17 to December 13, 2020

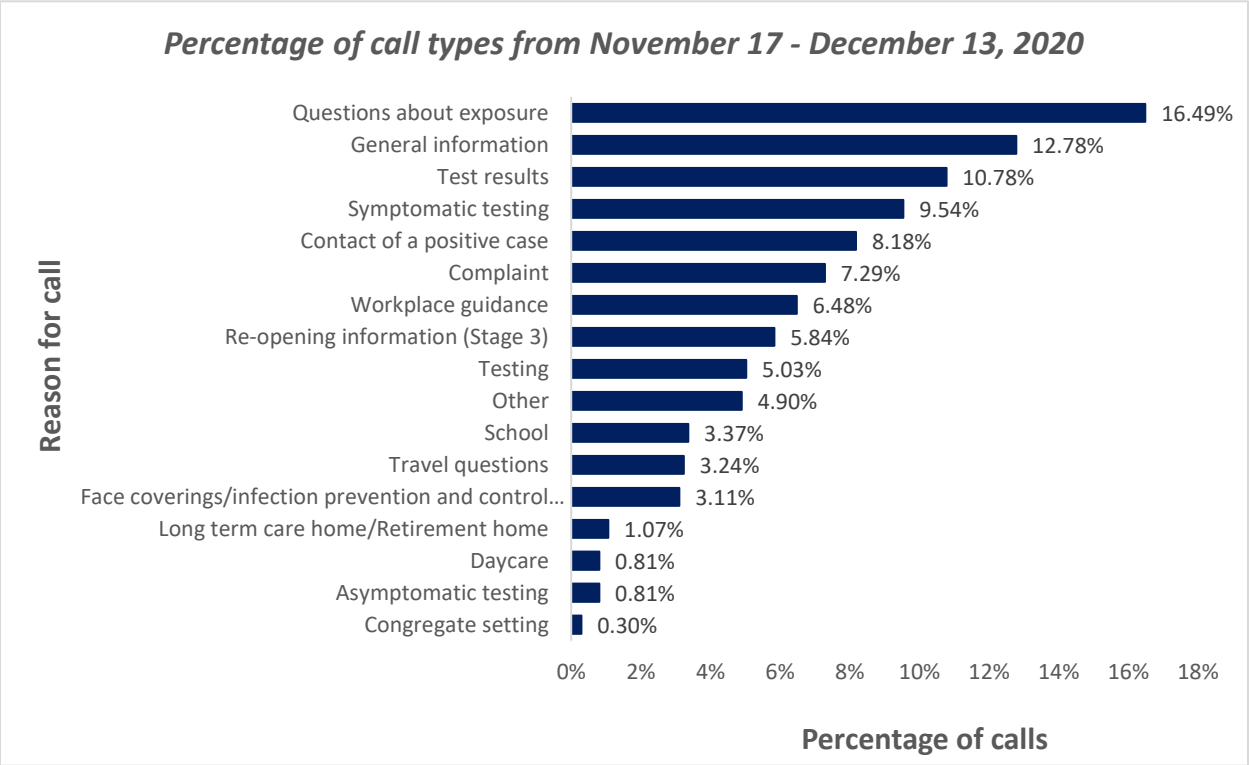
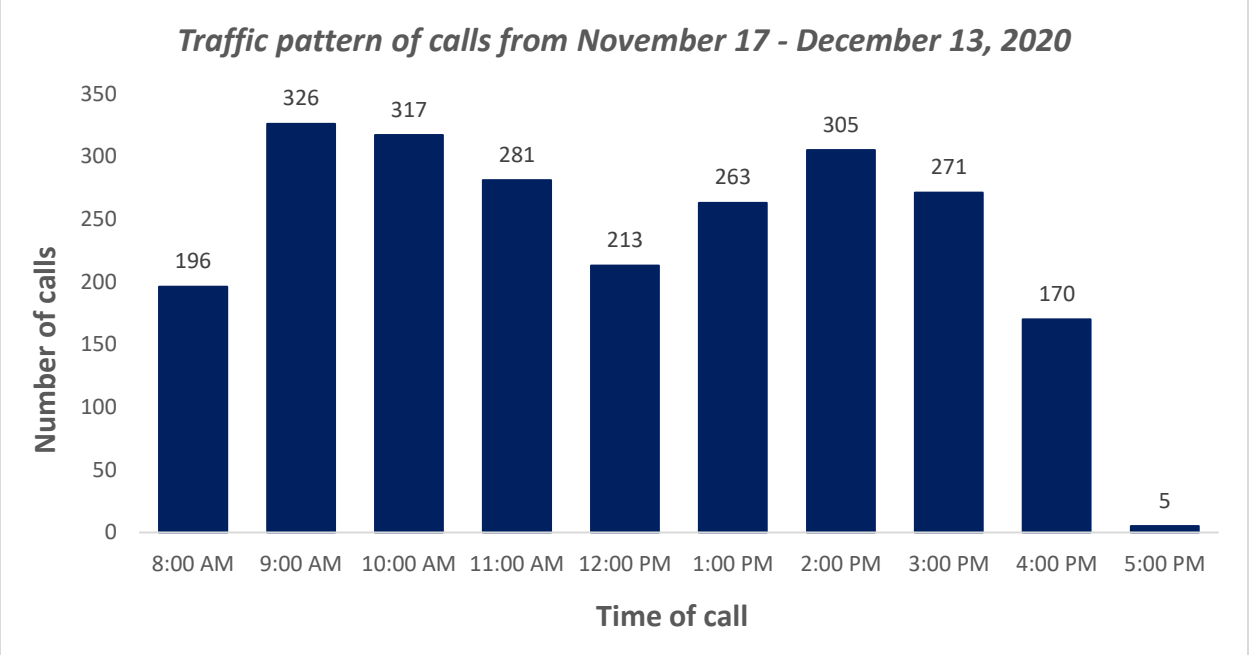


Figure 2: The traffic pattern of 2,347 inbound calls answered at the Call Centre between November 17 to December 13, 2020



Infectious Disease Task Force

Case and Contact Investigation

There has been increased COVID activity in our community over the last month; in particular over the last two weeks. Staff are currently managing more than 149 active cases and 1500 plus contacts (as of December 18th) of COVID-19 infection. Based on Ministry of Health targets, we are expected to contact all high-risk contacts of positive cases within 24 hours of notification. To date, we have been able to achieve this threshold 100% of the time despite unpredictable fluctuations in staff caseloads that present serious challenges to their capacity. If case numbers continue to rise, this may not be possible longer term.

Our staff continue to monitor several cases with ties to local or regional workplaces. This requires follow-up with the employer to assess infection prevention and control practices. Often a site visit is conducted to assess IPAC practices if there are any concerns.

Number of case and contacts over the past month:

Dates	New Cases	Contacts
November 16-22	44	301
November 23-29	49	170
November 30-December 6	84	447
December 7-14	115	658
Total	292	1576

School Health Update

Operations continues to support the School Health Team with cases and outbreaks in school settings. Cases have been identified in staff and/or students at several area schools and cohorts have had to isolate. To date, there has been one school classroom identified in outbreak (consisting of 2 or more positive cases in the same cohort that have had a high-risk exposure) and several area schools where cases have been identified in staff and/or students.

Also of note was our recent mass surveillance strategy at East Elgin Secondary School (EESS). Consenting students in grades 11 and 12 were offered a COVID – test on-site at EESS. Thames Valley District School Board, East Elgin Secondary School, Oxford County EMS and SWPH partnered together for this initiative. Through the surveillance testing we were able to swab 308 individuals (or approximately 30% of the school population) which yielded another 4 positive cases with three additional classes being dismissed.

COVID Mass Vaccination Update

Provincial Update

To ensure fair and equitable distribution of COVID-19 vaccine across the province, the Government of Ontario has established a COVID Vaccine Distribution Task Force.

On December 7th, 2020, the province announced the key populations that will be first to receive the COVID-19 vaccine, namely:

- Residents, employees and staff, and essential caregivers of congregate living settings that provide care for seniors.
- Health care workers including all of those who work in health care settings and those in direct contact with patients.
- Adult in First Nations, Metis, and Inuit populations where infection can have disproportionate consequences, including those living in remote or isolated areas.
- Adult recipients of chronic home health care

As the province moves through the Phase 1, depending on uptake and vaccine availability, we will see further populations announced to become eligible for the COVID vaccination.

Moderna Vaccine Update

With news of the Health Canada approval of the Moderna COVID-19 vaccine - a vaccine that is more portable and stable at temperatures more consistent with traditional vaccine storage and handling requirements provides an additional opportunity for vaccination in local LTCHs, retirement homes and other congregate care settings for seniors is in the immediate future. SWPH expects to receive an initial, limited Moderna vaccine shipment during the week of January 18th, 2021. Future plans for the Moderna vaccine will be communicated once we have more information.

SWPH Vaccination Task Force Update

Internally, Southwestern Public Health has established a COVID – 19 Vaccination Task Force. This group will work together to plan, administer and evaluate our organizational response with respect to COVID – 19 mass immunization. This group will collaborate with our internal Emergency Control Group (ECG) and report into our Operations Chief. A vaccination strategy for the organization has been finalized with plans well underway. COVID – 19 Vaccination Clinics Update

London Health Sciences Centre (who was named an early adopter for the newly approved Pfizer-BioNTech COVID-19 vaccine), Huron Perth Public Health (HPPH) the Middlesex London Health Unit (MLHU) and Southwestern Public Health partnered together to prioritize the delivery of the extremely limited Pfizer-BioNTech vaccine. This vaccine was available for up to 15% of LTCH staff (from our areas) at the Western Fair Agriplex in London. Work is well underway to prioritize the delivery of the vaccine to the next 15% of LTCH staff in our area.

2.1.2 Information

Communications

The Communications Team has been focused on providing various stakeholders with the information they need to navigate the coloured tiers of the Keeping Ontario Safe and Open Framework. Materials have been prepared for all the various stages. This work has required media relations, graphic design, specialized messages to the business community and municipalities as well as social media posts for the general public.

Social media continues to require significant monitoring and moderating. Southwestern Public Health now has more than 10,000 likes on Facebook which translates to about 100,000 content views a month. Posts are moderated if they do not meet our community standards because of anti-science conspiracy theories, profanity or comments that are unkind toward others. We continue to build our presence on Instagram and Twitter, but neither see the level of engagement that is present on Facebook.

Under the banner of our Protect the Community You Love campaign, 80,000 post cards were sent to households and farms across Oxford, Elgin and the City of St. Thomas in the middle of December. One side of the mailer was a holiday greeting, the other was basic facts about COVID and how to get help.

Finally, social media, radio and local papers have been used to emphasize the importance of continued safety over the holidays. In our messaging, SWPH recognizes the toll of the public health measures associated with the pandemic on the holiday season, while providing fun, safe and appropriate alternative ideas for local families.

Preparing the community for the upcoming availability of a vaccine will be our next area of focus. The emphasis will be on vaccine safety, priority groups, what having a vaccine means (and doesn't mean) and where and how to receive a vaccine.

MOTION: 2021-BOH-0107-5.3
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for January 7, 2021.

MOH REPORT

Open Session

MEETING DATE:	January 7, 2021
SUBMITTED BY:	Dr. Joyce Lock, MOH (**written as of 12:00noon, December 22, 2020**)
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.4
RESOLUTION #	2021-BOH-0107-5.4

1) Provincial Updates (Receive and File):

1.1 Coronavirus COVID-19 (Receive and File):

CURRENT STATE

As of December 21, 2020, Southwestern Public Health (SWPH) has a cumulative confirmed case count of 900 residents who have tested positive for Covid-19, of which 156 are active and 11 are deceased. Based on the most current data set from December 10th to 16th, in which 141 new cases were reported, the risk for new cases and unknown exposures is rated as high, as is the *weekly* incidence rate at 66.7 per 100,000. The acquisition exposure for cases in our region continues to range from workplace outbreaks, institutional outbreaks, close contacts, travel, school, and social gatherings. While our dedicated staff are working non-stop on case management and contact tracing, our region continues to see levels of community transmission that cannot be traced to index cases, while forecast models developed to project the number of cases 30 days into the future indicate SWPH has the potential to see an increase of over 50 new cases per day into January 2021.

This mounting wave is a similar situation that many other regions in the province are facing. Cases and outbreaks are surging across Ontario; hospitals are at capacity; intensive care units risk being overwhelmed; public health units also have growing capacity concerns about case and contact management; and Covid-19-related deaths are increasing. In response to the persistent and rapid rise in Covid-19 cases, the Government of Ontario announced on December 21st a provincial shutdown effective December 26, 2020 for 14 days in Northern Ontario and 28 days in Southern Ontario. This

shutdown hearkens back to the shuttering of the province in March, with the primary goal of breaking the chains of transmission that have re-emerged with even more marked prevalence. This return to a shutdown will be difficult for everyone (at this time of year, after dealing with this pandemic for such a prolonged time). But we cannot allow our health system to become so besieged that healthcare is no longer available to any person who seeks it. By staying apart and reducing our social interactions, we can work together to flatten the curve once more, re-setting our community back on the path of recovery.

INTERNATIONAL DEVELOPMENTS

As we progress through the colder months of the year in the Northern Hemisphere, we see evidence of Covid-19 overwhelming health systems throughout the world even as the approval and roll out of vaccines has begun. Thus, while a 90 year-old grandmother in Britain became the first person in the world outside clinical trials to receive the Pfizer-Biontech coronavirus vaccine on December 8th, Britain's Prime Minister ordered several regions of England and Wales into tier 4 lockdown (its strictest public health measure), 11 days later, citing a more infectious variant of the virus detected throughout the country.

With news that the new coronavirus variant might be up to 70% more transmissible than the present one, it is not surprising to see countries spring to action in barring travellers from known infected areas. Initial studies have indicated, however, that this new variant has not resulted in more severe disease (or caused higher mortality rate), nor is it affected any differently by vaccines and treatments. The new variant has multiple mutations in the coronavirus spike protein (which the 3 leading vaccines target). But the nature of vaccines is to train the immune system to attack several different regions of the virus, the inference being that the vaccines should still work. If more mutations occur, the vaccine might need to adjust accordingly, a situation similar to influenza and its yearly tailored vaccine.

COVID-19 VACCINE ROLLOUT

On December 9, 2020, Health Canada authorized the first Covid-19 vaccine from Pfizer-BioNTech, a significant and encouraging milestone in our pandemic response. With pilot sites in Toronto and Ottawa successfully underway, the Province put London Health Sciences Centre (LHSC) on its expanded COVID-19 vaccine locations list. The special requirements of the Pfizer vaccine (ultra-low temperature storage) alongside the manufacturer's recommendation to limit movement of the vaccine require specialized technological infrastructure to be in place once the vaccine is received. Thus, SWPH is presently working closely with LHSC, Middlesex-London Health Unit (MLHU), and Huron Perth Public Health (HPPH) to ensure our community's healthcare workers in local Long-term Care (LTC) and Retirement Homes (RH) will be the first in our region to receive the new COVID-19 vaccine in a safe and equitable manner. The partnership will see the health units provide expertise on mass vaccination programs and support in determining initial priority populations based on the current state of the pandemic in the region, while LHSC is providing leadership in areas of information technology, facilities, and logistics. It is fitting that the healthcare workers who have worked so tirelessly to protect our community's most vulnerable from COVID-19 are now able to add an additional tool to help keep our LTC and RH facilities safe. A key point that public health will press during the initial vaccine rollout is the importance of continuing to follow public health advice and maintain individual protective practices to keep us and our community safe.

FLU

At this point in time, national surveillance and epidemiology continue to show remarkably low rates of influenza activity in Canada. We continue to encourage everyone to get the flu shot which helps reduce the possibility of respiratory illnesses overwhelming our vulnerable populations, as well as our health

system partners. SWPH continues to allocate flu shot bookings at its weekly immunization clinics in Woodstock and St. Thomas, while the Ministry of Health has announced on December 21st that the scope of practice for pharmacists administering flu vaccine has now expanded to individuals 2 years of age and older (a shift from administering to 5 years and older).

HEALTH SYSTEMS EMERGENCY OPERATIONS CENTRE (HS-EOC); REGIONAL SOUTH WEST PANDEMIC WORK

The HS-EOC held its most recent meeting on December 10th, in which SWPH noted its intention to strike a regional Covid-19 vaccine planning group to prepare for the eventual role of public health in managing the administration of more portable Covid-19 vaccines. With our experience in running scalable mass immunization clinics and our natural leadership role in communicating about COVID-19 to the general public and healthcare providers, SWPH is well-positioned to take on this challenging and exciting endeavor. The scale of this operation will be sizable and prolonged, and we will look to the strong partnerships we have developed with hospitals, paramedicine, municipalities, police services, primary care, long-term care, and community centres, for planning and logistical support.

On another note, and as an extension of SWPH's pandemic response, Cynthia St. John and I connected with regional Ontario Health leads regarding an initiative to develop local networks of Infection Prevention and Control (IPAC) expertise to enhance IPAC practices in community-based, congregate living organizations. In collaboration with the Ministry of Health and other Ministries involved in this initiative, SWPH will function as a lead IPAC Hub, working collaboratively with our health system partners in St. Thomas, Elgin, Oxford, Huron Perth, Grey Bruce and London Middlesex to ensure that this specialized guidance and support is available to congregate living organizations which have often been underserved and overlooked.

CONCLUSION

We enter the new year with hope in our hearts as we begin to receive the initial shipments of Covid-19 vaccines, with the expectation that more stable variants will soon be available and transportable to remote and rural areas in the region. In reflection upon this past year (which has proven to be unprecedented and unpredictable in many ways), I remain grateful for the support of our municipal and health system partners; grateful for the opportunities to forge stronger lines of communication and partnerships between organizations; grateful that out of this pandemic we have developed a deeper understanding of the steadfast, resilient, multifaceted communities Southwestern Public Health serves.

Nevertheless, we also enter the new year in a provincewide shutdown, facing ongoing challenges that will strain our health system and public health efforts to contain the virus while vaccines are phased in. Throughout this season and into the new year, we must maintain our efforts in supporting proven mitigation strategies that reduce the spread of COVID-19 and protect the community we love:

- Stay home if you experience signs of any illness
- Get tested if you think you have even one symptom (and self-isolate until you receive results)
- Reduce travel and visits outside your local region
- Practice physical distancing when away from home (6 ft away)
- Wear a face covering to protect others (face coverings ***do not*** replace physical distancing).
- Wash hands often and well
- Use hand sanitizer (+60% alcohol) when soap and water are unavailable
- Clean high touch surfaces
- Share credible information on COVID-19 and measures to reduce COVID-19 in communities

- Download the COVID-19 Alert App: https://www.ontario.ca/covidalert

MOTION: 2021-BOH-0107-5.4
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for January 7, 2021.