CORRESPONDENCE – May 2020

a) Date: 2020 April 23
Topic: Extraordinary Expenses Associated with COVID-19
From: Ontario Ministry of Health
To: All Health Units

Background:

On April 23, 2020, the Ontario Ministry of Health provided assurance to all Boards of Health that a process for reimbursement of approved one-time extraordinary cost incurred in managing the COVID-19 response will be forthcoming.

Recommendation: Receive.

b) Date: 2020 March 25
Topic: Letter of Gratitude
From: Bishop Ronald Fabbro, Diocese of London, Office of the Bishop
To: Dr. Christopher Mackie

Background:

On March 25, 2020, Bishop Fabbro wrote to Dr. Mackie expressing deep gratitude to the Middlesex-London Health Unit for leadership and service of the common good in response to the COVID-19 crisis. The Diocese of London supports the efforts of the health unit.

Recommendation: Receive.

c) Date: 2020 April 30
Topic: Provincial Leadership in the Monitoring of Food Affordability and Food Insecurity
From: Peterborough Public Health
To: Honourable Christine Elliott, Deputy Premier and Minister of Health

Background:

On April 30, 2020, the Board of Health for Peterborough Public Health wrote to Minister Elliott requesting that the Ministry of Health take leadership in developing a protocol in collaboration with Ontario's local public health agencies and Ontario Dieticians in Public Health.

Recommendation: Receive.

d) Date: 2020 April 28
Topic: Permitting the Use of Allotment Gardens and Community Gardens
From: Ontario Ministry of Health
To: All Health Units

Background:

On April 28, 2020, the Ontario Ministry of Health amended the existing Emergency Order to permit the use of allotment gardens and community gardens across the province. The amendment is in response to recognition that these gardens are an essential source of fresh food for some individuals and families, including those that face food insecurity. The Ministry of Health provided a guidance document, *COVID-19 Advice to Public Health Units regarding Allotment Gardens and Community Gardens*, to support local medical officers of health.

Recommendation: Receive.

e) Date: 2020 April 30
Topic: Consultation for a new Ontario Poverty Reduction Strategy
From: Timiskaming Health Unit
To: Minister Todd Smith, Minister of Children and Social Services

Background:

On April 30, 2020, the Board of Health for Timiskaming Health Unit wrote to Minister Todd Smith and provided recommendations for Ontario's new poverty reduction strategy.

Recommendation: Receive.

f) Date: 2020 May 11
Topic: Timely Follow-up of COVID Cases in Ontario
From: Public Health Ontario, Medical Director, Health Protection
To: Medical Officer of Health

Background:

Public Health Ontario initiated a reporting tool for health units, to capture data on timely follow-up of COVID-19 cases in Ontario. The goal for Public Health Units is to contact each new case within 24 hours of public health learning of the case. This will assist with determining if health units are able to isolate the case and find the contacts of that person as quickly as possible, to avoid further spread of the virus. The metric being used is 90% of newly identified cases to be contacted by their health unit within 24 hours from when the health was notified of the case. The Middlesex London Health Unit reported 100% contact.

Recommendation: Receive.

g) Date: 2020 May 12
Topic: Board of Education Support for Location of Carepoint Consumption and Treatment Services in London, Ontario
From: London District Catholic School Board
To: Honourable Christine Elliott, Deputy Premier and Minister of Health

Background:

Regional HIV/AIDS Connection and Middlesex-London Health Unit have been pursuing the relocation of London's Consumption and Treatment Services facility from it's current location on King St. to a more appropriate facility on York St. Although the facility meets the setback requirements from schools in the Ministry of Health's siting criteria, the Ministry has nonetheless requested letters of support from the two school boards with schools in the broader neighbourhood of the site. To this end, the Medical Officer of Health and the Executive Director of Regional HIV/AIDS Connection have met and corresponded with Directors of Education of both School Boards. On May 12, the Health Unit received a letter of support

from the London District Catholic School Board Chair and Director of Education in support of the relocation of the Carepoint program to 446 York Street in London.

Recommendation: Endorse.

h) Date: 2020 May 12
Topic: Board of Education Support for Location of Carepoint Consumption and Treatment Services in London, Ontario
From: Thames Valley District School Board
To: Honourable Christine Elliott, Deputy Premier and Minister of Health

Background:

See item g) above. On May 12, the Health Unit received a letter of support from the Thames Valley District School Board Chair and Director of Education in support of the relocation of the Carepoint program to 446 York Street in London.

Recommendation: Endorse

Ontario

Ministry of Health

Office of Chief Medical Officer of Health, Public Health
393 University Avenue, 21st Floor
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Ministère de la Santé

Bureau du médecin hygiéniste en chef, santé publique
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April 23, 2020

MEMORANDUM

TO: Chairpersons, Boards of Health
Medical Officers of Health, Public Health Units
Chief Executive Officers, Public Health Units

RE: **Extraordinary Expenses Associated with COVID-19**

We acknowledge the extraordinary and continuing efforts by boards of health to monitor, detect, and contain COVID-19 in the province.

As a follow-up to our ongoing discussions, I want to reiterate that boards of health are expected to take all necessary measures to respond to COVID-19 in their catchment areas while continuing to maintain critical public health programs and services as identified in their pandemic plans.

Given the impact of COVID-19, we anticipate that many boards of health are incurring additional expenses in support of these efforts. As announced by the government on March 25, 2020, the province is investing up to $100 million in additional funding for the public health sector to support extraordinary costs incurred. We wish to assure you that a process for reimbursement of approved one-time extraordinary costs incurred in managing your response to COVID-19 will be forthcoming. Similar to previous processes, we ask that these costs be those over and above what can be managed from within the budget of the board of health, and that you track these costs separately.

If you have any questions, please contact Brent Feeney, Manager, Funding and Oversight, at 416-212-6397 or by email at Brent.Feeney@ontario.ca.

Yours truly,

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

c: Associate Medical Officers of Health, Public Health Units
Business Administrators, Public Health Units
Senior Management Team, Office of the Chief Medical Officer of Health, Public Health

DIOCESE OF
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25 March 2020

Dr. Christopher Mackie
Medical Officer of Health
Middlesex-London Health Unit
50 King Street
London, ON N6A 5L7

Dear Dr. Mackie,

During this extraordinary time of the coronavirus pandemic, I am reaching out to you and your team on behalf of the Catholic community of southwestern Ontario to express my deep gratitude for your leadership and service of the common good. Your efforts, which are often unseen and carried out without fanfare, are keeping us all safe. They are particularly important in the crisis we are currently facing, because they are a powerful witness to all of us of the dignity and value of every human life.

We want to acknowledge the great demands that have been placed on you and your team. Many people, those on the front line and the families supporting those on the front line, are making huge sacrifices for all of us, especially those most in need.

Our Catholic community is supporting you and your efforts.

I have mobilized our parishes throughout the diocese to reach out to their communities with particular attention to the home bound, the elderly and those with special needs. For us Catholics, the Church is not simply a building, but a community of faith that brings God's love to the world in concrete ways.

Please do not hesitate to reach out, if you believe there is more we could be doing to support your efforts.

Our prayers are with you each day. May God bless you, and may we look back on this experience and celebrate the incredible efforts of our human family. We look forward with hope and confidence to that time.

Sincerely yours,

+ Ronald Fabbro, CSB

Most Rev. Ronald P. Fabbro, C.S.B.
Bishop of London

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
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peterboroughpublichealth.ca

April 30, 2020

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Sent via e-mail: ***Christine.elliott@pc.ola.org***

Dear Minister Elliott:

Re: Provincial Leadership in the Monitoring of Food Affordability and Food Insecurity

Household food insecurity is a serious public health problem in Ontario. Household food insecurity is the inadequate or insecure access to food due to financial constraints, and is experienced by 13.3% of Ontario households (Tarasuk & Mitchell, 2020). Monitoring local food insecurity and food affordability is critical for Peterborough Public Health and local public health agencies (LPHAs) across Ontario to assess trends over time, identify community needs, and support access to safe healthy food. The Board of Peterborough Public Health is also required to monitor Food Affordability, as specified by the Ontario Public Health Standards.

Health Canada recently updated the National Nutritious Food Basket based on the 2019 Canada's Food Guide. A Reference Guide and spreadsheet were released in February 2020. In order for this to be used for data collection, protocols must be developed at the regional/territorial level. We ask that the Ontario Ministry of Health take leadership in developing a protocol in collaboration with Ontario's LPHAs and the Ontario Dietitians in Public Health.

Peterborough Public Health would also like to express the importance of availability of local Household Food Insecurity data from the Canadian Community Health Survey. We ask that Household Food Insecurity be included as a core module in Ontario, and that Ministry release 2018 Household Food Insecurity Data to Ontario LPHAs. This is critical for our board of health to conduct population health assessment and interventions to address local needs.

Thank you for your attention to supporting local boards of health in addressing the important issues of food insecurity and food affordability.

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Dr. David Williams, Ontario, Ontario Chief Medical Officer of Health
Local MPPs
France Gélinas, MPP, Health Critic
John Fraser, MPP, Health Critic
Association of Local Public Health Agencies
Ontario Boards of Health

Reference: 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/

Ministry of Health

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April 28, 2020

MEMORANDUM

TO: Board of Health Chairs
Medical Officers of Health and Associate Medical Officers of Health

RE: Permitting the Use of Allotment Gardens and Community Gardens

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The government has amended the existing emergency order (EO), which declares the closure of outdoor recreational amenities, to permit the use of allotment gardens and community gardens across the province. This change was endorsed by the Public Health Measures Table.

The amendment is in response to recognition that these gardens are an essential source of fresh food for some individuals and families, including those that face food insecurity. The amended EO is effective immediately.

Under the amended EO, local medical officers of health should provide advice, recommendations and instructions that gardens in their health unit region must meet in order to operate. This approach recognizes that the range and type of gardens varies across the province, and that local flexibility is necessary to address these different contexts.

Attached is a document, in English and French, that may support local medical officers of health as they prepare this advice, recommendations and instructions.

If you have any questions please contact Chris Harold, A/Manager, Integrated Strategy and Policy Coordination, at chris.harold@ontario.ca, or Colleen Kiel, Director, Strategy and Planning at colleen.kiel@ontario.ca.

Thank you for your continued efforts and commitment to respond to this emergency in Ontario.

Yours truly,

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

cc: Dr. David McKeown, Acting Associate Chief Medical Officer of Health
Alison Blair, Assistant Deputy Minister, Emergency Health Services and Public Health Modernization Lead
President, Association of Municipalities of Ontario

Ministry of Health

COVID-19 Advice to Public Health Units regarding Allotment Gardens and Community Gardens

Version 1 —April 27, 2020

This advice provides basic information only. It is not intended to take the place of medical advice, diagnosis, treatment or legal advice.

The purpose of this document is to support public health officials (i.e., local medical officers of health) to provide advice, recommendations, and instructions regarding the safe use of allotment gardens or community gardens to prevent the transmission of COVID-19.

General Advice

Any person that uses allotment gardens or community gardens (herein referred to as gardens) must do so in accordance with the advice, recommendations, and instructions of their local medical officer of health or other public health official.

Below are items that local medical officers of health may consider as they develop their advice, recommendations and instructions to prevent the transmission of COVID-19.

- **Entrance Restrictions or Requirements**. For example:
    - Prohibit access to anyone who is exhibiting symptoms of COVID-19 or has had close contact with a confirmed case.
    - Restrict access to registered members, staff, and volunteers. Non-members and visitors should not be permitted to enter.
    - Permit access to plant, maintain and harvest food only.
        - Prohibit events such as flower festivals, children's events and other programming, training, group builds, etc.

- **Physical Distancing Requirements.** For example:
    - Maintain a distance of at least 2 metres (6 feet) from other people except for members of the same household.
    - Limit the number of gardeners in a space to ensure physical distancing can be maintained, if required.
- **Hand Hygiene Requirements.** For example:
    - Ensure adequate hand hygiene.
        - If hands are visibly soiled, handwashing with soap and water is preferred. Where possible, provide by providing handwashing stations in the gardens.
        - If not available, hands must be wiped clean before applying alcohol-based hand sanitizer.
    - Perform hand hygiene before entering and upon leaving the garden.
- **Sharing (Equipment, Tools) and Cleaning Requirements.** For example:
    - Provide instructions regarding how to safely share garden materials, tools, etc., including instructions on cleaning and disinfecting.
    - Instruct individuals who use gardening gloves to launder them after each use.
    - Provide instructions on cleaning and disinfecting frequently touched surfaces which are most likely to be contaminated. These may include hoses, door/gate handles, tools, etc. (refer to Resources Section below).
- **Signage Requirements.** For example:
    - Place clear, visible signage at all garden entrances reminding registered members, staff and volunteers about the signs and symptoms of COVID-19 and where to seek assistance if they have symptoms (Ontario's self-assessment tool, health care provider or Telehealth Ontario [1-866-797-0000]).

  - Place clear, visible signage throughout the garden — especially locations where shared equipment, tools, etc. are located — reminding registered members, staff and volunteers of the requirements that must be followed when using the garden to prevent the transmission of COVID-19.

- **Communication and Other Requirements**. For example:
  - Recommend gardens develop and communicate (to registered members, staff and volunteers) COVID-19 policies/protocols that are specific to the community garden based on the advice, recommendations, and instructions of the local medical officer of health.
  - Update the list of current registered members, staff and volunteers, and track those who have agreed to participate under COVID-19 policies and protocols.
  - Consider using a sign-in and sign-out system to track who is in the garden each day. This may assist with communication, close-contact tracing if required, etc.

Resources

- Refer to Public Health Ontario for fact sheets on:
  - Self-assessment
  - How to self-isolate
  - Physical distancing
  - How to wash your hands
  - Cleaning and disinfection
- Refer to Ontario's 2019 novel coronavirus webpage for general information.
- Refer to the Ministry of Health (MOH) COVID-19 webpage for Guidance Documents and the Directives, Memorandums and Other Resources webpage regularly for up-to-date directives on COVID-19.

Services de santé du TIMISKAMING Health Unit
Enhancing your health in so many ways.

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April 30, 2020

Hon. Todd Smith, Minister of Children, Community and Social Services
Ministry of Children, Community and Social Services, Hepburn Block, 6th Floor
80 Grosvenor St,
Toronto, ON M7A 1E9
Sent via e-mail: Todd.smithco@pc.ola.org

Dear Minister Smith,

Re: Consultation for a new Ontario Poverty Reduction Strategy

The Timiskaming Health Unit (THU) commends the Government of Ontario's interest in poverty reduction and applauds its public consultation to inform the development of a new provincial strategy.

THU recognizes that the prolonged stress of continually struggling to satisfy basic needs negatively impacts the physical and mental health of entire families; however, poverty doesn't just affect those experiencing it. Poverty costs the Ontario economy over $27 billion annually, with the cost of maintaining poverty far outweighing the cost of addressing it.[1] Currently, there are 1.57 million Ontarians, including 382,000 children living in poverty.[1] Despite previous declines in childhood poverty, much work remains. In the district of Timiskaming, 18% of people continue to live in low-income households, including 20% of children under the age of 18 years.[3]

Poverty persists in the presence of low unemployment rates. While a strong economy and job creation are essential combatants of poverty, low educational attainment, precarious employment, low wages, disability, as well as a lack of affordable housing and child care contribute to its maintenance. A comprehensive poverty reduction strategy must address an entire gamut of issues - from a lack of individual resources and supports to political and economic structures.[4]

Poverty is a multi-dimensional phenomenon and requires a multi-dimensional approach. Based on this premise, we have included our recommendations for Ontario's new poverty reduction strategy in Schedule A. We are confident that implementation of these recommendations will have a positive impact on reducing poverty in Ontario. Thank you for providing us with the opportunity to contribute to this worthwhile endeavour.

Sincerely,

Carman Kidd
Board of Health Chair

Enclosure

c.c. Mr. John Vanthof, MPP, Timiskaming-Cochrane
Ontario Boards of Health

ISSUE	RATIONALE	RECOMMENDATIONS
INCOME	Jobs that pay a living wage are essential. Income is a significant determinant of health as it influences overall living conditions, including psychological functioning, health-related behaviours, food security, housing, and other prerequisites of health.[5] Poor health is both the cause and the result of poverty. At present, poverty costs the Ontario health care system $3.9 billion annually.[1] In the district of Timiskaming, 18% of people continue to live in low-income households, including 20% of children under the age of 18 years.[3] Chronic stress resulting from the struggles to satisfy basic needs such as food, and shelter impacts the physical and mental health of low-income families. Increasing incomes for those living in poverty results in a reduction of stress, mental illness, and chronic disease resulting in overall health care spending[6]	**THU recommends that the province of Ontario reinstate the guaranteed basic income pilot projects and an increase in the minimum wage for Ontario workers. We endorse Bill 60 and call for increases to income assistance rates for Ontario Works (OW), as well as Ontario Disability Supports Program (ODSP) recipients to sufficiently cover basic needs (i.e., shelter, food, clothing, and transportation). THU further recommends that future adjustments to minimum wages and social assistance rates align with inflation.**
EDUCATION	Education invariably leads to better health as it is associated with higher incomes, increased civic engagement, and healthier lifestyles.[5] Post-secondary education is protective against poverty. Compared to the rest of Ontario, residents in Timiskaming are less likely to complete high school or university.[3] The Ontario Student Assistant Program (OSAP) financially assists students in obtaining a post-secondary education through loans and grants. While we commend the Government of Ontario's 10 percent decrease in tuition fees, the elimination of free tuition for low-income students is troublesome. Recent changes to the OSAP program may deter low-income students from pursuing post-secondary education and thus limiting their socioeconomic mobility.	**THU recommends increasing access to post-secondary programs for low-income students through free tuition, a return to previous grant/loan amounts, and reinstatement of the six-month interest-free grace period following graduation.**

ISSUE	RATIONALE	RECOMMENDATIONS
ASSET & CAPACITY BUILDING	Generational poverty is more than the mere absence of monetary resources and often includes insufficient support systems, role models, and coping strategies. A lack of resources hinders socioeconomic mobility while increasing the likelihood of remaining in poverty.[4] Asset building programs have the potential to assist individuals to transition out of poverty through the use of mentors and peer support. These programs can save Ontarians a substantial amount of money but more research is required.[7] It is essential for the Government of Ontario to continue to build capacity within Public Health Ontario and local public health that will facilitate the data collection, assessment and evaluation of unique initiatives such as the Bridges Out of Poverty – Circles program to assist and support individuals leaving poverty.	**THU recommends that the Government of Ontario invest in the creation, expansion, and evaluation of asset building programs (e.g., Bridges Out of Poverty- Circles). It is also recommended that the Province of Ontario continue to invest in Public Health Ontario and local public health initiatives to permit the necessary data collection, and evidence gathering to understand, prevent, and mitigate poverty.**
CHILD CARE & EARLY CHILDHOOD EDUCATION	Early childhood experiences influence later physical, social, emotional, and cognitive development, which impacts future learning, educational achievement, employment, and health. In 2018/19, throughout Ontario there were 446,596 spaces in licensed child care facilities – enough for 22.4% of Ontario's children age 0-12 years.[8] Ontario has the highest median full-time child care infant fees in the country at $1,758 per month or $21,096 annually.[9] In rural northern Ontario, pre-school child care fees are approximately $825 per month or $9,900 per year.[9] In 2019, approximately 29% of children in licensed child care centres qualified for subsidies compared to 68% of children in licensed home child care.[8] Child care must be affordable, accessible, and of high-quality to permit parents to engage in paid work, ensure the attainment of developmental milestones, and address child & family poverty in Ontario.[10]	**THU recommends the creation of a universal, high-quality, accessible, and affordable child care system provided by a well-trained and well-paid workforce.**
HOUSING	Adequate housing is vital to one's dignity, safety, and ability to contribute to society. Without proper shelter, people are not able to maintain employment, recover from mental illness, be part of their community, maintain custody of their children, leave abusive relationships, or escape situations involving human trafficking.[11] Rates of public assistance and minimum wage have not kept pace with rising rents in Ontario, which excludes vulnerable individuals from the rental market. In Timiskaming, 21% of households live in unaffordable housing, spending 30% or more of their income on shelter cost.[12]	**THU recommends the province work with municipalities to develop a strategy to address affordable housing shortages and chronic homelessness, which includes the creation of new affordable housing. Further recommendations include an increase in provincial funding for the repair and maintenance of social housing units.**

ISSUE	RATIONALE	RECOMMENDATIONS
DISABILITIES	One in seven Ontarians (15%) live with a disability.[13] People with disabilities continue to face barriers to education and employment opportunities. They are more likely to have low-income status, and less likely to live in adequate, affordable housing than people without disabilities.[13] The Ontario government has proposed changing the definition of disability to align with the Federal government's much more stringent definition used to determine eligibility for Canada Pension Plan Disability Benefits.[14] The change in definition would lead to a large number of Ontarians being ineligible for ODSP benefits. This change would lead to a greater dependence on OW, which pays much less and does not provide disability supports.	**THU recommends the Ontario government maintain its current definition of disability to determine eligibility for ODSP benefits.**
PHARMACARE	Approximately 2.2 million Ontarians have no prescription drug coverage.[15] Too frequently, cost restrictions force Ontarians to fail to fill or renew their prescriptions, skip doses, or split pills to make their medications last longer.[16] In 2015, 24% of Ontarians reported that they or someone in their household failed to take their medication as prescribed due to cost.[16] Women are particularly disadvantaged as they are more likely to be prescribed medication than men, but are less likely to have medication coverage through paid work.[17] Illness and disability prevent people from working, force many to live in poverty, and increase health care expenses.	**THU recommends the Ontario government work with the Government of Canada to create and implement a universal and comprehensive Pharmacare program for all Ontarians.**
ORAL HEALTH	Poor oral health negatively impacts general health and is associated with various health risks ranging from poor nutritional intake[18] to coronary heart disease.[19] Individuals in the lowest income group are less likely to receive preventive treatment and more likely to decline dental services due to costs compared to those with higher incomes.[20] In Timiskaming, only 56.7% of residents reported having insurance coverage for dental expenses,[21] and a mere 54.9% of residents reported visiting the dentist in the past year.[22] While THU recognizes the value of the Healthy Smiles Ontario program and commends the Government of Ontario for the implementation of the Ontario Seniors Dental Care Program, the dental needs of low-income workers age 18 to 64 years remain unmet. Facial pain, infection, and illness are barriers to employment and cost our health care system.	**THU recommends the Government of Ontario create a publicly funded system for oral health care that is accessible to all individuals living in low-income households regardless of age.**

ISSUE	RATIONALE	RECOMMENDATIONS
PAID SICK LEAVE	When employees go to work sick, they not only risk their health, but they risk the health of their co-workers as well as the general public through the spread of infectious diseases (e.g., COVID-19). However, most low-income earners have a minimal choice due to a lack of paid sick days and financial obligations. Low-income earners such as those working in the food and hospitality industry are of particular importance because illnesses such as Norovirus, Samonella Typhi, Hepatitis A, etc., are transmittable to the general public during the food production and handling process.[23] Currently, in Ontario, employers are only required to provide three "unpaid" sick days per year. The average number of sick days taken in Canada by workers in the private sector is nine days per year.[24]	**THU recommends the Government of Ontario amend the Employment Standards Act to include a minimum of Seven (7) "paid" sick days per year for employees regularly scheduled to work 30 hours or more per week. Part-time and seasonal workers to receive paid sick days based on a pro-rata basis.**

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Public Health Ontario | Santé publique Ontario

Timely Follow-up of COVID Cases in Ontario

- **Goal:** contact with a new case within 24 hours of public health unit (PHU) learning of it

- **Why are we looking at this metric?** To determine if PHUs are able to isolate the case and find the contacts of that case as quickly as possible, to avoid spreading the virus

- **Metric**: 90% of newly identified cases to be contacted by their Public Health Unit (PHU) within 24 hours from when the PHU was notified of the case

Summary:

- For new cases reported to PHUs in Ontario between May 1-6, 2020, 51.0% (1097 of 2152 cases) were contacted within 24 hours.
- If we exclude 638 cases with a missing or pending *investigation start date*, 72.5% (1097 of 1514) were followed up within 24 hours.
- 26/34 PHUs (77%) met the provincial target of 90%.
- Both Toronto and Ottawa Public Health are using alternate information systems which may have impacted data entry. If we exclude the 968 cases from these two health units, then 66.5% of new cases (787 of 1184) elsewhere in the province were contacted within 24 hours.

Methods:

- We included all cases reported to PHUs in Ontario between May 1-May 6, 2020.
- We calculated the proportion of cases that were contacted by PHUs (i.e., "*investigation start date*") within 1 day of the PHU being notified about the case (i.e., "*reported date*").
- *Reported date* is the date PHU is contacted about a new case. Note: The reported date may occur after the *investigation start date* if probable cases are being entered into iPHIS/other data systems by PHUs prior to their laboratory result being available.
- *Investigation start date* is the date the PHU successfully contacts the case and commences case follow-up. The investigation start date must be on or after the reporting date.
- A four day lag from reporting date to data analysis allows for PHUs to enter their cases into iPHIS or other local data entry systems.
- Cases missing *investigation start date* are included in the denominator to calculate the metric.
- Once 7 days of reporting date data are available, we will provide a 7 day rolling average of the proportion of cases contacted within 24 hours (i.e., on May 11, data reported to PHUs between May 1-7 will be eligible for analysis, but on May 12, this will shift to May 2-8).
- Cases referred to FNIHB, lost to follow-up/untraceable were excluded from the analysis.
- PHU in this report are classified using diagnosing PHU. Future reports will classify cases using responsible PHU.

Data Limitations:

- Surveillance systems such as iPHIS and other local data entry systems (e.g., CORES, The COD) are dynamic systems.
- Factors related to data entry may impact the metric of timely follow-up of cases. Data about a case may be entered over time due to delayed data entry, even though case follow-up may have occurred within 24 hours of case identification.
- PHUs were directed to use the *investigation start date* field in iPHIS on **May 1, 2020**. It is expected that in the first week of reporting, cases with an investigation start date will be lower than anticipated as PHUs adjust their case follow-up and data entry practices.
- The number of cases in this analysis will not match the number of new cases in the daily epidemiological summary due to differences in dates used for extraction. However, if comparing number of cases by reporting date in the epidemiologic curve, the numbers should align prior to exclusions.
- The denominator for a given reporting date may change over time if the analysis for a given reporting date is run on one day and then again the next day. This can occur due to data entry practices at the local PHU.
- We allow for a 4 day buffer between cases being entered into iPHIS/local data entry systems and providing the metric for a given day. This allows for data entry and case follow-up by the PHU, as well as data extraction and analysis at PHO. The estimation of the % of cases contacted within one day of follow-up for cases entered into iPHIS/local data entry systems on May 3 were therefore eligible for analysis taking place on May 7.
    - If starting investigation date is still missing following this buffer period, this could mean that there is a delay in the case being contacted or a delay in data entry; both issues are important to address in order for the provincial response to be based on timely data.
    - If cases are entered into iPHIS/local data entry systems after this 4 day buffer but within the 7 day rolling average period, they will contribute to the calculation of this metric. If data are entered for a case with a reporting date more than 7 days prior to the analysis date, they will not contribute to the 7 day rolling average.

Number of cases entered and contacted by PHU, overall for cases reported May 1-6, 2020

Public Health Unit	Cases reported to PHUs 01-May-20 to 06-May-20				
	% of new cases contacted within 1 day (n/N)	Number contacted within 1 day (n)	New cases (N)	Number contacted >1 day	Number with missing or pending investigation start date
ALG	100	2	2	0	0
BRN	100	3	3	0	0
CHK	100	6	6	0	0
DUR	99.3	135	136	1	0
EOH	100	19	19	0	0
GBO	100	4	4	0	0
HAL	100	42	42	0	0
HAM	86.5	32	37	1	4
HDN	0	0	1	0	1
HKP	88.9	8	9	0	1
HPE			0		
HUR	100	2	2	0	0
KFL			0		
LAM	100	10	10	0	0
LGL	90.9	10	11	0	1
MSL	100	26	26	0	0
NIA	98.1	51	52	0	1
NPS	100	2	2	0	0
NWR			0		
OTT[1]	88.8	135	152	17	0
OXE	100	3	3	0	0
PEE[2]	31.2	116	372	134	122
PQP	100	2	2	0	0
PTC	100	3	3	0	0
REN	100	1	1	0	0
SMD	100	68	68	0	0
SUD			0		
THB	80.0	4	5	1	0
TOR[1]	21.4	175	816	252	389
TSK			0		
WAT	96.4	106	110	1	3
WDG	93.8	30	32	1	1
WEC	100	68	68	0	0
YRK[3]	21.5	34	158	9	115
TOTAL	**51.0**	**1097**	**2152**[4]	**417**	**638**

Note: blank cells indicate no cases were created by that PHU during the time period; the cases with missing or pending investigation start date are included in the new cases (N) denominator

[1]Toronto and Ottawa Public Health are using alternate information systems which may have impacted data entry

[2]Peel is experiencing a backlog in case investigation date entry. PHO is assisting to update iPHIS for future reports.

[3]York is investigating whether the cause is a data entry backlog or other issue.

[4]As of data available on May 9, 2020, there were 2,153 cases reported to PHUs between May 1-6. For this analysis, 1 case was excluded as it was referred to FNIHB.

LONDON DISTRICT
Catholic School
BOARD

May 5, 2020

Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
5th Floor -777 Bay Street
Toronto, ON M7A 2J3

Re: Board of Education Support for Location of Carepoint Consumption and Treatment Services in London, Ontario

Dear Minister Elliott,

The London District Catholic School Board (LDCSB) is pleased to write this letter in support of Regional HIV/AIDS Connection (RHAC) and Middlesex London Health Unit's (MLHU) application to operate the Carepoint Consumption and Treatment Service at 446 York Street in London, Ontario.

London, Ontario, like many communities across Canada continues to be impacted by the opioid crisis and the broader complex issues associated with addiction, mental health, poverty and homelessness. Since its February 2018 inception as a Temporary Overdose Prevention Site, the Carepoint program has demonstrated its effectiveness with overdose prevention, wrap around support, linkages to care and treatment and HIV/HCV prevention. Since opening the program through to March 31, 2020, RHAC and MLHU report that the program has facilitated over 37,000 visits and reversed over 250 opioid poisonings along with facilitating hundreds of referrals to other supports including addiction treatment, housing and primary care. These statistics demonstrate the need for, and the positive impact of the Carepoint program.

Carepoint has become a vital part of the addiction response continuum in London and has been recognized for being a fine example of collaboration as the winner of a local Pillar Awards in November 2018. Also in November 2018 the program was the recipient of the Community Partner Award – Ontario Public Health Association in recognition of the outstanding contributions and commitment by TOPS to reduce social and health inequities. The program was also high-lighted by Mayor Ed Holder at the 2020 Mayor's State of the City address as a program making a positive impact in the lives of marginalized individuals in London.

In consultation with RHAC and MLHU we understand that they have explored many location options and completed extensive community consultation to determine an appropriate location for this program. As the primary operator RHAC has demonstrated its ability to work well with neighbouring community stakeholders at the current temporary location and when Carepoint relocates to 446 York, we will work collaboratively with RHAC and MLHU to address any emerging items - should they occur.

In closing, the LDCSB fully supports RHAC and MLHU in their interest to relocate the Carepoint program to 446 York Street in London, Ontario. Please do not hesitate to contact us should you have any questions.

Sincerely,

L Staudt

Linda Staudt
Director of Education

John Jevnikar
Board Chair

/ld

THAMES VALLEY DISTRICT SCHOOL BOARD

Mark Fisher, Director of Education and Secretary

2020 May 05

Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
5th Floor -777 Bay St.
Toronto, ON
M7A 2J3

Re Board of Education Support for Location of Carepoint - Consumption and Treatment Services in London ON

Dear Minister Elliott:

The Thames Valley District School Board (TVDSB) and the London District Catholic School Board (LDCSB) are pleased to write this joint letter in support of Regional HIV/AIDS Connection (RHAC) and Middlesex London Health Unit's (MLHU) application to operate the Carepoint Consumption and Treatment Service at 446 York Street in London ON.

London Ontario, like many communities across Canada continues to be impacted by the opioid crisis and the broader complex issues associated with addiction, mental health, poverty and homelessness. Since its February 2018 inception as a Temporary Overdoes Prevention Site, the Carepoint program has demonstrated its effectiveness with overdose prevention, wrap around support, linkages to care and treatment and HIV/HCV prevention. Since opening the program through to March 31 2020, RHAC and MLHU report that the program has facilitated over 37,000 visits and reversed over 250 opioid poisonings along with facilitating hundreds of referrals to other supports including addiction treatment, housing and primary care. These statistics demonstrate the need for, and the positive impact of the Carepoint program.

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In consultation with RHAC and MLHU we understand that they have explored many location options and completed extensive community consultation to determine an appropriate location for this program. As the primary operator RHAC has demonstrated its ability to work well with neighbouring community stakeholders at the current temporary location and when Carepoint relocates to 446 York, we will work collaboratively with RHAC and MLHU to address any emerging items - should they occur.

In closing the TVDSB and LDCSB fully support RHAC and MLHU in their interest to relocate the Carepoint program to 446 York Street in London ON. Please do not hesitate to contact us should you have any questions.

Sincerely,

Mark Fisher
Director of Education

Arlene Morell
Chair of the Board

MF/tl

c: Riley Culhane, Associate Director, Learning Support Services
Jeff Pratt, Associate Director, Organizational Support Services