



**Board of Health Meeting**  
**MS Teams Electronic Participation**  
**Thursday, April 1, 2021**  
**3:00pm**

AGENDA			
Item	Agenda Item	Lead	Expected Outcome
<b>1.0 COVENING THE MEETING</b>			
1.1	Call to Order, Recognition of Quorum <ul style="list-style-type: none"> <li>Introduction of Guests, Board of Health Members and Staff</li> </ul>	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	
<b>2.0 APPROVAL OF MINUTES</b>			
2.1	Approval of Minutes <ul style="list-style-type: none"> <li>February 4, 2021</li> <li>March 11, 2021</li> </ul>	Larry Martin	Decision
<b>3.0 APPROVAL OF CONSENT AGENDA ITEMS</b>			
3.1	<b>Letter of Support re: Basic Income Security during COVID-19 pandemic and beyond</b> February 2, 2021 – Southwestern Public Health <i>Summary: This letter supports the advocacy letter created by the Thunder Bay District Health Unit regarding the use of income-based solutions to reduce Household Food Insecurity incidence in Canada.</i>	Larry Martin	Receive and File
<b>4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION</b>			
<b>5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION</b>			
5.1	Reducing the Harms of the Opioid Pandemic - Letter	Peter Heywood Samantha Fox	Acceptance
5.2	Finance and Facilities Standing Committee Report for April 2021	Joe Preston	Acceptance
5.3	Chief Executive Officer's Report for April 2021	Cynthia St. John	Acceptance
5.4	Medical Officer of Health's Report for April 2021	Dr. Joyce Lock	Acceptance
<b>6.0 NEW BUSINESS/OTHER</b>			
<b>7.0 CLOSED SESSION</b>			
<b>8.0 RISING AND REPORTING OF THE CLOSED SESSION</b>			
<b>9.0 FUTURE MEETINGS &amp; EVENTS</b>			
9.1	Thursday, May 6, 2021	Larry Martin	Decision
<b>10.0 ADJOURNMENT</b>			



February 4, 2021  
**Board of Health Meeting**  
**Minutes**

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, February 4, 2021 virtually through MS Teams commencing at 3:00 p.m.

**PRESENT:**

Ms. L. Baldwin-Sands	Board Member
Mr. T. Comiskey	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
Mr. D. Warden	Board Member
Dr. J. Lock	Medical Officer of Health
Ms. C. St. John	Chief Executive Officer
Ms. W. Lee	Administrative Assistant

**GUESTS:**

Ms. M. Cornwell	Manager, Communications
Mr. P. Heywood	Program Director
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance and Facilities (CFO)
Mr. D. Smith	Program Director
Ms. C. Walker	Program Director
Mr. I. McCallum	St. Thomas Times Journal
Mr. G. Colgan	Woodstock Sentinel-Review
Mr. R. Perry	Aylmer Express
Mr. Z. Jinah	CTV Kitchener

**1.1 CALL TO ORDER, RECOGNITION OF QUORUM**

L. Martin, Board Chair welcomed newest Board member T. Comiskey to the Board of Health.

L. Martin notes that T. Comiskey will replace S. Talbot's position on the Governance Committee.

## **1.2 AGENDA**

### **Resolution # (2021-BOH-0204-1.2)**

Moved by D. Warden

Seconded by L. Baldwin-Sands

That the updated agenda for the Southwestern Public Health Board of Health meeting for February 4, 2021 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 # (2021-BOH-0204-2.1A)**

Moved by D. Warden

Seconded by G. Jones

That the minutes for the Southwestern Public Health Board of Health meeting for January 7, 2021 be approved.

Carried.

### **Resolution # (2021-BOH-0204-2.1B)**

Moved by S. Molnar

Seconded by J. Preston

That the minutes for the Southwestern Public Health Board of Health meeting for January 19, 2021 be approved.

Carried.

## **3.0 CONSENT AGENDA**

### **Resolution # (2021-BOH-0204-3.0)**

Moved by T. Marks

Seconded by L. Rowden

That the Board of Health for Southwestern Public Health receive and file consent agenda item 3.1.

Carried.

#### **4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION**

No items for correspondence.

#### **5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION**

##### **5.1 Chief Executive Officer's Report**

C. St. John reviewed her report.

C. St. John notes the SWPH Covid-19 dashboard for case reporting as it compares to the provincial website and perceived discrepancies. Discrepancies will continue because the provincial website extracts data directly from the Case and Contact Management (CCM) database at 3pm each day, possibly reporting on lab results that have not been investigated and validated by SWPH.

C. St. John notes in her report on operations that SWPH continues to operate under the IMS emergency structure and is likely to continue for the balance of the year, recognizing its importance in providing structure in terms of roles, responsibilities, and communications as we continue our emergency response to this pandemic.

C. St. John references the Infection Prevention and Control (IPAC) Hub and the expenditure and dissemination of monies.

The Community Support Task Force, comprised of the Call Centre and the Content Table, remains very busy. C. St. John notes the types of questions and calls are indications of new and ongoing concerns in our community.

C. St. John notes in the school health update that SWPH is pleased to note that children have returned to school, a new update since the writing of her report.

C. St. John notes that SWPH has narrowed its public health priorities to mass immunization readiness and completion, and operations work regarding case and contact management around schools and IPAC work. It is noted that the mass immunization of the public will be the single largest vaccination effort undertaken by public health. On that same note, C. St. John notes that public health is well-positioned to lead this initiative given its experience running vaccination clinics, acknowledging its engagement with local community partners. SWPH will look to stand-up 2 semi-permanent clinic sites as well as other modalities that will take into account rural areas in our region.

L. Rowden notes his concern over the expected influx of a large amount of vaccine within a very short time and asks if SWPH has the capability to deliver the expected number of doses by September. C. St. John acknowledges the current shortage of vaccines and the priority population of long-term care and high-risk retirement homes. SWPH will be ready when more vaccines arrive as other healthcare partners such as pharmacists and primary care providers will be involved in this effort.

S. Molnar offers his appreciation of SWPH's content table, communications team, and leadership team (C. St. John and Dr. Lock). S. Molnar shares that while SWPH's dashboard shows cumulative institutional outbreaks, staff communication of the weekly breakdown of data in his region, especially with regards to Maple Manor, has been helpful for his community in understanding the presence of Covid-19 in the area.

S. Molnar notes the issue of vaccine hesitancy and asks the leadership team and community influencers to work on communications to the public when their turn comes. C. St. John agrees that this is a very important issue and that SWPH is working on this currently.

J. Preston notes that other jurisdictions, citing examples in the United States, offer mobile drive-through options that could be considered for the mass immunization effort, offering support if needed.

#### **Resolution # (2021-BOH-0204-5.1)**

Moved by L. Baldwin-Sands

Seconded by D. Warden

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for February 4, 2021.

Carried.

## **5.2 Medical Officer of Health's Report for February 2021**

Dr. Lock reviewed her report.

In terms of the current state, SWPH numbers have been coming down from the writing of the report on January 26<sup>th</sup> (10 days ago). We are heading in the right direction, but there is still a way to go to lower our numbers and we will continue to work through all avenues to help our community in doing so and allow an easement in provincial restrictions.

Dr. Lock notes that the return of students to school is heartening, even in light of the concern over the impact on case numbers. Dr. Lock notes that the Council of the Medical Officers of Health (COMOH) submitted a joint letter to the Ministry of Education supporting the opening of schools, pointing out that it is the home environment, not schools, which figure as a big mixing

pot for the infection. Dr. Lock stresses the importance that parents continue to actively screen their children to ensure they do not bring the infection from home into the school.

Dr. Lock raises the issue of Variants of Concern (VOCs) which are the coronavirus which have mutations which change their transmissibility and severity and also impact how well the current vaccines in circulation are able to boost the body's immunity. Dr. Lock notes that the province will report soon on how much of the VOCs are circulating in the province, noting that the B117 variety is circulating in the Simcoe-Muskoka area with its recent long-term care outbreak. There is also concern about the non-epidemiologically-linked South African variant that was detected in the Peel region. All public health units are on high alert and will be engaged in enhanced case and contact management in their areas. In SWPH, possible cases will be contacted more frequently, and positive/probable cases as well as their family members will be directed to stay at home. Dr. Lock notes discussions continue on how to manage schools in relation to VOCs. SWPH will also consider the role of rapid testing in schools and how it may be best used.

Dr. Lock notes SWPH will be finishing the second doses of vaccine to Long-term Care and high-risk Retirement staff and residents. The next priority group will be retirement homes, congregate living settings for seniors, and seniors in home and community care.

Dr. Lock notes she continues to work with planning committees at the provincial and regional level regarding the eligibility sequencing of priority populations, noting the ongoing challenges of this rollout. Currently, SWPH continues to work with MLHU and HPPH to ensure vaccines are administered in a regionally equitable and fair manner. Public health also awaits further information about how pharmacies and physicians will be involved in the rollout. Dr. Lock points out that key outcomes that these planning tables consider are the mitigation of death and hospitalizations (which have occurred most frequently in the elderly and those with lower socio-economic status).

S. Molnar mentions the most recent technical briefing from the province, citing the doses delivered per region, and asks if SWPH has a breakdown of the targeted doses. Dr. Lock responds that the data is entered in the Covax system. At the moment, privacy issues remain, but are hopeful that more data and reporting will be provided from the Covax system. S. Molnar notes that this future information would be useful.

D. Mayberry notes to Dr. Lock that there are other regions in the province that are suffering more than the SWPH area, asking if it makes more sense to deliver more vaccines to higher-risk areas. Dr. Lock notes that the drivers of hospitalizations and death are age and socio-economic status, and in the Oxford and Elgin region the median age is higher and the median income is lower. Thus, in many ways, SWPH would be eligible on those key points.

D. Mayberry asks how much of a factor does the amount of infected people in the area play in terms of allotting vaccine. Dr. Lock notes this question is one being considered at the provincial level, but also notes that from a prevention point of view, where vaccine is a health promotion intervention, it is most effective when given to those who are still healthy (more so than when

administered in the middle of an outbreak). There may be geographic adjustments that occur but many other factors would be considered.

L. Rowden points to the factor of sending patients out to ICU beds from hotspot areas such as Windsor. Dr. Lock notes that hospitalization is not considered a significant factor in terms of vaccine allocation. What is more important and impactful is to vaccinate the elderly and those in vulnerable neighbourhoods as a means to keep people out of hospitals.

#### **Resolution # (2021-BOH-0204-5.2)**

Moved by L. Baldwin-Sands

Seconded by L. Rowden

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for February 4, 2021.

Carried.

### **6.0 NEW BUSINESS/OTHER**

None at this time.

### **7.0 TO CLOSED SESSION**

#### **Resolution # (2021-BOH-0204-C7)**

Moved by D. Warden

Seconded by D. Mayberry

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 # (2021-BOH-0204-C8)**

Moved by D. Mayberry

Seconded by J. Preston

That the Board of Health rise with a report.

Carried.

### **Resolution # (2021-BOH-0204-C2.0)**

Moved by D. Warden

Seconded by J. Preston

That the Board of Health for Southwestern Public Health receive and file consent agenda items 2.1 – 2.2.

Carried.

### **Resolution # (2021-BOH-0204-C3.1)**

Moved by D. Mayberry

Seconded by S. Molnar

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for February 4, 2021.

Carried.

## **10.0 ADJOURNMENT**

### **Resolution # (2021-BOH-0204-10)**

Moved by L. Baldwin-Sands

Seconded by S. Molnar

That the meeting adjourns at 4:18pm to meet again at the call of the chair.

Carried.

Confirmed: \_\_\_\_\_





March 11, 2021  
**Board of Health Special Meeting**  
**Minutes**

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, March 11, 2021 virtually through MS Teams commencing at 4:10 p.m.

**PRESENT:**

Ms. L. Baldwin-Sands	Board Member
Mr. T. Comiskey	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
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:**

Mr. D. McDonald	Director, Corporate Services and Human Resources
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**1.1 CALL TO ORDER, RECOGNITION OF QUORUM**

**1.2 AGENDA**

**Resolution # (2021-BOH-0311-1.2)**

Moved by J. Preston

Seconded by D. Warden

That the agenda for the Southwestern Public Health Board of Health meeting for March 11, 2021 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.

## **7.0 TO CLOSED SESSION**

### **Resolution # (2021-BOH-0311-C7)**

Moved by L. Baldwin-Sands

Seconded by T. Comiskey

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 # (2021-BOH-0311-C8)**

Moved by D. Mayberry

Seconded by D. Warden

That the Board of Health rise with a report.

Carried.

**Resolution # (2021-BOH-0311-C3.1A)**

Moved by T. Marks

Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health approve the ratification of the tentative agreement as presented.

Carried.

**Resolution # (2021-BOH-0311-C3.1)**

Moved by L. Baldwin-Sands

Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's verbal report for March 11, 2021.

Carried.

**Resolution # (2021-BOH-0311-C3.1)**

Moved by D. Mayberry

Seconded by G. Jones

That the Board of Health for Southwestern Public Health accept the Board Chair's verbal report for March 11, 2021.

Carried.

**10.0 ADJOURNMENT**

**Resolution # (2021-BOH-0311-10)**

Moved by T. Marks

Seconded by L. Baldwin-Sands

That the meeting adjourns at 5:24 p.m. to meet again virtually on April 1, 2021.

Carried.

**Confirmed:** \_\_\_\_\_



**St. Thomas Site**  
 Administrative Office  
 1230 Talbot Street  
 St. Thomas, ON  
 N5P 1G9

**Woodstock Site**  
 410 Buller Street  
 Woodstock, ON  
 N4S 4N2

February 2, 2021

The Right Honourable Justin Trudeau, P. C., MP  
 Prime Minister of Canada  
 ceOffice of the Prime Minister  
 80 Wellington Street  
 Ottawa, ON K1A 0A2  
 Sent via email: [justin.trudeau@part.gc.ca](mailto:justin.trudeau@part.gc.ca)

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

Dear Prime Minister Trudeau and Deputy Prime Minister Freeland:

## **Re: Support for Thunder Bay's letter regarding basic income for income security during COVID-19 pandemic and beyond**

Southwestern Public Health supports the advocacy letter created by the Thunder Bay District Health Unit (TDBHU) regarding the use of income-based solutions to reduce Household Food Insecurity (HFI) incidence in Canada.

Food insecurity was a significant issue prior to the COVID-19 pandemic, and since has only increased <sup>1,2</sup>. In May 2020, Statistics Canada conducted the Canadian Perspective Survey Series (CPSS) to gain a rapid understanding of social issues affecting a sample of 4,600 Canadians during the pandemic <sup>3</sup>. Results of the CPSS in May 2020 indicated that 14.6% of Canadian households experienced food insecurity in the past 30 days <sup>3</sup>. This is significantly higher than the 2017-2018 Canadian Community Health Survey (CCHS), with 10.5% of households in Canada experiencing food insecurity <sup>2</sup>.

Food insecurity is not just a national issue; it is impacting our community locally. Prior to the pandemic, our region's most recent data reveals that 6.2% of households in Oxford County and 9.6% of households in Elgin St. Thomas are experiencing some level of insecurity <sup>4,5</sup>. The health repercussions of food insecurity include poorer mental, oral, and self-rated health, greater stress, and people more likely to suffer from chronic conditions such as diabetes, hypertension, and mood and anxiety disorders <sup>2, 3, 6</sup>.

The impacts of the COVID-19 pandemic have increased the prevalence of food insecurity, greatly impacting overall health. Now is the time for a call to action to the government and our local policymakers to implement income-based solutions to reduce further impact. Income-based initiatives could include increasing social assistance rates, implementing a form of Basic Income, providing jobs with a livable wage, and providing affordable housing. SWPH is currently working on

creating a Food Insecurity Position Statement that will be adapted from the newly created [Ontario Dietitians in Public Health \(ODPH\) Position Statement and Recommendations on Responses to Food Insecurity](#)<sup>2</sup>.

As stated in the letter from TDBHU, an adequate and secure household income is strongly correlated to food insecurity rates, therefore income supports are a primary strategy to reduce HFI. We appreciate you taking the time to learn more about food insecurity and its impacts. We encourage you to adopt some of the strategies above to mitigate food insecurity for all Canadians.

Sincerely,



Cynthia St. John  
Chief Executive Officer  
Southwestern Public Health

copy: Honourable Doug Ford, Premier of Ontario  
Dr. David Williams, Chief Medical Officer of Health  
Honourable Karen Vecchio, MP, Elgin-Middlesex-London  
Honourable Jeff Yurek, MPP, Elgin-Middlesex-London  
Honourable Dave Mackenzie, MP, Oxford  
Honourable Ernie Hardeman, MPP, Oxford

## References

1. Tarasuk V, Mitchell A. (2020) Household food insecurity in Canada, 2017-18. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>
2. Ontario Dietitians in Public Health. (2020) Position Statement and Recommendations on Responses to Food Insecurity. Retrieved from [www.odph.ca](http://www.odph.ca).
3. Statistics Canada. (2020) Food insecurity during the COVID-19 pandemic, May 2020. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00039-eng.htm>. Updated June 24, 2020. Accessed January 7, 2021.
4. Oxford County Public Health. (2017) Report 8: Food Security and Access. [https://www.swpublichealth.ca/en/reports-and-statistics/resources/General---Archived-Reports/ph\\_201710\\_ohms\\_report\\_8\\_food\\_security.pdf](https://www.swpublichealth.ca/en/reports-and-statistics/resources/General---Archived-Reports/ph_201710_ohms_report_8_food_security.pdf). Published October 2017. Accessed January 7, 2021.
5. Southwestern Public Health. (2018) Elgin St. Thomas Selfie – Food Insecurity. [https://public.tableau.com/profile/foundational.standards#!/vizhome/ElginSt\\_ThomasSelfie/ElginSt\\_ThomasSelfie](https://public.tableau.com/profile/foundational.standards#!/vizhome/ElginSt_ThomasSelfie/ElginSt_ThomasSelfie). Updated November 27, 2019. Access January 11, 2021.
6. Statistics Canada. (2020) Food insecurity and mental health during the COVID-19 pandemic, December 2020. <https://www150.statcan.gc.ca/n1/pub/82-003-x/2020012/article/00001-eng.htm>. Updated December 16, 2020. Accessed January 11, 2021.



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April 1<sup>st</sup>, 2021

The Honorable Doug Ford  
Premier of Ontario  
Legislative Building, Queen's Park  
111 Wellesley St. West  
Toronto, ON M7A 1A1

## **Re: Reducing the Harms of the Opioid Pandemic – An opportunity for Safer Opioid Supply and other enhanced harm reduction services**

Dear Premier Ford,

On behalf of the Southwestern Public Health Board of Health, we urge the provincial government to reinforce the urgency of the ongoing opioid poisoning epidemic by scaling up harm reduction initiatives in response to this emergency. Southwestern Public Health writes this letter in unity with statements from many other organizations, including Toronto Public Health, the Canadian Mental Health Association, and the Government of Canada.<sup>1-3</sup> Southwestern Public Health intends for this collective advocacy to improve Ontario's harm reduction response, such as Safer Opioid Supply, to prevent further harms and deaths from the opioid epidemic. We ask the Provincial Government to scale-up access points for Safer Opioid Supply, such as Urgent Public Health Needs Sites, by providing additional funding and opportunities for collaboration with local Public Health Units. We also ask that the Provincial Government further support and advocate for Safer Opioid Supply research and implementation accompanied by a full spectrum of harm reduction, social, and healthcare supports.

The opioid epidemic has led to the death of countless family members and their friends in Ontario. Opioid-related deaths in Ontario have more than doubled in the last five years, from 728 deaths in 2015 to 1,509 deaths in 2019.<sup>4</sup> Researchers note that 95% of opioid-related deaths in Ontario were accidental poisonings.<sup>5</sup> Of these accidental poisonings, 85% have been attributed to non-pharmaceutical opioids.<sup>5</sup> This would suggest that majority of opioid poisonings are unintentional and involve contaminated substances from unknown sources. As an alternative to the contaminated street supply, Southwestern Public Health recognizes the need for a more comprehensive approach that includes the regulated provision of pharmaceutical-grade opioids, more commonly known as Safer Opioid Supply (SOS).

The College of Physicians and Surgeons of Ontario recognize that both in the context of a comprehensive treatment plan or as a standalone harm reduction strategy, SOS can enable physicians to support patients with opioid use disorder and reduce their risk of overdose and death.<sup>7</sup> SOS is administered by a licensed prescriber as a regulated means of providing the right amount of a substance at the right time. Preliminary research into SOS conducted by the Government of Canada has shown many beneficial aspects, including the ability to help save lives, improve health outcomes, and establish an entry to primary care and treatment for people with substance use disorder.<sup>8</sup> Thereby, SOS provides a safer supply of substances that reduce the chances of unintentional overdose, increasing knowledge of the substance, and increasing

access to other services.

In 2020, COVID-19 exacerbated the harms caused by the opioid epidemic. Projections indicate the number of opioid deaths increased by more than 50%, meaning over 2,200 deaths may be attributed to opioids in 2020.<sup>5</sup> These statistics provide an unsettling depiction of the limitations faced by health professionals responding to multiple epidemics. These limitations are also reflected in the Southwestern Public Health region.

In 2020, Southwestern Public Health was severely impacted by the COVID-19 pandemic. In response to these needs and the worsening COVID-19 epidemic, Health Canada has extended exemptions under the Controlled Drugs and Substances Act to expand access to Urgent Public Health Need Sites (UPHNS).<sup>6</sup> These harm reduction sites help provide supervised consumption and treatment services to people who use drugs (PWUD) while limiting their contact with others by following physical distancing and isolation measures. Ensuring access and availability of low-barrier harm reduction services is a vital step towards more comprehensive harm reduction service offerings and reducing the burdens of both these epidemics.

Safer Opioid Supply has been supported by multiple community, provincial, and federal agencies, including the Canadian Association of Police Chiefs, Health Canada, and multiple public health agencies.<sup>7-10</sup> Each of these agencies has recognized substance use disorder as both a health and social concern. They have also recognized that it is best to treat PWUD with compassion and give them the support they need. From this viewpoint, we ask the Provincial Government leaders to publicly acknowledge endorsement for Safer Opioid Supply in Ontario. This endorsement would enhance support by licensed prescribers to expand access to Safer Opioid Supply.

We urge the provincial government to enhance its efforts to address this crisis in our country by endorsing a more comprehensive approach to healthcare provision. In these difficult times, we must work even harder to collaborate and implement effective health changes for our community's health and safety.

Larry Martin  
Board of Health Chair  
Southwestern Public Health

Dr. Joyce Lock  
Medical Officer of Health  
Southwestern Public Health

copy:

Dr. David Williams, Chief Medical Officer of Health

Honourable Christine Elliott, Deputy Leader and Minister of Health

Honourable Michael Tibollo, Associate Minister, Mental Health and Addictions

Honourable Jeff Yurek, MPP, Elgin-Middlesex-London

Honourable Ernie Hardeman, MPP, Oxford

Honourable Karen Vecchio, MP, Elgin-Middlesex-London

Honourable Dave Mackenzie, MP, Oxford

Cynthia St. John, CEO, Southwestern Public Health

Andrea Horwath, Leader of the Official Opposition

Steven Del Duca, Leader of the Ontario Liberal Party

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**MEETING DATE:** April 1, 2021

**SUBMITTED BY:** Joe Preston, Chair, Finance and Facilities Standing Committee

**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-0401-5.2

The Finance and Facilities Standing Committee (FFSC) met on March 15, 2021 to consider several timely items. A brief synopsis and various recommendations are below.

**1) Audited Financial Statements (Decision):**

The Committee reviewed draft audited financial statements for the period ending December 31, 2020 which were prepared by the auditing firm of Graham Scott Enns. The auditors presented the financials to the Committee and addressed Committee questions. There were no issues with the audit and no material errors were noted.

The audited statements are attached for your review. Auditors from Graham Scott Enns will be attending the Board of Health meeting via videoconference to address any additional questions.

**MOTION: (2021-BOH-0401-5.2A)**

That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee's recommendation to approve the audited financial statements for the period ending December 31, 2020.

## **2) Appointment of Auditors (Decision):**

The Committee is recommending that Graham Scott Enns be appointed as the auditing firm for 2021. The Committee is confident that this firm has the required experience to complete a thorough financial audit for SWPH.

### **MOTION: (2021-BOH-0401-5.2B)**

That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee's recommendation to appoint Graham Scott Enns as the auditing firm for the year ending December 31, 2021.

## **3) Internal Controls & Processes (Receive and File):**

The Committee reviewed the process of internal financial controls as per the Ministry of Health Standards and determined that all monthly procedures were followed accurately and timely.

### **MOTION: (2021-BOH-0401-5.2C)**

That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee's recommendation to receive and file the internal controls process checklist.

## **4) Cash Flows (Decision):**

Historically, cash flow was never an issue with SWPH due to the reserve fund established by the Board. In January 2020, the Board depleted the reserve fund to a 0 balance when it returned the reserve funds to the obligated municipalities.

Although we anticipate that the Ministry will likely assist with the additional Covid-19 costs, there is no guarantee when they will flow the money and if and when they do, there is no guarantee that the money will flow in a timely way, which may result in a cash flow issue eventually.

Currently the 2019 surplus remains with SWPH as it was not returned to the Municipalities in the event that additional cash flows would be required due to Covid-19 expenditures. The Committee is recommending that the Board approve that these funds remain with SWPH to assist with cash flow, should that be needed.

As well, as a precaution the Committee is recommending that SWPH's current line of credit which has a maximum limit of \$250,000 be increased to \$800,000. This would ensure SWPH has at a minimum, enough cash to cover two pay periods. The interest rate on the line of credit is currently prime 2.45% less .25% resulting in a rate of 2.20%.

**MOTION: (2021-BOH-0401-5.2D)**

That the Board of Health approve the keeping of the 2019 municipal surplus to manage cash flow concerns should the Ministry not flow additional Covid-19 funding in a timely manner.

**MOTION: (2021-BOH-0401-5.2E)**

That the Board of Health approve increasing its existing line of credit from \$250,000 to \$800,000 to manage cash flow concerns that may arise.

**MOTION: (2021-BOH-0401-5.2)**

That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee report for April 1, 2021.

**OXFORD ELGIN ST. THOMAS HEALTH UNIT**

Operating as

**SOUTHWESTERN PUBLIC HEALTH**

**Financial Statements**

**December 31, 2020**

*Draft*

# **SOUTHWESTERN PUBLIC HEALTH**

## **Financial Statements**

**For the Year Ended December 31, 2020**

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*Draft*



**GRAHAM SCOTT ENNS** LLP  
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### **INDEPENDENT AUDITORS' REPORT**

To the **Board of Health, Members of Council, Inhabitants and Ratepayers** of  
the participating municipalities of the County of Oxford, County of Elgin and City of St. Thomas:

#### **Opinion**

We have audited the financial statements of **Southwestern Public Health**, which comprise the statement of financial position as at December 31, 2020, and the statement of operations and surplus, statement of changes in net debt and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the organization's financial statements present fairly, in all material respects, the financial position of the organization as at December 31, 2020, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for public sector entities.

#### **Basis for Opinion**

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### **Responsibilities of Management and Those Charged with Governance for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for public sector entities, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

#### **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.



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**INDEPENDENT AUDITORS' REPORT (CONTINUED)**

**Auditors' Responsibilities for the Audit of the Financial Statements (Continued)**

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

St. Thomas, Ontario

Reporting Date

*Graham Scott Enns LLP*

CHARTERED PROFESSIONAL ACCOUNTANTS

Licensed Public Accountants



# **SOUTHWESTERN PUBLIC HEALTH**

## **Statement of Financial Position December 31, 2020**

	<b>2020</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
<b>FINANCIAL ASSETS</b>		
Cash	<b>2,586,416</b>	2,147,092
Accounts receivable	<b>279,439</b>	328,328
Government remittance receivable	<b>180,298</b>	230,927
Due from Province of Ontario	<b><u>171,077</u></b>	<u>-</u>
	<b><u>3,217,230</u></b>	<u>2,706,347</u>
<b>FINANCIAL LIABILITIES</b>		
Accounts payable and accrued liabilities	<b>2,449,487</b>	1,860,115
Deferred revenue (Note 3)	<b>881,967</b>	550,848
Due to Province of Ontario	<b>-</b>	180,013
Long-term debt (Note 5)	<b><u>7,628,000</u></b>	<u>7,846,000</u>
	<b><u>10,959,454</u></b>	<u>10,436,976</u>
<b>NET FINANCIAL DEBT (PAGE 5)</b>	<b><u>(7,742,224)</u></b>	<u>(7,730,629)</u>
<b>NON-FINANCIAL ASSETS</b>		
Prepaid expenses	<b>50,932</b>	60,137
Tangible capital assets (Note 4)	<b><u>9,412,193</u></b>	<u>9,234,318</u>
	<b><u>9,463,125</u></b>	<u>9,294,455</u>
<b>ACCUMULATED SURPLUS (PAGE 4)</b>	<b><u>1,720,901</u></b>	<u>1,563,826</u>

Approved by the Board:

\_\_\_\_\_ Director

\_\_\_\_\_ Director

The accompanying notes are an integral part of these financial statements.

# SOUTHWESTERN PUBLIC HEALTH

## Statement of Operations and Surplus For the Year Ended December 31, 2020

	(Note 13) Budget 2020 \$	2020 \$	2019 \$
<b>REVENUES</b>			
Operating grants			
Municipal:			
County of Elgin	1,017,063	941,063	941,063
City of St. Thomas	790,368	731,307	731,307
County of Oxford	2,251,966	2,083,797	2,083,687
Province of Ontario (Note 7)	14,835,771	17,007,766	16,035,724
Public Health Agency of Canada (Note 8)	-	45,987	159,326
Student Nutrition (Note 9)	<u>120,745</u>	<u>239,956</u>	<u>180,046</u>
Total operating grants	<u>19,015,913</u>	<u>21,049,876</u>	<u>20,131,153</u>
Other			
Other fees and recoveries	-	80,111	153,333
Clinics	-	20,728	33,302
Interest	<u>66,500</u>	<u>25,878</u>	<u>82,034</u>
Total other revenue	<u>66,500</u>	<u>126,717</u>	<u>268,669</u>
<b>TOTAL REVENUES</b>	19,082,413	21,176,593	20,399,822
<b>EXPENDITURES - SCHEDULE (PAGE 18)</b>	<u>20,729,782</u>	<u>21,019,518</u>	<u>19,766,778</u>
<b>EXCESS OF REVENUES OVER EXPENDITURES</b>	<u>(1,647,369)</u>	<u>157,075</u>	<u>633,044</u>
<b>SURPLUS, BEGINNING OF YEAR</b>	1,563,826	1,563,826	2,991,911
<b>TRANSFER OF SURPLUS (NOTE 2)</b>	<u>-</u>	<u>-</u>	<u>(2,061,129)</u>
<b>ACCUMULATED SURPLUS, END OF YEAR (NOTE 2)</b>	<u>(83,543)</u>	<u>1,720,901</u>	<u>1,563,826</u>

The accompanying notes are an integral part of these financial statements.

# SOUTHWESTERN PUBLIC HEALTH

## Statement of Change in Net Financial Debt For the Year Ended December 31, 2020

	(Note 13) Budget 2020 \$	2020 \$	2019 \$
<b>EXCESS OF REVENUES OVER EXPENDITURES</b>	(1,647,369)	<b>157,075</b>	633,044
Amortization of tangible capital assets	-	<b>626,780</b>	548,503
Net acquisition of tangible capital assets	-	<b>(804,655)</b>	(774,451)
Change in prepaid expenses	-	<b>9,205</b>	(15,564)
Surplus returned to municipalities	-	-	(1,081,301)
Contingent reserves returned to municipalities	-	-	(979,828)
<b>INCREASE IN NET DEBT</b>	(1,647,369)	<b>(11,595)</b>	(1,669,597)
<b>NET FINANCIAL DEBT, BEGINNING OF YEAR</b>	<u>7,730,629</u>	<u><b>7,730,629</b></u>	<u>6,061,032</u>
<b>NET FINANCIAL DEBT, END OF YEAR</b>	<u><b>6,083,260</b></u>	<u><b>7,742,224</b></u>	<u><b>7,730,629</b></u>

Draft

The accompanying notes are an integral part of these financial statements.

# SOUTHWESTERN PUBLIC HEALTH

## Statement of Cash Flows For the Year Ended December 31, 2020

	2020 <u>\$</u>	2019 <u>\$</u>
<b>OPERATING ACTIVITIES</b>		
Excess of revenues over expenditures	157,075	633,044
Items not involving cash:		
Amortization of tangible capital assets	626,780	548,503
Change in non-cash assets and liabilities:		
Accounts receivable	48,889	(121,290)
Government remittances receivable	50,629	(29,454)
Prepaid expenses	9,205	(15,564)
Accounts payable and accrued liabilities	589,372	499,059
Deferred revenue	331,119	(583,102)
Due to Province of Ontario	<u>(351,090)</u>	<u>69,943</u>
Cash provided by operating activities	<u>1,461,979</u>	<u>1,001,139</u>
<b>CAPITAL ACTIVITIES</b>		
Net acquisition of tangible capital assets	<u>(804,655)</u>	<u>(774,451)</u>
Cash applied to capital activities	<u>(804,655)</u>	<u>(774,451)</u>
<b>FINANCING ACTIVITIES</b>		
Funding returned to municipalities	-	(1,081,301)
Contingent reserves returned to municipalities	-	(979,828)
Repayment to long-term debt	<u>(218,000)</u>	<u>(211,000)</u>
Cash applied to financing activities	<u>(218,000)</u>	<u>(2,272,129)</u>
<b>NET CHANGE IN CASH DURING THE YEAR</b>	<b>439,324</b>	<b>(2,045,441)</b>
<b>CASH, BEGINNING OF YEAR</b>	<u><b>2,147,092</b></u>	<u><b>4,192,533</b></u>
<b>CASH, END OF YEAR</b>	<u><u><b>2,586,416</b></u></u>	<u><u><b>2,147,092</b></u></u>

The accompanying notes are an integral part of these financial statements.

# **SOUTHWESTERN PUBLIC HEALTH**

## **Notes to the Financial Statements For the Year Ended December 31, 2020**

---

Southwestern Public Health (the "organization") provides health services to the residents of the City of St. Thomas, County of Elgin and the County of Oxford and is accountable to the Province of Ontario as outlined in the Health Protection and Promotion Act.

### **1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The financial statements of the organization are prepared by management in accordance with Canadian accounting standards for public sector entities. Significant aspects of the accounting policies adopted by the organization are as follows:

#### Basis of Accounting

The financial statements are prepared using the accrual basis of accounting. The accrual basis of accounting records revenue as it is earned and measurable. Expenses are recognized as they are incurred and measurable based upon receipt of goods or services and/or the creation of a legal obligation to pay.

#### Accounting Estimates

The preparation of these financial statements is in conformity with Canadian accounting standards for public sector entities which requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenditures during the current period. These estimates are reviewed periodically and adjustments are made to income as appropriate in the year they become known.

In particular, the organization uses estimates when accounting for certain items, including:

- Useful lives of tangible capital assets
- Employee benefit plans

#### Financial Instruments

The organization's financial instruments consist of cash and cash equivalents, accounts receivable, accounts payable and accrued liabilities and long-term debt. Unless otherwise noted, it is management's opinion that the organization is not exposed to significant interest, currency, or credit risk arising from these financial instruments.

#### Government Transfers

Government transfers are recognized in the financial statements as revenues in the financial period in which events giving rise to the transfer occur, providing the transfers are authorized, any eligibility criteria have been met including performance and return requirements, and reasonable estimates of the amounts can be determined. Any amount received but restricted is recorded as deferred revenue in accordance with Section 3100 of the Public Sector Accounting Handbook and recognized as revenue in the period in which the resources are used for the purpose specified.

# **SOUTHWESTERN PUBLIC HEALTH**

## **Notes to the Financial Statements For the Year Ended December 31, 2020**

---

### **1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

#### Tangible Capital Assets

Tangible capital assets are recorded at cost, which includes all amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, of the tangible capital assets, excluding land are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	20 years
Building	40 years
Roof	20 years
Component equipment	24 years
Computer equipment	4 years

Amortization begins the first month of the year following the year the asset is placed in service and to the year of disposal. Assets under construction are not amortized until the asset is available for productive use.

#### Deferred Revenue

The organization administers other public health programs funded by the Province of Ontario and reported on a Provincial fiscal year end of March 31st. Any unexpended funding for these programs at December 31st is reported as deferred revenue on the statement of financial position. Additionally the organization receives certain grants and other funding from external sources for administering public health programs and may defer funds not spent at December 31st if the respective funding agreement has a term beyond the year end.

#### Employee Benefit Plans

The organization accounts for its participation in the Ontario Municipal Employees Retirement System (OMERS), a multi-employer public sector pension fund, as a defined contribution plan. The OMERS plan specifies the retirement benefits to be received by the employees based on the length of service and pay rates. Employee benefits include post employment benefits. Post employment benefits are subject to actuarial valuations and are accrued in accordance with the projected benefit method, prorated on service and management's best estimate of salary escalation and retirement ages of employees. Any actuarial gains and losses related to past service of employees are amortized over the expected average remaining service period.

#### Recent Accounting Pronouncements

PSAB released a standard related to Financial Instruments (PS 3450). The standard applies to all local governments for fiscal years beginning on or after April 1, 2022. The standard applies to all types of financial instruments. The new standard requires that equity and derivative instruments be measured at fair value, with changes in value being recorded in the statement of remeasurement gains/losses. The standard gives the option of cost/amortized cost vs. fair value of remaining instruments, which is elected upon by the government organization. The organization has not yet determined what, if any, financial reporting implications may arise from this standard.

# **SOUTHWESTERN PUBLIC HEALTH**

## **Notes to the Financial Statements For the Year Ended December 31, 2020**

---

### **2. ACCUMULATED SURPLUS**

The accumulated surplus consists of the following individual fund surplus/(deficit) and reserves as follows:

	<b>2020</b>	<b>2019</b>
	<b><u>\$</u></b>	<b><u>\$</u></b>
<b>SURPLUS</b>		
General reserve (deficit)	<b>(63,292)</b>	175,508
Invested in tangible capital assets	<b><u>9,412,193</u></b>	<u>9,234,318</u>
	<b>9,348,901</b>	9,409,826
<b>AMOUNTS TO BE RECOVERED</b>		
Net long-term debt	<b><u>(7,628,000)</u></b>	<u>(7,846,000)</u>
<b>ACCUMULATED SURPLUS</b>	<b><u>1,720,901</u></b>	<u>1,563,826</u>

### **3. DEFERRED REVENUE**

	<b>2020</b>	<b>2019</b>
	<b><u>\$</u></b>	<b><u>\$</u></b>
Municipal Prepaid Levy	<b>491,004</b>	-
Merger - March 31, 2021 Funding	<b>152,863</b>	413,248
St. Thomas - Low German Needs Assessment	<b>85,624</b>	85,844
Student Nutrition	<b>67,523</b>	12,146
Healthy Babies Healthy Children - March 31, 2021 Funding	<b>36,211</b>	-
Vaccine Fridge - March 31, 2021 Funding	<b>22,500</b>	-
Sewage Inspection Program	<b>17,175</b>	17,175
Other	<b>9,067</b>	5,751
Needle Exchange Program - March 31, 2020 Funding	<b><u>-</u></b>	<u>16,684</u>
Total Deferred Revenue	<b><u>881,967</u></b>	<u>550,848</u>

# SOUTHWESTERN PUBLIC HEALTH

## Notes to the Financial Statements For the Year Ended December 31, 2020

### 4. TANGIBLE CAPITAL ASSETS

**December 31, 2020**

<b>Cost</b>	<b>Opening \$</b>	<b>Additions \$</b>	<b>Disposals \$</b>	<b>Ending \$</b>
Land	572,909	-	-	572,909
Land improvements	161,330	-	-	161,330
Building	7,636,281	212,756	-	7,849,037
Roof	157,000	-	-	157,000
Building component equipment	939,636	256,077	-	1,195,713
Information technology equipment	<u>1,775,949</u>	<u>335,822</u>	<u>-</u>	<u>2,111,771</u>
	<u>11,243,105</u>	<u>804,655</u>	<u>-</u>	<u>12,047,760</u>
<b>Accumulated Amortization</b>	<b>Opening \$</b>	<b>Amortization \$</b>	<b>Disposals \$</b>	<b>Ending \$</b>
Land improvements	40,335	8,067	-	48,402
Building	925,634	190,907	-	1,116,541
Roof	39,250	7,850	-	47,100
Building component equipment	384,287	39,152	-	423,439
Information technology equipment	<u>619,281</u>	<u>380,804</u>	<u>-</u>	<u>1,000,085</u>
	<u>2,008,787</u>	<u>626,780</u>	<u>-</u>	<u>2,635,567</u>
<b>Net Book Value</b>	<b>Opening \$</b>			<b>Ending \$</b>
Land	572,909			572,909
Land improvements	120,995			112,928
Building	6,710,647			6,732,496
Roof	117,750			109,900
Building component equipment	555,349			772,274
Information technology equipment	<u>1,156,668</u>			<u>1,111,686</u>
	<u>9,234,318</u>			<u>9,412,193</u>



# SOUTHWESTERN PUBLIC HEALTH

## Notes to the Financial Statements For the Year Ended December 31, 2020

### 4. TANGIBLE CAPITAL ASSETS (CONTINUED)

**December 31, 2019**

<b>Cost</b>	<b>Opening \$</b>	<b>Additions \$</b>	<b>Disposals \$</b>	<b>Ending \$</b>
Land	572,909	-	-	572,909
Land improvements	161,330	-	-	161,330
Building	7,451,439	184,842	-	7,636,281
Roof	157,000	-	-	157,000
Building component equipment	833,170	106,466	-	939,636
Computer equipment	<u>1,292,806</u>	<u>483,143</u>	<u>-</u>	<u>1,775,949</u>
	<u>10,468,654</u>	<u>774,451</u>	<u>-</u>	<u>11,243,105</u>
<b>Accumulated Amortization</b>	<b>Opening \$</b>	<b>Amortization \$</b>	<b>Disposals \$</b>	<b>Ending \$</b>
Land	-	-	-	-
Land improvements	32,268	8,067	-	40,335
Building	739,348	186,286	-	925,634
Roof	31,400	7,850	-	39,250
Building component equipment	349,571	34,716	-	384,287
Computer equipment	<u>307,697</u>	<u>311,584</u>	<u>-</u>	<u>619,281</u>
	<u>1,460,284</u>	<u>548,503</u>	<u>-</u>	<u>2,008,787</u>
<b>Net Book Value</b>	<b>Opening \$</b>			<b>Ending \$</b>
Land	572,909			572,909
Land improvements	129,062			120,995
Building	6,712,091			6,710,647
Roof	125,600			117,750
Building component equipment	483,599			555,349
Computer equipment	<u>985,109</u>			<u>1,156,668</u>
	<u>9,008,370</u>			<u>9,234,318</u>

# SOUTHWESTERN PUBLIC HEALTH

## Notes to the Financial Statements For the Year Ended December 31, 2020

### 5. LONG-TERM DEBT

- a) The balance of long-term debt reported on the Statement of Financial Position is made up of the following:

	2020 \$	2019 \$
RBC bankers' acceptance to finance construction of new office building	<u>7,628,000</u>	<u>7,846,000</u>

Principal payments relating to the long-term debt outstanding are due as follows:

2021 \$	2022 \$	2023 \$	2024 \$	2025 \$	Thereafter \$	Total \$
<u>226,000</u>	<u>232,000</u>	<u>241,000</u>	<u>248,000</u>	<u>257,000</u>	<u>6,424,000</u>	<u>7,628,000</u>

On January 2, 2014 the former Elgin St. Thomas Health Unit converted the short term construction loan into long-term financing. The former organization was advanced \$9,000,000 in a 32 day banker acceptance notes at the CDOR rate of 1.22% plus a stamping fee of 0.40%. The former organization at the same time entered into an interest rate swap contract to fix the interest rate on their long-term financing at 2.85% for a 30 year time frame. As a result of these transactions, the former organization had fixed their rate on this debt obligation at 2.85% plus the stamping fee (for a total of 3.25% for 2020). The stamping fee is reviewed every fifteen years to determine if the risk assessment of the organization has changed from the last review at which point the rate could increase if additional risk is determined. As a result of the interest swap agreement, if the organization were to repay the long-term debt at December 31, 2020 an additional cost of \$1,261,622 would be incurred. An additional \$250,000 can be borrowed at any time and added to this swap agreement.

### 6. RECONCILIATION FOR MINISTRY OF HEALTH SETTLEMENT PURPOSES

	2020 \$	2019 \$
<b>Excess of Revenues over Expenditures</b>	<b>157,075</b>	<b>633,044</b>
<b>Reconciling items:</b>		
Principal portion of long-term debt	(218,000)	(211,000)
Vacation and compensating time	161,119	6,711
Amortization	626,780	548,503
Eligible expenses transferred to tangible capital assets	<u>(804,655)</u>	<u>(774,451)</u>
<b>(Deficiency) Excess of Revenues over Expenditures for Ministry of Health Purposes</b>	<u><b>(77,681)</b></u>	<u><b>202,807</b></u>

# SOUTHWESTERN PUBLIC HEALTH

## Notes to the Financial Statements For the Year Ended December 31, 2020

### 7. PROVINCE OF ONTARIO

	2020 <u>\$</u>	2019 <u>\$</u>
Cost shared programs		
General Public Health Programs	12,474,900	9,017,400
<i>The following were 100% funded in the prior year and are now cost-shared and included in the General Public Health Programs amount above:</i>		
Healthy Smiles Ontario	-	938,145
Smoke-Free Ontario	-	642,865
Infectious Disease Control Initiative	-	389,000
Public Health Nurse Initiative	-	361,000
Harm Reduction Program Enhancement	-	300,000
Chief Nursing Officer	-	243,000
Infection Prevention and Control Nurses Initiative	-	180,200
Vector Borne Diseases	-	119,600
Needle Exchange Program	-	56,595
Enhanced Food Safety - Haines Initiative	-	50,000
Enhanced Safe Water Initiative	-	31,000
Small Drinking Water Systems	-	30,700
	<u>12,474,900</u>	<u>12,359,505</u>
Total cost shared programs		
Other programs and one-time funding		
Healthy Babies Healthy Children	1,618,364	1,652,494
Ontario Senior Dental Care	901,300	637,663
Merger Costs - March 31, 2020 Funding	511,847	852,963
Ontario Seniors Dental - Capital One Time - March 31, 2020 Funding	428,075	-
School-Focused Nurses Initiative (COVID-19)	376,880	-
Medical Officer of Health Compensation Initiative	186,451	166,826
Merger Costs - March 31, 2021 Funding	147,137	-
HVAC - One Time Funding	146,971	-
Prenatal and Postnatal Nurse Practitioner Services	139,003	139,000
Needle Exchange Program - March 31, 2021 Funding	39,228	-
Public Health Case & Contact Management Solution (COVID-19)	21,934	-
Public Health Inspector Practicum Placement - One Time Funding	10,000	5,489
Pandemic Pay (COVID-19)	5,676	-
Healthy Smiles Ontario - One Time Funding	-	100,637
School Health Screening - One Time Funding	-	65,068
Electronic Cigarettes Act Protection and Enforcement - One Time Funding	-	24,190
Needle Exchange Program - March 31, 2020 Funding	-	26,400
Merger Costs - March 31, 2019 Funding	-	5,489
	<u>4,532,866</u>	<u>3,676,219</u>
Total other programs and one-time funding		
Total Province of Ontario grants	<u>17,007,766</u>	<u>16,035,724</u>

# **SOUTHWESTERN PUBLIC HEALTH**

## **Notes to the Financial Statements For the Year Ended December 31, 2020**

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### **8. PUBLIC HEALTH AGENCY OF CANADA**

The organization receives funding from the Public Health Agency of Canada for funds to carry out the Creating Connections project. The organization and local developers will partner to improve walkability in the City of St. Thomas. Any unexpended funding for this program at December 31st is reported as deferred revenue on the statement of financial position.

	<b>2020</b>	<b>2019</b>
	<b><u>\$</u></b>	<b><u>\$</u></b>
<b>Revenue</b>	<b><u>45,987</u></b>	<b><u>159,326</u></b>
<b>Expenditure</b>		
Purchased services	<b>27,853</b>	132,046
Salaries	<b>14,507</b>	21,760
Benefits	<b><u>3,627</u></b>	<b><u>5,440</u></b>
<b>Program excess of revenue over expenditures</b>	<b><u>-</u></b>	<b><u>80</u></b>

### **9. STUDENT NUTRITION**

The organization receives funding from a number of external agencies including the United Way and VON to provide healthy foods to participating schools in Oxford County. Any unexpended funding for this program at December 31st is reported as deferred revenue on the statement of financial position.

	<b>2020</b>	<b>2019</b>
	<b><u>\$</u></b>	<b><u>\$</u></b>
<b>Revenue</b>	<b><u>239,956</u></b>	<b><u>180,046</u></b>
<b>Expenditure</b>		
Program supplies	<b>229,258</b>	180,046
Included in capital asset additions	<b><u>10,698</u></b>	<b><u>-</u></b>
<b>Program excess of revenue over expenditures</b>	<b><u>-</u></b>	<b><u>-</u></b>

### **10. OPERATING LEASES**

The organization leases two buildings from the County of Oxford at \$45,860 per month plus HST on an ongoing monthly basis to April 30, 2022. On an annual basis the landlord increases the annual rent by the percentage increase of the Consumer Price Index.

The minimum annual lease payments required in the next two years in respect of operating leases are as follows:

	<b><u>\$</u></b>
2021	550,318
2022	183,439

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# **SOUTHWESTERN PUBLIC HEALTH**

## **Notes to the Financial Statements For the Year Ended December 31, 2020**

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### **11. CASH FLOW FROM THE PROVINCE OF ONTARIO MINISTRIES OF HEALTH AND LONG-TERM CARE AND CHILDREN AND YOUTH SERVICES**

The organization receives funding from the Province of Ontario Ministry of Health and Long-Term Care, Public Health Division and Health Promotion Division, and the Ministry of Children, Community and Social Services ("MCCSS") to carry out general public health programs and related health programs and services. Funding provided from the Ministry for the year ended December 31, 2020 is as follows:

	Public Health Division \$	MCCSS \$
General Public Health Programs	12,474,900	-
Ontario Senior Dental Care Program	901,300	-
Ontario Senior Dental - Capital Funding March 31, 2020	525,000	-
School-Focused Nurses Initiative (COVID-19)	376,880	-
Merger Costs - March 31, 2021	300,006	-
Medical Officer of Health Compensation Initiative	166,570	-
Pandemic Pay (COVID-19)	133,100	-
Public Health Case and Contact Management Solution (COVID-19)	18,408	-
New Purpose-Built Vaccine Refrigerators	22,500	-
Needle Exchange Program - One Time Funding March 31, 2021	20,544	-
Public Health Inspector Practicum Placement - March 31, 2021	10,000	-
Healthy Babies Healthy Children	-	1,653,539
Prenatal and Postnatal Nurse Practitioner Services	-	139,003
	<u>14,949,208</u>	<u>1,792,542</u>

# **SOUTHWESTERN PUBLIC HEALTH**

## **Notes to the Financial Statements For the Year Ended December 31, 2020**

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### **12. PENSION AGREEMENTS**

The organization makes contributions to the Ontario Municipal Employees Retirement Fund (OMERS), which is a multi-employer plan, on behalf of members of its staff. The plan is a defined benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay. Each year, an independent actuary determines the funding status of OMERS Primary Pension Plan (the Plan) by comparing the actuarial value of invested assets to the estimated present value of all pension benefits the members have earned to date. The most recent actuarial valuation of the Plan was conducted December 31, 2020, and the results of this valuation disclosed actuarial liabilities of \$111.8 billion in respect of benefits accrued for service with actuarial assets at that date of \$108.6 billion leaving an actuarial deficit of \$3.2 billion.

Since any surpluses or deficits are a joint responsibility of all Ontario municipalities and their employees, the organization does not recognize any share of the OMERS Pension surplus or deficit in these financial statements.

The amount contributed to OMERS for the year ended December 31, 2020 was \$1,110,024. OMERS contribution rates for 2020 and 2019 depending on income level and retirement dates ranged from 9.0% to 15.8%.

### **13. BUDGET FIGURES**

The operating budgets approved by the organization and the Province of Ontario for 2020 are reflected on the statement of operations and are presented for comparative purposes.

### **14. PUBLIC SECTOR SALARY DISCLOSURE ACT 1996**

The Public Sector Salary Disclosure Act, 1996 ( the "Act") requires the disclosure of the salaries and benefits of employees in the public sector who are paid a salary of \$100,000 or more in a year. The organization complies with the Act by providing the information to the Ontario Ministry of Health and Long-Term Care for disclosure on the public website at [www.fin.gov.on.ca](http://www.fin.gov.on.ca).

# **SOUTHWESTERN PUBLIC HEALTH**

## **Notes to the Financial Statements For the Year Ended December 31, 2020**

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### **15. FINANCIAL INSTRUMENTS**

#### Risks and Concentrations

The organization is exposed to various risks through its financial instruments. The following analysis provides a measure of the organization's risk exposure and concentrations at the statement of financial position date.

#### Liquidity Risk

Liquidity risk is the risk that the organization will encounter difficulty in meeting obligations associated with financial liabilities. The organization is exposed to this risk mainly in respect of its accounts payable and accrued liabilities.

#### Credit Risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The organization's main credit risk relate to its accounts receivable.

#### Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The organization is exposed to interest rate risk on its fixed and floating interest rate financial instruments. Given the current composition of long-term debt (proportion of debt at a fixed interest rate compared to a floating interest rate), fixed-rate instruments subject the organization to a fair value risk while the floating-rate instruments subject it to a cash flow risk.

It is management's opinion that the entity is not exposed to any significant market, foreign currency or price risk.

No financial liabilities of the organization were in default during the period.

The organization was not subject to any covenants during the period.

There have been no changes to the assessed levels of theses risks in the year.

### **16. SIGNIFICANT EVENT - COVID-19**

During and subsequent to the year end, the organization was exposed to economic risks associated with the coronavirus pandemic. These risks are beyond the organization's control. Due to the nature of the organization's operations, it is anticipated that COVID-19 related expenditures will be financed by the Province of Ontario. Various revenues amounts relating to COVID-19 were received during the year and will continue in 2021.

# SOUTHWESTERN PUBLIC HEALTH

## Schedule of Expenditures For the Year Ended December 31, 2020

	(Note 13) Budget 2020 \$	2020 \$	2019 \$
<b>GENERAL PUBLIC HEALTH PROGRAMS</b>			
<b>SALARIES AND WAGES</b>			
Clerical and support	832,708	359,849	811,362
Management	2,142,830	1,735,979	2,079,909
Nursing	2,973,725	956,799	2,847,837
Inspection and environment	927,687	333,689	870,910
Nutrition and health promotion	518,755	136,044	432,795
Maintenance and security	78,000	76,285	116,796
COVID-19	-	5,565,542	-
	<u>7,473,705</u>	<u>9,164,187</u>	<u>7,159,609</u>
<b>FRINGE BENEFITS</b>			
Group pension	1,257,000	1,110,024	1,091,807
Medical insurance	403,350	469,883	360,326
Canada pension plan	415,250	425,139	393,173
Long term disability	283,300	280,969	258,455
Employer health tax	228,619	233,217	213,305
Employment insurance	164,200	179,997	176,373
Dental plan	164,300	152,913	149,391
Workplace safety insurance	104,550	103,054	93,729
Group life insurance	53,790	51,258	47,845
Supplementary unemployment benefits	52,000	44,215	43,511
Part-time benefits	22,000	10,043	14,505
Employee assistance programs	8,500	7,858	7,858
Benefits to other programs	(912,305)	(1,955,300)	(883,354)
COVID-19	-	1,167,266	-
	<u>2,244,554</u>	<u>2,280,536</u>	<u>1,966,924</u>
<b>FEES AND HONORARIA</b>			
Audit and legal	89,000	56,199	121,618
Labour relations	29,607	37,186	11,364
Honorarium	-	12,360	-
Board	35,700	11,614	27,931
Meeting expense	13,000	4,043	10,729
Clinical services	-	-	15,459
	<u>167,307</u>	<u>121,402</u>	<u>187,101</u>
<b>COVID-19 EXPENSES OTHER THAN PAYROLL</b>	-	578,957	-



# SOUTHWESTERN PUBLIC HEALTH

## Schedule of Expenditures For the Year Ended December 31, 2020

	(Note 13) Budget 2020 \$	2020 \$	2019 \$
<b>TRAVEL</b>	<u>198,981</u>	<u>71,740</u>	<u>182,748</u>
<b>EQUIPMENT</b>	<u>705,327</u>	<u>578,073</u>	<u>359,070</u>
<b>PROGRAM SUPPLIES</b>	<u>230,248</u>	<u>79,991</u>	<u>245,213</u>
<b>AMORTIZATION</b>	<u>-</u>	<u>626,780</u>	<u>548,503</u>
<b>RENT AND UTILITY SERVICES</b>			
Building and facilities rental	556,880	581,692	558,356
Interest on long-term debt	252,000	239,446	256,352
Maintenance and supplies	210,850	166,455	224,670
Utilities	<u>101,000</u>	<u>92,651</u>	<u>87,751</u>
	<u>1,120,730</u>	<u>1,080,244</u>	<u>1,127,129</u>
<b>ADMINISTRATIVE</b>			
Telephone	115,000	143,966	89,376
Public awareness and promotion	-	45,848	36,223
Engagement strategies	30,000	3,386	35,936
Insurance	61,500	74,545	56,367
Fees and subscriptions	21,000	21,379	37,284
Printing and supplies	51,000	15,721	44,631
Professional development	24,000	15,049	102,065
Postage and courier	12,000	11,627	8,380
Equipment maintenance and rental	14,000	-	12,457
Staff recruitment	<u>6,000</u>	<u>-</u>	<u>4,084</u>
	<u>334,500</u>	<u>331,521</u>	<u>426,803</u>
<b>VECTOR-BORNE DISEASES PROGRAM</b>	<u>-</u>	<u>-</u>	<u>157,588</u>
<b>SMALL DRINKING WATER SYSTEMS PROGRAM</b>	<u>-</u>	<u>-</u>	<u>40,933</u>

# SOUTHWESTERN PUBLIC HEALTH

## Schedule of Expenditures For the Year Ended December 31, 2020

	(Note 13) Budget 2020 \$	2020 \$	2019 \$
<b>MINISTRY FUNDED PROGRAMS - AT 100% IN THE PRIOR YEAR</b>			
Healthy Smiles Ontario	1,008,100	<b>843,697</b>	938,145
Smoke-Free Ontario	684,000	<b>315,828</b>	661,871
Harm Reduction	300,000	<b>247,750</b>	300,000
Health Equity (previously Social Determinants of Health Nurses Initiative)	603,800	<b>112,283</b>	361,000
Infectious Diseases Control	389,000	<b>94,562</b>	389,000
Needle Exchange Program	60,900	<b>59,338</b>	56,595
Infection Prevention and Control Nurses Initiative	180,200	<b>44,252</b>	180,200
Enhanced Food Safety - Haines Initiative	50,000	<b>9,492</b>	50,000
Enhanced Safe Water Initiative	31,000	<b>2,967</b>	31,000
Chief Nursing Officer	-	-	243,000
Total Ministry Programs - Previously 100% Funded	<u>3,307,000</u>	<u><b>1,730,169</b></u>	<u>3,210,811</u>
<b>TOTAL COST SHARED PROGRAM EXPENDITURES</b>	<u>15,782,352</u>	<u><b>16,643,600</b></u>	<u>15,612,432</u>

# SOUTHWESTERN PUBLIC HEALTH

## Schedule of Expenditures For the Year Ended December 31, 2020

	(Note 13) Budget		
	2020	2020	2019
	<u>\$</u>	<u>\$</u>	<u>\$</u>
<b>OTHER PROGRAMS AND ONE-TIME EXPENDITURES</b>			
<b>MINISTRY PROGRAMS - 100% FUNDED</b>			
Ontario Senior Dental Care Program	901,300	657,730	637,663
Ontario Seniors Dental Care Program - Capital	825,000	419,259	-
Merger Costs (March 31, 2020)	548,808	393,584	111,748
School-Focused Nurses Initiative (COVID-19)	-	376,880	-
Medical Officer of Health Compensation Initiative	156,963	186,451	320,871
HVAC Replacement (March 31, 2021)	149,000	100,544	-
Needle Exchange Program Initiative (March 31, 2020)	43,075	39,228	-
Merger Costs (March 31, 2021)	400,000	147,143	-
Public Health Inspector Practicum Program (March 31, 2021)	10,000	10,000	-
Public Health Case and Contact Management Solution (COVID-19)	-	7,148	-
Temporary Pandemic Pay Initiative (COVID-19)	-	5,676	-
Merger Costs (March 31, 2019)	-	-	746,704
Healthy Smiles Ontario: Dental Equipment & Software	-	-	107,494
Needle Exchange Program Initiative (March 31, 2019)	-	-	21,198
School Health Screening (December 31, 2019)	-	-	18,015
Public Health Inspector Practicum Program (March 31, 2020)	-	-	9,523
	<u>3,034,146</u>	<u>2,343,643</u>	<u>1,973,216</u>
Total Ministry Programs - 100% Funded			
<b>OTHER PROGRAMS</b>			
Healthy Babies Healthy Children	1,653,539	1,617,809	1,652,494
Student Nutrition	120,745	229,258	180,046
Prenatal and Postnatal Nurse Practitioner Services	139,000	139,000	139,000
Public Health Agency Canada	-	45,988	159,246
Low German Partnership	-	220	33,733
Sewage Inspection Program	-	-	16,611
	<u>1,913,284</u>	<u>2,032,275</u>	<u>2,181,130</u>
Total other programs			
<b>TOTAL EXPENDITURES</b>	<u><u>20,729,782</u></u>	<u><u>21,019,518</u></u>	<u><u>19,766,778</u></u>

**Southwestern Public Health (SWPH)**

**January 2021**

Control	Description	Completed at Month End Y/N/NA	Responsibility
<b>CASH</b>			
Deposit of cheques/cash	Mail is opened by the Executive Assistant (to Director of Finance). Any cash payments are processed in the cash register by frontline staff. Daily closing of the cash register is processed by the Payroll & Benefits Administered (St. Thomas) and the Administrative Assistant (Woodstock). the Accounting Supervisor prepares the deposits and Journal Entry summary which is approved by the Director of Finance.		Acct Supervisor
Bank Reconciliations	Bank reconciliations are prepared monthly by the Accounting Supervisor for all accounts. The Director of Finance reviews the reconciliations to identify any unusual reconciling items. Director of Finance reviews and initials the bank deposits.		Acct Supervisor
Cheques	the Accounting Supervisor ensures all outstanding cheques less than six months old. the Director of Finance reviews all outstanding cheques along with the bank reconciliations.		Acct Supervisor
Petty Cash	the Accounting Supervisor reconciles petty cash monthly if used (Petty cash on hand + reimbursement vouchers = Balance per G/L) and the Director of Finance initials the reconciliation.		Acct Supervisor
<b>ACCOUNTS RECEIVABLE</b>			
Receivables	Receivables are tracked in excel monthly by the Accounting Supervisor and are supported by detailed schedules that reflect all transactions that have occurred in the month (includes taxes, employees etc.) The Director of Finance agrees to financials monthly.		Acct Supervisor
Sub ledger	No subledger exists; therefore no reconciliation performed		Director of Finance
<b>INVENTORY</b>			
Inventory	Inventory is currently maintained in central supply. Access is restricted by use of a FOB and access is granted only to managers and Program Assistants. A perpetual inventory control system is in place.		Director of Finance
<b>PREPAIDS</b>			
Prepays	All prepaids are tracked monthly by the Accounting Supervisor and are amortized over their remaining useful life. All prepaids are agreed to supporting invoices. The Director of Finance agrees to financials monthly.		Acct Supervisor
<b>FIXED ASSETS</b>			
Fixed assets subledger	The Office Manager maintains the fixed asset listing. the Director of Finance reviews the fixed asset subledger quarterly for accuracy and completeness. All transactions are tracked in an excel spreadsheet and agreed to invoices and compared to the budgeted amounts.		Director of Finance
Write-offs	All assets that have been sold, damaged or are no longer in use are written off by the Director of Finance when informed by the manager after having received approval from CEO.		Director of Finance
Repairs & maintenance	the Director of Finance reviews the repair and maintenance accounts monthly to ensure all expenditures have been accounted for in accordance with SWPH's capital policy.		Director of Finance
<b>ACCOUNTS PAYABLE</b>			
Processing Accounts Payable	POs are generated for all purchases in accordance with SWPH's procurement policy (see "Procurement Policy") for authorization levels. Goods that are received must have an initial on the purchase order/ paper requisition (if applicable). All invoices whether attached to a packing slip or not are sent to the appropriate personnel and signed to verify the goods were received and the pricing terms are correct. Invoices are then sent to the Accounting Supervisor who codes the invoices and sends them to the Director of Finance for review. The Director of Finance reviews the allocation to the G/L, pricing, terms, ensures authorized approval and initials them.		Acct Supervisor
Payment of Accounts Payable	Cheque runs are printed twice a month – on the 5th and 20th of the month and additional runs, as required. The Accounting Supervisor processes the cheques/EFTs to be signed and attaches a copy of each cheque/EFT to the appropriate invoice and sends it to be signed. The Director of Finance reviews and signs the cheques/EFTs and ensures again that the invoices have been approved for payment. She also reviews the cheque register provided with the cheque run. Once the Director of Finance has reviewed, the cheques and invoices are sent to CEO for review and signature. The CEO sets aside any unusual items if she feels they need a further explanation. All cheques require dual signatures (one of which must be CEO). Cheques are kept in a locked cabinet accessible only by the Accounting Supervisor or the Director of Finance. The computer processes the numbers on the cheques and does not allow for duplication.		Acct Supervisor
Sub ledger	The Accounts Payable subledger is reviewed monthly by the Director of Finance and agreed to the Accounts Payable balance.		Director of Finance

Invoices compared to PO's	Each time EFT's/cheques are issued the Payroll Coordinator will randomly select 5 invoices and ensure there is an approved PO attached, ensure the PO is dated prior to the invoice date, and that the purchase was with the approved authority schedule and limits		AA
Vendor Purchase Summary	Bi-annually the Acct Supervisor/Payroll Coordinator will summarize total purchases by vendor and ensure the value of the purchases fall in line with the procurement policy.		AA
<b>ACCRUED LIABILITIES</b>			
Accrued liabilities	the Accounting Supervisor tracks all accrued liabilities monthly in an excel spreadsheet and agrees to the GL. The Director of Finance verifies to monthly financial statements.		Acct Supervisor/Payroll Admin
<b>PAYROLL</b>			
Processing Payroll	All employees must record their time daily in Dayforce. Authorized Directors and Managers have access to the Dayforce system and can view time reports at any time. Directors/Managers must approve each of their assigned staffs timesheets. If the timesheets are not approved, the Payroll & Benefits Administrator will follow-up with the director/manager to ensure hours are correctly recorded. At the end of the pay period the Payroll & Benefits Administrator reviews all the time entries to ensure all are approved and identify any issues. The Payroll & Benefits Administrator then makes any necessary adjustments to payroll such as mileage claims, expenses, etc.		Payroll Admin
Payroll Approval	Once all payroll information is entered, the Payroll & Benefits Administrator provides the Director of Finance with a copy of the preview for review. Once approved, the Payroll & Benefits Administrator processes the payroll and completes the required journal entries monthly. The Director of Finance reviews the manual information and signs off on the final submitted payroll register.		Payroll Admin
Payroll Approval - One-Offs	Whenever there is a special pay (e.g. overtime payout, responsibility pay), the appropriate Laserfiche form must be completed and signed by the CEO. Any large payouts must also be reviewed and initialed by a second person (either the Accounting Supervisor or the Director of Finance).		Payroll Admin
Source Deductions	All Source deductions are remitted after each payroll by "Ceridian Dayforce", the company used to process our payroll. The Director of Finance receives and reviews the monthly statement provided by the Government confirming remittance (online).		Payroll Admin
Pension Filings	The Payroll & Benefits Administrator prepares and submits the pension filings monthly. The amounts are reconciled by employee to the payroll register and submitted via EFT.		Payroll Admin
Benefits Reconciliations	The Payroll & Benefits Administrator reconciles the benefits invoice from Sunlife monthly to ensure only active employees are included and each employee is correctly categorized.		Payroll Admin
<b>MISCELLANEOUS</b>			
HST	The HST return is completed quarterly by the Accounting Supervisor and reviewed and initialed by the Director of Finance after the Accounting Supervisor files. The Accounting Supervisor then books the necessary journal entries when the funds are received.		Acct Supervisor
Corporate Credit Cards	There are three corporate credit cards. The Accounting Supervisor reconciles them monthly and processes them the same as accounts payable (see AP above for detailed procedures).		Acct Supervisor
Staff Expenses	All staff expenses are processed through payroll. Staff must complete an expense form which is signed and approved by their supervisor. The form is then submitted to the Payroll & Benefits Administrator for processing with payroll. The Director of Finance reviews along with the payroll register.		Payroll Admin
Settlement Forms	Settlement forms are completed annually by the auditors. Upon completion the forms are reviewed by the Director of Finance, approved by CEO before providing to the Board for final approval.		Director of Finance
<b>FINANCIAL STATEMENTS</b>			
Monthly internals	Financial statements are generated monthly and are compared to budget. The financials are provided to the appropriate Directors/Managers to review their financials and note any reasons for variances to budget. The internals along with summary notes are provided to the CEO monthly to review as well and discuss with direct reports.		Acct Supervisor
Board Statements	Financial statements are generated Quarterly and provided to Finance and Facilities Standing Committee and the Board of Health. Cynthia reviews them at the FFSC meeting and highlights any discrepancies. The FFSC make the recommendation for the Board to approve the statements. During the Board meeting any additional questions are asked and the statements are approved.		Director of Finance
Mandatory Quarterly Reporting to the Ministry	Quarterly financial reports are completed by the Director of Finance in the template provided by the Ministry. Once complete, the CEO reviews and approves before the forms are electronically submitted to the Ministry.		Director of Finance
HBHC, PPNP, and HKCC Quarterly Reporting	Quarterly financial reports are completed by the Director of Finance and then reviewed by the Program Manager. Once complete, the CEO reviews and approves before the forms are electronically submitted to the Ministry.		Director of Finance



# CEO REPORT

Open Session

**MEETING DATE:** April 1, 2021

**SUBMITTED BY:** Cynthia St. John, CEO (written as of March 22, 2021)

**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-0401-5.3

## **1) SWPH General Updates (Receive and File):**

### **1.1 Conestoga College's Employer Recognition Awards 2021**

This year, Southwestern Public Health was nominated by Amisha Prajapati, a Technologist, Health Informatics, at Conestoga College, for an ***Employer Recognition Award – Work-Integrated Learning Support Services*** for providing relevant hands-on learning experiences in support of students' education and future careers. The awards ceremony took place during National Co-op and Work-Integrated Learning Week.

Southwestern Public Health's relationship with Conestoga College goes back to 2013 when we became the first health unit in Ontario to employ students from their Bachelor of Applied Health Information Science program. Past students have supported the development and implementation of multiple health information management systems, including Hedgehog (environmental health system) and Panorama (Provincial immunization system). More recently, Conestoga students were hired to support the COVID-19 Community Support Task Force.

The relationship has grown ever since with the mentoring and coaching of several Health Informatics students and, more recently, the hiring of student public health inspectors. In addition to hiring students, SWPH also sits on the program advisory committees for both

programs, leading to new opportunities and partnerships. SWPH will continue to build on this progressive and collaborative relationship.

## **1.2 COVID-19 Response**

### **1.2.1 Operations**

#### **Case and Contact Management**

COVID 19 Outbreaks– 28 outbreak investigations were initiated at long-term care homes, retirement homes, childcare centres, congregate living settings and workplaces since February 1, 2021. Nine of these outbreaks were confirmed.

Infectious disease staff supported staff at long-term care homes, retirement homes, childcare centres, congregate living settings and workplaces by answering their questions and providing resources about COVID 19.

Outside of COVID -19, 14 investigations were completed by the infectious diseases team for diseases of public health significance (reportable diseases as defined by the Health Protection and Promotion Act) during the months of January (8) and February (6).

Staff continued to learn and adapt to changes and enhancements made to the Case and Contact Management Database for COVID 19.

#### **IPAC Hub Update**

The South West IPAC Hub is nearing full implementation. The IPAC Hub exists to enhance Infection Prevention and Control (IPAC) practices in congregate living settings. The IPAC Hub consists of a 'core' hub (the SW IPAC Hub led by Southwestern Public Health) and four satellite hubs centred in one of four health unit areas. 3 of the 4 satellites are headed by health units and the fourth is led by the Ontario Health Team in Huron Perth.

As of March 19, 2021, for SWPH region specifically, 48 individual IPAC services have been provided to 26 congregate living facilities in St. Thomas, Elgin and Oxford as a result of this initiative. The facilities included: shelters, group homes, long-term care homes and retirement homes. Southwestern Public Health has 2 IPAC Specialists dedicated to this work and is recruiting a program assistant.

The Ministry of Health has signalled that funding for this initiative will continue to at least the end of 2021.

#### **COVID Vaccination Update**

The mass immunization clinics at Goff Hall in Woodstock and Memorial Arena in St. Thomas servicing our communities, opened Monday, March 15. Based on allocation of vaccine from the province, the clinics started with providing approximately 96 doses (at each site) on its first day of operation. This number of doses per site provided the opportunity for staff to review the

process from start to finish to identify areas requiring improvement so measures could be implemented to assist in improving the flow and experience of individuals in receiving their vaccinations. By Wednesday, both clinics had more than tripled the number of vaccines administered. Those in receipt of the vaccine (and their significant others) praised the efficiency of the clinic and the kind, friendly and caring nature of staff. The clinics are aiming to further increase the number of vaccinations provided in the weeks to come as the vaccine supply is expected to become more readily available and stable.

The Mass Immunization Clinics referenced above are only one of several modalities SWPH has undertaken or is planning to launch related to covid-19 vaccinations. SWPH is currently conducting mobile efforts for specific priority populations. Further, SWPH is exploring pop up clinics in communities within its region. When vaccine is readily available and in steady supply, we will proceed with these other modalities as outlined in the vaccination playbook.

The first step was to get the mass immunization clinics operating. A heartfelt thank you goes out to our municipal partners who have assisted us in getting our MICs off the ground and running. A heartfelt thank you goes out to the SWPH staff and in some cases, their parents, partners, and spouses who dropped everything and spent countless hours getting the sites ready.

I am also pleased to report that we no longer have to decant our vaccine supply from London Health Sciences Centre's freezers as SWPH now has its own freezers to store COVID-19 vaccine. This makes our efforts more efficient and less costly in time and money.

Lastly, I want to mention the heartfelt messages of thanks our team has been receiving in person as well as via email and via phone. We often post the messages for our staff on our internal staff site to remind the team that their work matters and they are making a difference!

### 1.2.2 Information

#### **Communications**

The Communications Team continues to take a multi-modality approach to educating and informing the community about COVID-19. In a typical week, our website sees more than 35,000 unique visitors. We are followed by more than 11,000 accounts on Facebook, 1600 on Instagram, and 3200 on Twitter. Our three times weekly e-newsletter has more than 2400 subscribers and an open rate of more than 60%. In addition to our electronic communications, we use paid advertising in community publications, traditional media, and radio public service announcements. Updates about the virus, transmission, risk, and the vaccine go weekly to hospitals, long-term care homes, retirement homes, community health centres and primary health care providers. Finally, we are looking at ways to reach our higher risk community members with a targeted direct mail campaign.



Southwestern Public Health continues to be widely covered by local media and enjoys a high level of engagement on social media.

While the emphasis of our vaccination communications to date has centred around vaccine effectiveness, vaccine safety, local eligibility, and how to book an appointment, the tone of the communication will soon shift to address the needs of those who are vaccine hesitant.

**MOTION: 2021-BOH-0401-5.3**

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for April 1, 2021.



# MOH REPORT

Open Session

**MEETING DATE:** April 1, 2021

**SUBMITTED BY:** Dr. Joyce Lock, MOH (written as of 12:00noon, March 23, 2021)

**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-0401-5.4

## **1) Coronavirus COVID-19 (Receive and File):**

### CURRENT STATE

On March 15<sup>th</sup>, 2021, Southwestern Public Health's (SWPH) regional mass immunization clinics in St. Thomas and Woodstock opened their doors to area priority groups: residents over 80 years of age, indigenous populations, and healthcare workers. That our health unit is now able to provide Covid-19 vaccines to its local population is a very welcome and vital development in our ongoing pandemic response. To all individuals who are eligible, I encourage them to get the shot as soon as possible; and to those who are awaiting eligibility, I ask them to be patient and to be ready to go in anticipation of a steady influx of vaccines in the coming months. Covid-19 vaccines work, and they all work very well. They are our primary defence against this overwhelming virus. Indeed, no where is vaccine effectiveness more evident than in the fact that, at the time of this report, there have been no active Covid-19-related outbreaks in our 34 long-term care homes and retirement homes, highly vulnerable settings in which residents and staff have now gained a much-needed level of protection with the completion of their round of 2-dose vaccinations.

In tandem with this positive development in our year-long response, however, is the mounting evidence that we are on the cusp of a worrisome resurgence of Covid-19 cases caused by the

increasing prevalence of variants of concern (VOCs) in our province and region. As of March 23<sup>rd</sup>, 2021, SWPH reported a cumulative confirmed case count of 2,716 residents who tested positive for Covid-19, of which 78 are active and 67 are deceased. From that roster of active cases, 63 were identified within a period of 4 days (from March 18<sup>th</sup> to March 23<sup>rd</sup>) with the most common source of infection occurring through contact from gathering socially and interacting with non-household family members and friends at residences and workplaces. Notably, a number of these cases screened positive for VOCs, and the ramifications of this more infectious strain of coronavirus in our community can be seen in the number of cases identified over a short period of time and in contexts previously considered as low-risk.

#### COVID-19 VARIANTS OF CONCERN (VOC)

The Center for Disease Control ([CDC](#)) defines a VOC as “a variant for which there is evidence of an increase in transmissibility, more severe disease (increased hospitalizations or deaths), significant reduction in neutralization by antibodies generated during previous infection or vaccination, reduced effectiveness of treatments or vaccines, or diagnostic detection failures.”

In the SWPH region, the total number of positive VOC screens is 50 so far, and all have been identified or presumed as the UK [B.1.1.7 variant](#), with no current evidence of transmission outside the household or beyond the identified outbreaks. Nevertheless, public health outbreak management must consequently become more stringent for once a VOC like the B.1.1.7 enters a community, its virulent nature easily exploits the slightest breakdown of public health measures and becomes a dominant and often uncontrollable infection in the region.

Alongside the B.1.1.7 UK variant (which has been identified as [a leading strain in Ontario](#)), two other notable VOCs are the B.1.351 variant first identified in South Africa; and the P.1 variant first identified in Brazil. The three VOCs carry a [greater rate of transmissibility](#), and recent studies have subsequently connected them to [higher mortality rates](#), increased hospitalizations, as well as increased incidence rates wherever the variants circulate. Of equal concern and identified in a [recent study of the South African variant](#) is the higher risk of vaccine escape and reinfection. For now, we await further studies on whether these mutations will prolong a mass immunization response – for instance, if the vaccines currently in use require further modifications and repeated administration, similar to the yearly assessment and design of the flu vaccine.

Initially, Public Health Ontario Laboratories (PHOL) engaged in sequencing all VOC positive screens to identify the genomic types to support health units in their case and contact management. However, as cases have climbed, results have been slow to return and 95% of the genome sequencing conducted by the PHOL have resulted in reconfirming the prevalence of the B.1.1.7 UK variant. As a result, PHOL has [readjusted its testing policy](#), acknowledging the small reward of target testing and sequencing a known dominant strain, with a new focus on a wider multiplex assay to scan for [possible emergent VOC lineages](#) in the province. PHOL’s shift in strategy essentially acknowledges the rampant transmissibility of the known VOCs, and that their testing capacity and surveillance no longer provides the possibility of infection control through early identification. Resultantly, health units must fall back on fortifying known public

health interventions in containing the spread of the VOCs while pushing through the immunization of our community as quickly as possible.

Instead of completing whole genome sequencing on all COVID-19 PCR-positive specimens as the means of identifying the VOC, on March 22, PHOL began testing these specimens, using the multiplex assay, for the N501Y and the E484K mutations. The N501Y mutations are found in all 3 key VOCs, while the E484 mutation is found in the B.1.351 (originally identified in South Africa) and P.1 (originally identified in Brazil) mutations. Only specimens positive for the E484K mutation with sufficient gene material in the sample undergo whole genome sequencing. This is done for surveillance purposes.

## CASE AND CONTACT MANAGEMENT

The increased transmissibility of the variants has required more stringent isolation of cases and contacts. In addition, due to the rapidity with which the variants spread early, the immediate restriction in activities outside of the home and enhanced diligence in adherence to transmission mitigation behaviours is required not only of cases and contacts but also of household members of contacts. Also, additional efforts are required of health unit case investigators to closely follow the cases and contacts to ensure that they clearly understand the isolation restrictions required of them. Because of this, the variants are causing additional burdens to individuals. Symptomatic individuals must isolate while awaiting test results. Contacts must also isolate while the symptomatic individual is awaiting test results and, when the results are positive, continue to isolate for the 14 days of the incubation period. In addition, household members of contacts must stay at home during the 14-day quarantine period of their household member and may only go out for essential reasons such as work or school. For workplaces, schools, and daycares these new isolation and stay-at-home requirements has an impact to workforce availability and class attendance. However, we stress that it is incumbent on all of us to adhere to isolation requirements to curb the development of a significant resurgence of the virus, leading, once again, to a wider lock-down.

## COVID-19 VACCINES

Covid-19 vaccines undergo rigorous scientific reviews for safety, efficacy, and quality, wherein the relative swiftness of their approval and rollout is a testament to world-wide collaborations over vaccine development, funding, testing agreements, and ongoing real world data collection. This astounding and unprecedented system of vaccine development and data collection has resulted in three viable Covid-19 vaccines approved by Health Canada which are currently in use by health units and pharmacies throughout the province:

- Pfizer-BioNTech – approved on December 9, 2020
- Moderna – approved on December 23, 2020
- AstraZeneca – approved on February 26, 2021

With the Moderna and Pfizer BioNTech vaccines, messenger RNA (mRNA) is used to train the immune system to attack several different regions of the virus. The AstraZeneca vaccine is a ChAdOx1-S recombinant adenovirus vaccine that incorporates pieces of the SARS-CoV-2 spike

protein gene to act like a natural infection, teaching the immune system to recognize the coronavirus and generate an immune response. The appeal of the AstraZeneca vaccine lies in its refrigerator-stable nature, allowing for greater mobility and use in remote and rural areas, reducing logistical and operational barriers to mass vaccination efforts. The pilot disbursement of AstraZeneca to pharmacies throughout the province has proven to be a great success, and we anticipate an expansion of pharmacy sites in all health unit regions in the coming weeks.

On March 10<sup>th</sup>, 2021, Ontario acknowledged and started following the recommendations by the National Advisory Committee on Immunization (NACI) to extend the interval time for the second dose of vaccine to up to 16 weeks (four months) after receipt of the first dose. The extension of the period between 1<sup>st</sup> and 2<sup>nd</sup> doses is informed by emerging data about the protection provided by the first dose, an awareness of current limited vaccine supplies, and the compelling mandate to protect the greatest number of people within the shortest period of time. Based on the expected supply of mRNA vaccines, an extended interval allows Canada to provide a first dose of vaccine to 80% of all Canadians 16 years of age and over by the end of June. Principles of immunology, vaccine science, and ongoing studies of real world effectiveness demonstrate that delays between doses do not result in a reduction in final antibody concentrations nor a reduction in durability of memory response between doses. This new interval guidance will be considered in conjunction with the province's Phase 2 Prioritization for COVID-19 Vaccination (based on age and risk factors), as SWPH continues its collaborative work with Middlesex-London Health Unit (MLHU) and Huron Perth Public Health (HPPH) regarding further regional prioritization as needed, ensuring decisions are informed by an ethical, equitable, and transparent framework.

## CONCLUSION

A year ago, the month of March 2020 was remarkable for a number of notable incidents: March 11<sup>th</sup> marked the World Health Organization's (WHO) declaration of a pandemic; March 17<sup>th</sup> marked the provincial government's declaration of a state of emergency; and March 23<sup>rd</sup> marked the first case of Covid-19 in the SWPH region. Thankfully, we are at a point in our pandemic response where we are now able to be more active in protecting our friends, families, and loved ones from infection, illness, and hospitalization.

With the rollout and increased supply of Covid-19 vaccines, SWPH joins with health units across the province to scale up immunization efforts in an expeditious and safe manner. But even as we see the potential for reconnection with family and friends and regional and economic recovery, we must remember that we have not yet achieved sufficient vaccination coverage to begin containing and preventing a resurgence of Covid-19 cases, especially in light of coronavirus variants that exhibit a high degree of transmissibility. Indeed, studies are still underway in determining the effectiveness of the vaccines in preventing asymptomatic infection and reducing the transmission of COVID-19. For now, it remains vitally important to continue to follow public health measures to help keep our community and loved ones safe:

- Exercise extreme caution in your interactions with others

- 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)
- If you are part of a household of a contact of a case (a contact of a contact), stay home for the duration of the contact's quarantine period
- 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 or use hand sanitizer (+60% alcohol) when soap and water are unavailable
- Clean high touch surfaces
- Share credible regional information on COVID-19
- Learn more about the safety of Covid-19 vaccines and the province's vaccine program
- Download the COVID-19 Alert App: <https://www.ontario.ca/covidalert>

**MOTION: 2021-BOH-0401-5.4**

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for April 1, 2021.