Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, February 10, 2021 – 5:00 p.m.
Electronic Meeting

1. Call to Order

Mayor Andy Mitchell, Chair

1.1. Welcome and Opening Statement

Land Acknowledgement

We respectfully acknowledge that Peterborough Public Health is located on the Treaty 20 Michi Saagiig territory and in the traditional territory of the Michi Saagiig and Chippewa Nations, collectively known as the Williams Treaties First Nations, which include: Curve Lake, Hiawatha, Alderville, Scugog Island, Rama, Beausoleil, and Georgina Island First Nations.

Peterborough Public Health respectfully acknowledges that the Williams Treaties First Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come. We are all treaty people.

Recognition of Indigenous Cultures

We recognize also the unique history, culture and traditions of the many Indigenous Peoples with whom we share this time and space. We give thanks to the Métis, the Inuit, and the many other First Nations people for their contributions as we strengthen ties, serve their communities and responsibly honour all our relations.

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

Board Members: *Please identify which items you wish to consider separately from section 10 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 10.1 a 10.2 a b c d e f g 10.3.1 10.3.2 10.3.3 10.3.4*

5. Delegations and Presentations

6. Board Chair Report

7. Confirmation of the Minutes of the Previous Meeting

- Cover Report

a. January 13, 2021

8. Business Arising From the Minutes

9. Staff Reports

9.1. Oral Report: COVID-19 Update

- Cover Report

9.2. Oral Report: Collaborative Action to Address the Gap in Access to Paid Sick Days

- Cover Report

a. Peel Public Health Letter
b. MPP Sattler Letter
c. KFL&A Letter
d. Decent Work and Health Network Report ***(web hyperlink)***
e. Bill 239 ***(web hyperlink)***

10. Consent Items

10.1. Correspondence for Direction

a. CODE / COMOH – Student Nutrition Programs

10.2. Correspondence for Information

- Cover Report

a. CMOH – COVID-19 2021 Extraordinary Expenses
b. alPHa e-newsletter
c. Ontario Wastewater Surveillance Initiative
d. alPHa Budget 2021 Consultation Submission
e. PRHC 2020-21 Roadshow
f. Curve Lake First Nation – Safe Drinking Water
g. Grey Bruce - Ontario Health

10.3. Staff Reports

10.3.1. Staff Report: 2020 Complaints

- Staff Report

10.3.2. Staff Report: 2020 Donations

- Staff Report

10.3.3. Q4 2020 Program Report

- Staff Report

10.3.4. Revision to By-Law 3

- Cover Report

a. By-Law 3

10.4. Committee Reports *(nil)*

11. New Business

12. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001, Section 239(2):

(b) Personal matters about an identifiable individual, including Board employees;

(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.

13. Motions for Open Session

14. Date, Time, and Place of the Next Meeting

Wednesday, March 10, 2021, 5:00 p.m.
Electronic Meeting

15. Adjournment

ACCESSIBILITY INFORMATION: Peterborough Public Health is committed to providing information in a format that meets your needs. To request this document in an alternate format, please call us at 705-743-1000.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Approval of Minutes**
DATE:	**February 10, 2021**
PREPARED BY:	**Natalie Garnett, Board Secretary**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on January 13, 2021.

ATTACHMENTS

a. Minutes, January 13, 2021

Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, January 13, 2021 – 5:00 p.m.
(Electronic Meeting)

In Attendance:

Board Members:	**Councillor Gary Baldwin**
	Deputy Mayor Bonnie Clark (5:17 p.m.)
	Councillor Henry Clarke
	Deputy Mayor Matthew Graham
	Councillor Nodin Knott
	Mayor Andy Mitchell, Chair
	Mr. Andy Sharpe
	Dr. Hans Stelzer
	Councillor Don Vassiliadis
	Councillor Kathryn Wilson
Staff:	**Ms. Brittany Cadence, Manager of Communications and IT**
	Ms. Donna Churipuy, Director of Public Health Programs
	Ms. Natalie Garnett, Recorder
	Ms. Alida Gorizzan, Executive Assistant
	Dr. Rosana Salvaterra, Medical Officer of Health
	Mr. Larry Stinson, Director of Operations

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1. Call to Order

Dr. Rosana Salvaterra, Medical Officer of Health, called the meeting to order at 5:00 p.m.

2. Elections and Appointments

2.1 Elections

Dr. Rosana Salvaterra, Medical Officer of Health, called for nominations for the Chair of the Board of Health for 2021.

MOTION:
That Mayor Andy Mitchell be acclaimed as Chair of the Board of Health.
Moved: Councillor Clarke
Motion carried. (M-2021-001)

Mayor Mitchell assumed the Chair and called for nominations for the position of Vice Chair for the Board of Health for 2021.

MOTION:
That Councillor Henry Clarke be appointed as Vice Chair of the Board of Health.
Moved: Councillor Baldwin
Seconded: Mr. Sharpe
Motion carried. (M-2021-002)

2.2 Committee Appointments

MOTION:
That the Board of Health for Peterborough Public Health appoint members to its Committees as follows:
Indigenous Health Advisory Circle: *Councillor Nodin Knott Councillor Kathryn Wilson Deputy Mayor Bonnie Clark*
Governance Committee*: Councillor Gary Baldwin Mr. Andy Sharpe Councillor Don Vassiliadis Councillor Kathryn Wilson*
Stewardship Committee: *Councillor Henry Clarke Deputy Mayor Matthew Graham Councillor Nodin Knott Dr. Hans Stelzer*

That the Board of Health for Peterborough Public Health appoint the following community members to the Indigenous Health Advisory Circle:
- *Ms. Angela Connors, Community Race Relations Committee of Peterborough*
- *Ms. Lori Flynn, Nogojiwanong Friendship Centre*
- *Ms. Kari Lepine, Métis Nation of Ontario Peterborough and District Wapiti Métis Council*

That given the plan for the organization to activate its Incident Management System for the purposes of adding vaccine delivery to the current COVID-19 response, the Board of Health for Peterborough Public Health temporarily suspend Committee meetings for 2021 and authorize business normally directed to its standing Committees to be brought directly to the Board of Health, as needed.
Moved: Councillor Clark
Seconded: Mr. Sharpe
Motion carried. (M-2021-003)

3. Establishment of Date and Time of Regular Meetings

MOTION:
That the regular meetings for the Board of Health for Peterborough Public Health in 2021 be held on the following dates, or at the call of the Chairperson:

- *January 13, February 10, March 10, April 14, May 12, June 9, September 8, October 13, November 10, December 8.*
- *Meetings will be held electronically, or at Peterborough Public Health (185 King Street) when possible.*
- *Electronic meetings will begin at 5:00 p.m., in person meetings will begin at 5:30 p.m.*

Motion carried.

Moved:	Deputy Mayor Graham
Seconded:	Councillor Wilson
Motion carried.	(M-2021-004)

4. Establishment of Honourarium for 2021

MOTION:
That the Board of Health for the Peterborough Public Health approve a 0.7% increase in honourarium for its members, representing a total amount of $155.24.

Moved:	Councillor Clarke
Seconded:	Councillor Vassiliadis
Motion carried.	(M-2021-005)

5. Confirmation of the Agenda

MOTION:
That the agenda of the Board of Health for the Peterborough Public Health meeting on January 13, 2021, be approved as circulated.

Moved:	Councillor Clarke
Seconded:	Dr. Stelzer
Motion carried.	(M-2021-006)

6. Declaration of Pecuniary Interest

7. Consent Items to be Considered Separately

MOTION:
That the following items be passed as part of the consent agenda: 13.2.b and c, 13.3.1, 13.3.2, and 13.4.1a-g.

Moved:	Mr. Sharpe
Seconded:	Deputy Mayor Graham
Motion carried.	(M-2021-007)

(13.1.b and c)
MOTION:
That the Board of Health for Peterborough Public Health receive the following for information:
b. Letter dated December 18, 2020 from the Board Chair and Dr. Salvaterra to Minister Elliott regarding the reappointment of Andy Sharpe.
c. Letter dated December 30, 2020 from Minister Elliott to the Board Chair regarding one-time funding for 2020-21 for extraordinary costs related to the COVID-19 response.
Moved: Mr. Sharpe
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-007)

(13.3.1)
MOTION:
That the Board of Health for Peterborough Public Health receive the staff report, One-Time Funding for COVID-19 Extraordinary Costs, for information.
Moved: Mr. Sharpe
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-007)

(13.3.2)
MOTION:
That the Board of Health for Peterborough Public Health receive the report, Peterborough Public Health Summary of Evaluation of Initial Response to COVID-19, for information.
Moved: Mr. Sharpe
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-007)

(13.4.1 a-g)
MOTION:
a. That the Board of Health for Peterborough Public Health receive meeting minutes of the Governance Committee from May 26, 2020.
b. That the Board of Health for Peterborough Public Health approve policy 2-20 Authority and Jurisdiction (reviewed, no changes).
c. That the Board of Health for Peterborough Public Health approve policy 2-150 Remuneration of Members (revised).
d. That the Board of Health for Peterborough Public Health approve policy 2-190 Sponsorship (revised).
e. That the Board of Health for Peterborough Public Health retire policy 2-191 Sponsorship, EthicScan.
f. That the Board of Health for Peterborough Public Health approve policy 2-261 Appointments, Provincial Representatives (revised).

g. That the Board of Health for Peterborough Public Health approve policy 2-284 Correspondence (reviewed, no changes).
h. That the Board of Health for Peterborough Public Health send a letter to the Minister of Health regarding the status of provincial appointments to boards of health, with copies to the Premier of Ontario, Ontario Chief Medical Officer of Health, local Members of Provincial Parliament, and the Association of Local Public Health Agencies.
Moved: Mr. Sharpe
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-007)

8. Delegations and Presentations

The Board was advised that a request for a delegation was made which was focused on provincial matters. As a result, the request was denied, however some members intend to follow up with the requester.

9. Board Chair Report

MOTION:
WHEREAS the Peterborough region has been experiencing an outbreak of COVID 19 since March of 2020, and

WHEREAS our health care workers have been on the front line fighting the pandemic in our community, and

WHEREAS our health care workers have been providing quality care to our residents, and

WHEREAS our health care workers have made a significant positive difference on the health outcomes of individual residents, and

WHEREAS our health care workers continue to be called on to meet new demands such as vaccine roll outs,

NOW THEREFORE BE IT RESOLVED that our health care workers be recognized as local heroes, and

FURTHER that we collectively express our respect and appreciation to our health care workers for all they have done and are doing, and

FURTHER that we express a hearty "Thank you", and

FURTHER that the Board of Health Chair communicate this message to our community, and

FURTHER that local Municipal and First Nation Governments within the Peterborough Public Health catchment area are asked to endorse this resolution.

Moved: Mr. Sharpe
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-008)

10. Confirmation of the Minutes of the Previous Meeting

MOTION:
That the minutes of the Board of Health for the Peterborough Public Health meeting held on December 9, 2020, be approved as circulated.

Moved: Councillor Knott
Seconded: Dr. Stelzer
Motion carried. (M-2021-009)

11. Business Arising From the Minutes

12. Staff Reports

12.1 Oral Report: 2020 Performance Report

MOTION:
That the Board of Health for Peterborough Public Health receive the oral report, 2020 Performance Report, for information.

Moved: Councillor Wilson
Seconded: Councillor Vassiliadis
Motion carried. (M-2021-010)

12.2 Oral Report: 2020 Performance Report

MOTION:
That the Board of Health for Peterborough Public Health receive the oral report, COVID-19 Update, for information.

Moved: Deputy Mayor Clark
Seconded: Councillor Wilson
Motion carried. (M-2021-011)

13.Consent Items

(13.1 and 13.2.a)
MOTION:
That the Board of Health for Peterborough Public Health receive the staff report, One-Time Funding for COVID-19 Extraordinary Costs, for information; and,

The alPHa e-newsletter dated December 18, 2020.
Moved: Mr. Sharpe
Seconded: Councillor Vassiliadis
Motion carried. (M-2021-012)

14. New Business

15.In Camera to Discuss Confidential Matters

16.Motions for Open Session

17.Date, Time, and Place of the Next Meeting

Next Regular Meeting - Wednesday, February 10, 2021 at 5:00 p.m.

18.Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Deputy Mayor Clark
Seconded by: Councillor Clarke
Motion carried. (M-2021-013)

The meeting was adjourned at 6:38 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Oral Report: COVID-19 Update**
DATE:	**February 10, 2021**
PREPARED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the oral report, *COVID-19 Update*, for information.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Oral Report: Collaborative Action to Address the Gap in Access to Paid Sick Days**
DATE:	**February 10, 2021**
PREPARED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- Receive the oral report, *Collaborative Action to Address the Gap in Access to Paid Sick Days*, for information;
- Receive correspondence related to paid sick leave from:
    - Peel Public Health – December 14, 2020
    - MPP Peggy Sattler – January 25, 2021
    - KFL&A Public Health – February 1, 2021
- Receive for information and endorse the Decent Work and Health Network's report, *Before it's too late: How to close the paid sick days gap during COVID-19 and beyond*;
- Endorse in principle, *Bill 239, the Stay Home If You Are Sick Act, 2020*;
- Communicate this support by writing to the Premier of Ontario, Minister of Health and the Minister of Labour, with copies to local Members of Provincial Parliament, Opposition Health Critics, local Councils, the Association of Local Public Health Agencies and Ontario Boards of Health.

ATTACHMENTS:

a. Peel Public Health Letter
b. MPP Peggy Sattler Letter
c. KFL&A Letter
d. Decent Work and Health Network Report ***(web hyperlink)***
e. Bill 239 ***(web hyperlink)***

Region of Peel
working with you

Nando Iannicca
Regional Chair & CEO

10 Peel Centre Dr.
Suite A, 5th Floor
Brampton, ON L6T 4B9
905-791-7800 ext. 4310

December 14, 2020

Rt. Hon. Justin Trudeau. P.C., M.P.
Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

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

Dear Prime Minister Trudeau and Premier Ford:

Re: Federal and Provincial Support for Adequate Paid Sick Day Benefits

On behalf of Region of Peel Council, I would like to thank you both for your leadership on the response to COVID-19. We appreciate your past and ongoing support of the Region of Peel to control the spread of the virus and keep residents safe, including economic and financial supports to businesses and individuals that have been directly affected by the pandemic.

Despite the current economic and financial supports, more must be done. Peel remains in 'Lockdown', the most restrictive stage of Ontario's COVID-19 response framework and continues to face challenges in our efforts to prevent transmission of COVID-19. One area we have identified that should immediately be enhanced is paid sick day supports for workers who have COVID-19 or need to isolate because they may have been exposed to the virus. Insufficient paid sick days, financial/income supports, and sick leave protection are known barriers to compliance to COVID-19 control measures, including testing and self-isolation.

This challenge is particularly evident with workers who are in precarious employment and are most likely to not have paid sick days. These include low-income workers, essential workers, contract and agency workers, those who cannot work remotely, and many health-care workers. Some are precariously employed in our transportation, service and manufacturing sectors, which are reported to have some of the highest share of COVID-19 cases among occupation categories. Due to the lack of paid sick days, many of these workers simply cannot afford to take time off work when sick, fearing income-loss and financial hardship.

Peel Regional Council does acknowledge that both of your governments have implemented measures to encourage and support workers to comply with pandemic control measures and protect them from having their employment

Region of Peel
working with you

Nando Iannicca
Regional Chair & CEO

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terminated due to COVID-19. However, these measures have limitations and are simply not enough.

The federal Canada Recovery Sickness Benefit (CRSB) for instance requires an employed or self-employed individual, who is off due to COVID-19 and has received one week of benefits, to apply again to receive a second week of benefits. This is not aligned with the science of a two-week incubation period for the virus. Moreover, the CRSB provides just two weeks of benefits for the entire year, which is a barrier for a worker who is sick for more than two weeks and needs to isolate for a longer period of time. The application process and waiting period for payment create a gap in income and a disincentive to stay home when sick. Income replacement for individuals who want to do the right thing and stay home when sick needs to be implemented with minimal administrative burden.

Further, at the outset of COVID-19 pandemic in March, the Province of Ontario introduced infectious disease emergency leave to protect employees from termination because they are off work due to COVID-19, which is scheduled to remain in force until January 2, 2021. Without such job protection in place, workers could go to work while sick because they fear being fired.

At its December 10th meeting, Peel Regional Council passed a resolution (attached) requesting that federal and provincial governments implement and fund the necessary policies and programs to provide adequate paid sick day benefits. This would ensure accessible and timely income/financial supports and remove barriers facing precariously employed Peel residents, allowing them to get tested, self-isolate and follow necessary COVID-19 control measures without fear of income-loss and financial hardship. We also acknowledge that the burden of this income support should not fall on businesses; especially small businesses that cannot take on additional costs at this time.

Further, it is requested that the Province to Ontario quickly move to extend infectious disease emergency leave beyond January 2, 2021. This will offer workers continued job protection and peace of mind. For administrative and communication purposes, the Province may want to consider linking this job protected leave for the duration of COVID-19 emergency period.

Given the urgency of the current state of the pandemic, we cannot afford to wait to do more to prevent the spread of the virus in our community. We encourage your governments move forward to implement these recommendations expeditiously, which are necessary to protect some of our most vulnerable workers who not only deserve respect and protection but will ultimately be critical to the post-pandemic recovery of our economy.

If you have any questions regarding our recommendations, please feel free to contact me at 905-791-7800 x4310. It would be a pleasure to hear from you.

Region of Peel
working with you

Kindest personal regards,

Nando Iannicca,
Regional Chair and CEO

CC:
Peel-area MPs and MPPs
GTHA Municipalities

Attached: Resolution - Paid Sick Days

Nando Iannicca
Regional Chair & CEO

10 Peel Centre Dr.
Suite A, 5th Floor
Brampton, ON L6T 4B9
905-791-7800 ext. 4310

Resolution

Agenda Number: **8.1**

Date: Regional Council, December 10, 2020

Moved by Councillor Brown, Councillor Crombie and Councillor Thompson

Whereas the Region of Peel is currently in lockdown and, as of December 7, 2020, has an incidence rate of 202.9 cases per 100,000 population and a test positivity rate of 10.6 per cent, which are well above the threshold for the control or red level under the Provincial COVID-19 response framework;

And whereas, workplaces are a source of COVID-19 transmission in Peel and a Peel Public Health Surveillance identifies that among COVID-19 cases the most frequently reported occupation categories after health (8.9 per cent), are trades, transport and equipment operators (5.5 per cent), sales and service (3.9 per cent) and manufacturing and utilities (3.4 per cent);

And whereas, it is workers in precarious employment who are most likely to not have paid sick days, including low-income workers, essential workers, contract and agency workers, those who cannot work remotely, and many health-care workers;

And whereas, many of these workers simply cannot afford to take time off work;

And whereas, the federal government has established the Canada Recovery Sickness Benefit (CRSB) which provides support to eligible employed and self-employed individuals who are unable to work because they are sick with COVID-19 or may be sick with COVID-19, or need to self-isolate due to COVID-19, or have an underlying health condition that puts them at greater risk of getting COVID-19;

And whereas, the CRSB is only limited to $450 (after taxes are withheld) for a one-week period and the employed or self-employed individual must apply again to receive a second week of benefits and that only a total of two weeks of benefits are available, which is a barrier for a worker who is sick and needs to isolate for a longer period of time;

And whereas, the Ontario government through Bill 186*, Employment Standards Amendment Act (Infectious Disease Emergencies), 2020,* created job protected infectious disease emergency leave so that an employee cannot be threatened, fired or penalized in any other way because the employee took or plans on taking an infectious disease emergency leave for COVID-19;

And whereas, on September 3, 2020, the Ontario government through Ontario Regulation 228/20 extended infectious disease emergency leave, which is set to end on January 2, 2021;

And whereas, the lack of paid sick days, financial/income supports, and sick leave protection are known barriers to compliance to COVID-19 control measures, including testing and self-isolation, due to the fear of income-loss and financial hardship;

Therefore be it resolved, that the Regional Chair write to the Prime Minister of Canada and Premier of Ontario, on behalf of Regional Council, to request that:

- the federal and provincial governments implement and fund the necessary policies and programs to provide adequate paid sick day benefits to ensure accessible and timely income/financial supports in order to remove barriers facing precariously employed Peel residents, which will allow them to get tested, self-isolate and follow necessary COVID-19 control measures without fear of income-loss and financial hardship;
- the provincial government extend infectious disease emergency leave beyond January 2, 2021 and do this expeditiously to give workers job protection and peace of mind;

And further, that a copy of this resolution be sent to all Peel-area MPs and MPPs for their awareness and active support;

And further, that a copy of this resolution be sent to Greater Toronto Hamilton Area municipalities.

Queen's Park
Room 359, Main Legislative Building
Queen's Park, Toronto, ON, M7A 1A5
Tel: 416-325-6908 | Fax: 416-325-7030
email: psattler-qp@ndp.on.ca

Ontario

Constituency Office
240 Commissioners Rd W, Unit 106
London, ON, N6J 1Y1
Tel: 519-657-3120 | Fax : 519-657-0368
email: psattler-co@ndp.on.ca

Peggy Sattler MPP
London West

Dr. Rosana Salvaterra, Medical Officer of Health
Mr. Andy Mitchell, Chair
Peterborough Public Health Board of Health

January 25, 2021

Dear Dr. Salvaterra, Mr. Mitchell and Members of the Board of Health:

Recent months have seen a growing chorus of calls from public health experts, municipal leaders and workers' advocates across Ontario for paid sick days to help limit the spread of COVID-19. As MPP for London West, I am writing to let you know about the Private Member's Bill I introduced in the Ontario Legislature on December 8, 2020, the *Stay Home If You Are Sick Act*, which will provide permanent paid sick days for Ontario workers during the pandemic and beyond. This legislation, Bill 239, can be accessed here: www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-239.

The pandemic has highlighted the urgent need for access to paid sick days for Ontario workers. Workplaces are now the second-most common site of COVID-19 transmission, but many workers, especially if they are low-wage, do not have the choice to miss work because they cannot afford to give up their pay. The workers who are least likely to have paid sick days often work in occupations or sectors that are at high risk of COVID-19. Without access to paid sick days, these workers are forced to choose between paying the bills and providing for their families, or losing their income to protect their co-workers, customers and communities.

Bill 239 prevents Ontario workers from having to risk their own financial security in order to follow public health advice. The bill amends the *Employments Standards Act* to provide up to 14 days of paid Infectious Disease Emergency Leave and up to seven days of paid Personal Emergency Leave for illness, injury, bereavement, or family care, and eliminates the requirement for a doctor's note. The bill also calls for the establishment of a financial support program to help employers experiencing hardship with the cost of delivering Infectious Disease Emergency Leave and to transition to the implementation of regular paid sick days. The bill will fill in some of the gaps of the temporary Canada Recovery Sickness Benefit, which excludes many workers and does not protect against the immediate loss of income that makes it impossible for so many workers to stay home if they are sick.

I respectfully request that the Peterborough Public Health Board of Health review this letter at your next Board meeting, and ask for your support in principle for Bill 239. The bill draws on the expertise and research of health care professionals from the Decent Work and Health Network, and has been endorsed by the Ontario Federation of Labour and the Ontario Chamber of Commerce. It will be debated at second reading after the Ontario Legislature resumes on February 16, 2021. Your endorsement would further demonstrate the breadth of support for paid sick days across Ontario, and help advance this important health equity measure and essential public health policy to reduce the spread of COVID-19 and other infectious diseases.

Thank you for your consideration. Please don't hesitate to let me know if you have any questions.

Sincerely,

Peggy Sattler

Peggy Sattler, MPP
London West

KFL&A Public Health

February 01, 2021

The Honourable Doug Ford
Premier of Ontario
Legislative Bldg Rm 281
Queen's Park
Toronto, ON M7A 1A1

Electronic Distribution

Dear Premier Ford:

RE: Mandatory Paid Sick Leave for Ontario Workers

At the KFL&A Board of Health meeting held on January 27, 2021, the following motion was passed:

THAT the KFL&A Board of Health call on the Provincial Government to provide adequate paid sick days to workers through amendments to the *Employment Standards Act, 2000* that require employers in Ontario to provide no less than five paid sick days annually to workers, after three months of employment, and no less than ten paid sick days annually when an infectious disease emergency has been declared, and to remove any requirements for employees to provide certification from a qualified health practitioner to their employer to qualify for paid sick leave.

FURTHER, THAT the KFL&A Board of Health urge the Provincial Government to provide the necessary funding, fiscal relief, and other supports necessary to employers to provide this sick leave.

AND FURTHER THAT, the KFL&A Board of Health endorse in principle, Bill 239, the *Stay Home If You Are Sick Act*.

It is now evident that workplaces are a significant source of COVID-19 transmission in Ontario communities – workplaces are the second most common site for outbreaks, after Long-Term Care and Retirement homes. Despite highly promoted public health messaging encouraging people to stay home from work when sick, lack of access to paid sick days makes staying home financially unfeasible for some individuals, particularly low-wage earners. Without paid sick leave, low-wage and/or precariously employed individuals who are ill are forced to choose between paying the bills or protecting their co-workers and communities.

Not everyone has access to paid sick leave, and those with the lowest income have the least access. A 2018 Statistics Canada report shows that 58% of workers in Canada have no access to paid sick days. For workers earning less than $25,000, over 70% have no paid sick days. Access to paid sick days has been associated with a higher probability of staying home for illness/injury, or influenza-like illness, which in turn is likely to reduce the spread of disease in the workplace.

…/2

Kingston, Frontenac and Lennox & Addington Public Health www.kflaph.ca

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The current provincial and federal provisions for sick leave during COVID-19 do not allow for workers to receive full and uninterrupted (seamless) income replacement, which is critical for those workers in low-wage and precarious employment situations.

The KFL&A Board of Health is calling on the Government of Ontario to address the gaps in paid sick days as a matter of health equity, requiring employers in the province to provide a minimum of five paid sick days annually, at least ten paid sick days during a pandemic, and furthermore, to facilitate adequate supports including funding or fiscal relief to employers to help ensure access to sick leave for all workers in Ontario.

Sincerely,

Denis Doyle
Chair, KFL&A Board of Health

cc: Honourable Monte McNaughton, Minister of Labour, Training and Skills Development
Honourable Christine Elliott, Minister of Health and Long-Term Care and Deputy Premier
Honourable Merrilee Fullerton, Minister of Long-Term Care Homes
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Peggy Sattler, MPP London West
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Direction – CODE/COMOH Advocacy for Student Nutrition Programs in Ontario**
DATE:	**February 10, 2021**
PREPARED BY:	**Luisa Magalhaes, Registered Dietitian, Public Health Nutritionist**
APPROVED BY:	**Donna Churipuy, Director of Public Health Programs** **Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health (PPH):

- receive the letter dated January 28, 2021 from the Council of Ontario Directors of Education (CODE) and Council of Ontario Medical Officers of Health (COMOH), for information; and
- support their position and communicate this support to the Provincial Government, with copies to the Premier of Ontario, and Minsters of: Education, Health, and Children, Community and Social Services, with copies to local Members of Provincial Parliament, Opposition Health Critics, Ontario Boards of Health and the Association of Local Public Health Agencies.

BACKGROUND

School food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the potential of school food programs to improve food choices and support academic success (including academic performance, reduced tardiness and improved student behaviour) for all students.

The Board of Health (BOH) is a longtime supporter of local Student Nutrition Programs (SNP). In addition to staff support for SNP (Public Health Dietitian, Public Health Inspector, Accounting Services, Administrative support, Media support), the BOH has also sent letters in February 2013 to request continued and increased support and funding for SNPs, as well as advocated for the use of locally grown food by SNPs. In June 2019, the BOH received a staff report on supporting a national school food program and urged the federal government to work with provinces and territories towards the creation of a cost-shared national school food program.

Recently, CODE/COMOH with support from the Ontario Dietitians in Public Health, identified six recommendations to strengthen Ontario's Student Nutrition Program's reach and impact, and provide much needed supports to address numerous program challenges, many that have been further exacerbated due to COVID-19.

ATTACHMENTS

CODE COMOH Letter – Jan. 28, 2021

CODE
Council of Ontario Directors of Education
1123 Glenashton Drive,
Oakville, Ontario L6H 5M1
Telephone: 905-845-4254 Fax: 905-845-2044

coMOH
Council of Ontario
MEDICAL OFFICERS OF HEALTH

January 28th, 2021

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Sent via e-mail: premier@ontario.ca

Dear Premier Ford:

Despite the challenges of opening schools in the midst of a global COVID-19 pandemic, school food programs are increasingly seen as vital contributors to students' physical and mental health.

Growing research demonstrates the value of school food programs (SNPs) to improve food choices and support student success (including academic performance, reduced absenteeism, and improved student behavior). Prior to COVID-19, Ontario's SNPs were highly variable and consistently underfunded, with parents and schools having to fundraise in order to purchase the foods that fueled their students' learning. COVID-19 has had a devastating impact on the viability of these programs.

With the contributions of the Ontario Dietitians in Public Health, the Councils of Directors of Education (CODE) and local Medical Officers of Health (COMOH) have prepared the attached submission for you and your provincial Cabinet's urgent consideration. The proposal presents four recommendations that could be operationalized immediately, and two additional recommendations for future consideration by your Ministers and their staff.

First and foremost, we are requesting that the Ministry of Education revise its current guidance to include enabling language that would allow the SNPs to operate safely and effectively.

Secondly, we are asking that the Ministries of Education and Children, Community and Social Services do two things:

- Embrace the latest evidence to ensure that SNPs operate with the latest advances in nutritional science and healthy eating recommendations, and
- Adequately fund these programs so that schools have the benefit of paid coordinators and sufficient funds to purchase food to ensure these programs are fully functional.

Finally, we are requesting that the Ministry of Health provide free online training to support the safe handling and safe operating of SNPs by the community volunteers who are the backbone of these programs. SNPs depend on community volunteers and schools depend on the knowledge and skills of these volunteers, especially during COVID-19, to keep students and staff safe.

Two additional actions proposed that would support the further development and growth of SNPs into a universal and sustainable investment in our students and their trajectories as life-long learners and healthy adults: we ask that going forward, the Ministry of Education include specific infrastructure criteria for capital funding projects (renovations and new builds) that support a healthy school food environment. We also ask that Ontario use the opportunity of the federal commitment to explore a national school food program to secure the policy and funding instruments to help grow our SNPs into strong and universal supports for all of our young learners.

Premier, we know that there is no greater investment than the health and success of the next generation. We look forward to supporting our provincial partners with any or all of these recommended actions but we know too that, like the pandemic, they need the support from "all of government" if they are to be realized in a timely and effective way.

We thank you for your consideration and hope that we can count on your support.

Sincerely,

Loretta Notten
Chair, CODE

Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C), CCPE
Chair, COMOH

Encl.

cc: Hon. Stephen Lecce, Minister of Education
Hon. Todd Smith, Minister of Children, Community and Social Services
Hon. Christine Elliott, Minister of Health

CODE
Council of Ontario Directors of Education
1123 Glenashton Drive,
Oakville, Ontario L6H 5M1
Telephone: 905-845-4254 Fax: 905-845-2044

coMOH
Council of Ontario
MEDICAL OFFICERS OF HEALTH

Priority and Proactive Steps to Ensure Universal Access to Student Nutrition Programs

Jointly prepared by COMOH and Ontario Dietitians in Public Health
for the CODE-COMOH Partnership
December 14, 2020

COVID-19 has exposed and amplified numerous challenges to the delivery of Student Nutrition Programs (SNPs) in Ontario schools. Since September, SNPs have faced new COVID-related restrictions in schools and continue to deal with long-standing barriers (e.g., infrastructure, staffing, funding), access to healthy food at school is being negatively impacted.

Despite these challenges, school food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the value of school food programs to improve food choices and support student success (including academic performance, reduced absenteeism, and improved student behavior)[1,2,3,4].

Recognizing the value that SNPs provide to individual students and to school communities, we believe that COVID-19 presents an opportunity for Ontario to augment its investment in SNPs as a way to improve student performance and readiness to learn. The time to transform these programs is now. The right investments can ensure SNPs become both universal and sustainable. With these as goals to drive the long term vision for Ontario, there should be opportunities to leverage the federal commitment to building a National School Nutrition Program to benefit Ontario's learners now, and in the future.

We present five recommendations, in order of ease of implementation:

1. The Ministry of Education's (MEDU) Guide to Reopening Ontario's Schools should be revised to enable Boards of Education to add enabling language in their *Return to School Plans*.

*1.1 The Guide should exempt SNPs from the list of prohibited visitors. This would lead to more Boards of Education adding statements like this: "**Volunteers for SNPs will be welcome to continue their important service to our students, following the same procedures as our staff."***

Background: The current Guide to reopening Ontario's schools directs schools to *significantly limit or prohibit visitors to limit contact in schools*. SNPs depend almost exclusively on volunteers to prepare

[1] Impacts of School Food Programs on Children and Youth, Toronto Public Health, 2019.
[2] The combined impact of diet, physical activity, sleep and screen time on academic achievement: a prospective study of elementary school students in Nova Scotia, Canada, Faught et al, 2017.
[3] The impact of Canadian School Food Programs on Children's Nutrition and Health, Colley et al, 2018.
[4] Nourishing Young Minds, Toronto Public Health, 2012.

food. Restricted access to school food preparation facilities means programs no longer have volunteer capacity or space to store food purchased in bulk and to prepare food for individual servings. The statement is taken from Peterborough Victoria Northumberland Clarington Catholic School Board's Return to School Plan (page 4). As part of this change, we propose that guidelines be developed, in consultation with local public health agencies, to help ensure that SNP volunteers can enter the school and operate safely for the duration of the COVID pandemic.

*1.2 The COVID-19 Preparedness and Prevention in Elementary and Secondary (K-12) Schools Checklist should be revised with the following statement: "**Individually portioned foods (including ready-to-eat foods, such as whole apples, cut carrots, cucumbers, and cheese, and foods from bulk or larger items such as crackers and muffins), can be safely portioned out as individual servings, in an inspected kitchen, and following appropriate food safety practices."***

Background: The COVID-19 Preparedness and Prevention in Elementary and Secondary (K-12) Schools Checklist currently states: *Third party food services, including nutrition programs, will be delivered in a way that any student who wishes to participate can do so. "Grab and Go format" is preferred.*

Some programs have interpreted *Grab and Go format* to mean that only items prepackaged by the manufacturer can be served (e.g., cheese strings, individual cartons of milk, mini bags of pre-cut/pre-washed produce, grain bars). It is estimated that this will unsustainably double food costs and generate significant garbage. However, in appropriate food preparation areas and when transported and served in a manner to prevent contamination, ready-to-eat foods (such as whole apples, cut carrots and cucumbers), and foods from bulk or larger items such as whole grain cereal and muffins, can be safely portioned out as individual servings. See Toronto Public Health COVID-19 Guidance for SNPs.

2. Ministry of Children, Community and Social Services (MCCSS) is requested to release and post online the updated SNP Nutrition Guidelines and mandate Public Health's participation in local implementation.

SNP should be evidence-based to ensure students' priority nutritional needs are met.

Background: SNP Nutrition Guidelines, updated in March of 2020, align with the new Canada's Food Guide and capture advances in nutritional science and healthy eating recommendations (including the importance of eating together, a pillar of SNP). They have not yet been released; it is important that programs operate with the latest evidence. We request that this be done. Mandating Public Health Dietitians' involvement in local implementation of guidelines would be an asset for programs.

3. Ministry of Health (MOH) should be requested to create a free, on-line SNP-specific Food Handler Training and Certification for SNP volunteers across the province.

In accordance with Ontario Regulation 493/17 – Food Premises, and aligning with the goal of Public Health Modernization, a provincially harmonized, free, online recorded class and testing feature would ensure consistent and equitable access to high quality safe food handling training services, improving public health delivery and program sustainability in Ontario.

Background: Currently, SNPs undergo the same certification as food service establishments/restaurants, even though the majority serve only "low-risk" foods. Some (not all) local public health agencies have offered free or reduced-cost Food Handler Certification for SNPs in the past. These are currently unavailable as public health staff have been redeployed to the COVID-19 response. While school-

directed funds from the MCCSS can be used to cover the cost of training, this uses funding that would otherwise be used for food costs. SNPs rely on many volunteers and there is high turnover meaning that programs would have to spend a significant amount on training. A free, on-line training program tailored for the provincially shared, unique needs of SNPs during COVID-19 and beyond would equitably address the need for food handler training for SNP volunteers across the province. Local public health agencies could provide input into the content for this new resource. Ensuring that SNP volunteers have the required knowledge and skills in infection prevention will also help dispel COVID-related concerns and fears related to the school setting.

4. MEDU and MCCSS are requested to jointly develop a funded universal SNP program for student success. This should include funding for a paid Coordinator at each participating school.

COVID-19 restrictions threaten the financial viability of most, if not all, SNPs at a time of increased food insecurity. Additional provincial funding is required in order to ensure these programs continue. Improved student success and well-being are a benefit of universal SNPs in schools. Having paid coordinators dedicated to SNP at each school would address current and pre-existing barriers to volunteer recruitment and capacity, which is an even greater issue for Francophone schools, and also ensure sustainable delivery of programs in all schools long-term. We recommend that boards of education and local public health agencies be included in the consultation phase of this work.

Background*:* Where school food programs exist, students show improved diet quality, academic success, and student behavior and better attendance. The Ministry of Education's (MEDU) Foundations for a Healthy School framework identifies important components to a learning environment that promotes and supports child and student well-being, one of the four core goals in Ontario's renewed vision for education. SNPs model an integrated approach where school, home and community partnerships intersect to promote student well-being. Important healthy habits students learn at SNPs reinforce curriculum teaching, are shared at home and contribute to family health and success. Having an identified coordinator as a lead for every school would help facilitate a universal approach.

For many programs, annualized, provincial funding covers approximately 15% of program costs. This year, MCCSS estimates that food and program costs will double because of additional COVID-19 food safety measures. Programs already rely heavily other sources of funding, including parent council and community fundraising efforts, efforts that will be negatively impacted with the pandemic. Inadequate funding of programs can result in closing of programs, smaller quantities of food distributed, or shift of "universal" programming to stigmatizing "on-request" programing. Additional funding for food, paid school leads and community coordination is essential in order to ensure long-term and sustainable operations.

5. Future considerations:

MEDU includes specific infrastructure criteria for capital funding projects (renovations and new builds) that support a healthy school food environment.

Background: Inadequate infrastructure limits programming in many schools. Capital funding projects provide an opportunity to ensure adequate kitchen and storage space (including a designated handwashing sink, an additional 2 or 3 sinks for food preparation, and a dishwasher); bright, non-stigmatizing eating area; and external building features such as transportation access for food deliveries and outdoor lighting to facilitate after hours food preparation for SNPs.

CODE-COMOH encourages Ontario Ministries to engage with federal partners to facilitate the development of universal SNPs across Ontario.

Background: Federally-funded, universal school food programs are being advocated for at a national level. Universally-accessible programs mean that all children and youth are eligible to participate in the SNP at a school or community location that offers the program. Canada is the only G7 country without a harmonized national school food program to guarantee the consistent delivery of nutritious meals to students. In 2017, UNICEF raised the alarm about the state of child nutrition in Canada, ranking us 37 out of 41 wealthy nations for children's access to nutritious food. Children and youth arrive hungry at school for many reasons: long bus rides, rushed mornings that do not leave enough time for a proper breakfast, and sometimes, not enough food at home. Due to Ontario's successful SNP programming, Ontario Ministries are well-poised to lend their voice and support to these advocacy efforts. In addition, the many unintended consequences of COVID-19's impact on families makes this a vital time to pilot new approaches to SNPs. Ontario could pilot hot meal programs in select schools to build evidence for federal efforts.

Other:

Reaching virtual learners has been identified as a concern by the MCCSS.

Local public health agencies and their partner boards of education could assist in data collection and analysis to help inform policy decisions.

Background: During school closures in the Spring of 2020, some programs provided grocery gift cards, food boxes/meal kits/frozen meals and partnered with food banks to help feed families of school-aged children. These approaches, however, are not sustainable or evidence-based solutions to household food insecurity. Research suggests the need for an income floor (such as a basic income guarantee) to address household food insecurity.

The scope of MCCSS-funded SNPs is limited to publicly-funded, in-school settings; home schools and private schools do not qualify. Focusing on the successful implementation of in-school programming, rather than growing the program to different settings, remains a priority at this time. The needs of children who are not in classrooms is an area of potential study as little to no data currently exists. As a first step, more needs to be known and understood in order to inform strategies and policies.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Information**
DATE:	**February 10, 2021**
PREPARED BY:	**Alida Gorizzan, Executive Assistant**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information:

a. Letter dated January 13, 2021 from Dr. David Williams, CMOH, to Ontario Board of Health Chairs regarding 2021 COVID-19 extraordinary costs.

b. alPHa e-newsletter dated January 21, 2021.

c. Email dated January 22, 2021 from the Ontario Wastewater Surveillance Initiative regarding COVID-19 wastewater surveillance.

d. Letter dated January 25, 2021 from alPHa to the Minister of Finance regarding Spring 20211 budget consultations.

e. Presentation dated Feb 4, 2021 from PRHC regarding their 2020-21 Roadshow.*

f. Peterborough Examiner article dated February 5, 2021 regarding legal action taken by Curve Lake First Nation against the Federal Government relating to safe drinking water.

Correspondence from local public health units:

g. Grey Bruce - Ontario Health West Region

**In lieu of PRHC's annual in-person update by the CEO and Board Chair, this slide deck was sent for information purposes.*

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
Facsimile: 416 326-1571
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

777, rue Bay, 5e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
Télécopieur: 416 326-1571
www.ontario.ca/sante

Ontario

January 13, 2021

MEMORANDUM

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

RE: 2021 COVID-19 Extraordinary Costs

Ontario's public health system has demonstrated remarkable responsiveness to COVID-19, as the outbreak has evolved locally and globally. The government acknowledges the extraordinary and continuing efforts of the public health sector, including public health units, to monitor, detect, and contain COVID-19 in the province.

For the 2021 funding year, public health units are expected to take all necessary measures to continue to respond to COVID-19 in their catchment areas, support the Ministry of Health in the provincial roll-out of the COVID-19 Vaccine Program, and continue to maintain critical public health programs and services as identified in Board of Health approved pandemic plans.

As the COVID-19 response continues, we do anticipate that many public health units will continue to incur additional expenses to support these efforts. In recognition of these unique circumstances, we want to assure you that there will be a process for public health units to request reimbursement of COVID-19 extraordinary costs incurred in 2021. 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 continue to track these costs separately.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

Christine Elliott

Christine Elliott
Deputy Premier and Minister of Health

c: Dr. David Williams, Chief Medical Officer of Health
Associate Medical Officers of Health, Public Health Units
Business Administrators, Public Health Units

From: Loretta Ryan <loretta@alphaweb.org>
Sent: Thursday, January 21, 2021 11:37 AM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Cc: Board <Board@lists.alphaweb.org>
Subject: alPHa Information Break - January 2021

PLEASE ROUTE TO:
All Board of Health Members / Members of Health & Social Services Committees

January 21st, 2021

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

COVID-19 Update

As part of the response to COVID-19, alPHa continues to represent the public health system and work with key stakeholders including the Ministry of Health, Office of the Chief Medical Officer of Health, Ontario Medical Association, Association of Municipalities of Ontario, Dalla Lana School of Public Health, primary care sector, and others.

alPHa frequently shares Situation Reports and COVID-19-related news with the membership. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of alPHa.

Visit the Ministry of Health's page on guidance for the health sector
View the Ministry's website on the status of COVID-19 cases
Go to Public Health Ontario's COVID-19 website
Visit the Public Health Agency of Canada's COVID-19 website

Conference and Annual General Meeting

Ontario's Public Health System

Challenges – Changes – Champions

June 8, 2021

alPHa is excited to announce the 2021 Conference and Annual General Meeting. This year's event is online and the theme continues the conversation on the critical role of Ontario's public health system and will include discussions on the response to COVID-19 and the future of public health.

alPHa would like to thank our host, the Northwestern Public Health Unit, Conference Chair, Trudy Sachowski, and the Conference Planning Committee, chaired by alPHa's Executive Director, Loretta Ryan. This hard-working team is developing the program for what promises to be an outstanding event.

Stay tuned for further information and registration details. Also, keep an eye out for the AGM package that will soon be going out with call outs for the Distinguished Service Awards, BOH Nominations and Resolutions. The event flyer can be accessed here.

In the meantime, don't forget to hold the date: June 8th!

TOPHC 2021 Update

With the sector continuing to focus its efforts on the COVID-19 response, it has become evident there is limited capacity to take part in The Ontario Public Health Convention (TOPHC) 2021. PHO, OPHA and alPHa have made the difficult decision to postpone TOPHC in 2021. The TOPHC partners remain committed to this forum for professional development and enhancing the knowledge and skills of the public health workforce in Ontario. We will look at 2021 as a year to review and assess our strategy and approach for TOPHC 2022 and the impacts of COVID-19 pandemic to the sector. These considerations will provide a richer experience to participants for future TOPHC conferences.

All of the TOPHC partners value the efforts of presenters in the creation of education and knowledge materials that were developed for TOPHC 2020 which unfortunately did not take place. If you would like to present your work, PHO Rounds may be a great way to share your knowledge. Please contact events@oahpp.ca if you are interested in presenting at PHO Rounds. Did you create a poster for TOPHC 2020? PHO would like to offer the opportunity to showcase your poster on the TOPHC website. Please email tophc@oahpp.ca for more details and information on how to PDF submit your poster.

PHO thanks alPHa's members for their understanding and support as they continue to adapt planning to best support the public health workforce. Please visit PHO's Events page for more information and to register for upcoming sessions.

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alPHa Correspondence

alPHa Letter - Bill 216, Food Literacy

alPHa Letter - ADM, Pandemic Response and Recovery

Joint Letter - COVID Vaccine in LTCH and RH

2021 Budget Consultations

The Government of Ontario is welcoming input for the planning of the 2021 Ontario Budget. alPHa will be reviewing and updating the submission that was sent to the Minister of Finance in October 2020 as part of the interim COVID Action Plan budget measures, and encourages members to provide their own input via the online consultation portal. Closing date: February 12th.

Rapid Risk Factor Surveillance System (RRFSS) Update

Get local public health information on COVID-19 fast using RRFSS!

It is not too late to join RRFSS this year! RRFSS is restarting in February 2021 and, in addition to the traditional phone surveys, the faster RRFSS online survey with COVID-19 questions only will also be offered again which was pilot tested this fall. Please go to the RRFSS website: https://www.rrfss.ca/questionnaires to see all available RRFSS modules including over 100 new COVID-19 related questions. For further information contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca

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Boards of Health: Shared Resources

A resource page is available on the alPHa's website for alPHa's Boards of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions and other resources to support their work. If you are a member of an Ontario board of health and have a best practice, by-law or any other resource that you would like to make available to other Ontario boards of health, please send a file or a link with a brief description to gordon@alphaweb.org and it will be posted in the appropriate library.

Ontario Medical Association (OMA): COVID-19 Vaccine Information Resources

To help ensure that Ontarians are able to access accurate information about COVID-19, the Ontario Medical Association has included links to local public health units throughout their Ask Ontario Doctors website. In addition, on January 20th the OMA issued a news release to provide COVID-19 facts, promote confidence in the vaccine and to counter misinformation on social media. Access the news release here.

Additional Resources

James LeNoury, alPHa's legal counsel, has resources available to alPHa members: http://www.lenourylaw.com/category/news/

Public Health News Roundup

- Ontario Reminds Public to Stay Home and Travel Only When Necessary January 21, 2021.
- Ontario Adding More Mental Health Beds and Programs for Seniors January 21, 2021.
- Ontario Adding Over 500 Hospital Beds to Expand Critical Care Capacity January 18, 2021.
- Ontario Extends Reopening Ontario Act Orders January 16, 2021.
- Ontario Launches 2021 Budget Consultations January 15, 2021.
- Ontario Expands Case and Contact Management Workforce January 15, 2021.
- Ontario to Vaccinate up to 8.5 Million People in Phase Two January 13, 2021.
- Ontario Declares Second Provincial Emergency to Address COVID-19 Crisis and Save Lives January 12, 2021.
- Ontario Continues to Support Businesses, Workers and Families during the COVID-19 Pandemic January 8, 2021.
- Ontario Extends Teacher-Led Online Learning Until January 25 to Keep Students and Staff Safe in Southern Ontario January 7, 2021.

Association of Local Public Health Agencies
480 University Avenue, Suite 300 | Toronto ON | M5G 1V2
416-595-0006 | www.alphaweb.org | info@alphaweb.org

From: Wastewater.Surveillance (MECP) <wastewater.surveillance@ontario.ca>
Sent: January-22-21 9:10 PM
Subject: Ontario Wastewater Surveillance Initiative - Municipality and Public Health Partners

Greetings,

As part of Ontario's COVID-19 Fall Preparedness Plan to quickly identify, manage and prevent outbreaks, the province is undertaking a COVID-19 wastewater surveillance initiative to test wastewater samples in communities across the province to determine whether wastewater surveillance can be used in conjunction with clinical data as a tool to inform a public health response.

Ontario is investing $12.2 million over the next two years to partner with and support Ontario universities and municipalities that are conducting important research to advance COVID-19 detection in wastewater and relief efforts across Ontario. This innovation could help detect early signals and trends, ensuring public health measures can be timely and targeted.

This Ontario-led approach will sustain, expand and integrate current ad hoc regional wastewater surveillance sampling underway by Ontario universities into a cohesive network to support public health information.

In addition to wastewater treatment plants, the province will be investigating sampling in some remote communities and vulnerable populations, such as long-term care facilities, First Nations communities, shelters, retirement residences and correctional institutions to be added to the surveillance network.

Ontario's province-wide approach is so far the most comprehensive in Canada. Ontario is also working with the federal government who has also been undertaking wastewater testing.

We have attached a short handout to provide more background information on the Wastewater Surveillance Initiative to support your decision to join. If you have any questions regarding this initiative or are interested in joining, please contact Bahar Aminvaziri at wastewater.surveillance@ontario.ca.

Original Signed by:

Steven Carrasco
Director, Wastewater Surveillance Initiative

Ontario Wastewater Surveillance Initiative

Background and Context

As part of Ontario's COVID-19 Fall Preparedness Plan to quickly identify, manage and prevent outbreaks, the province is investing over $12 million in a COVID-19 wastewater surveillance initiative to test wastewater samples in communities across the province to determine how wastewater surveillance can be used in conjunction with clinical data as a tool to inform a public health response.

Ontario is in "wave 2" of COVID-19, with cases increasing daily. Many people that are infected may not show any symptoms, so other ways of testing for the presence of COVID-19 in a community is needed. For those individuals that are tested, obtaining results takes time, which does not provide Public Health Units with a close to real-time reflection of COVID-19 activity in the community. Other means of determining the degree of COVID-19 presence are needed, hence the investment in wastewater surveillance.

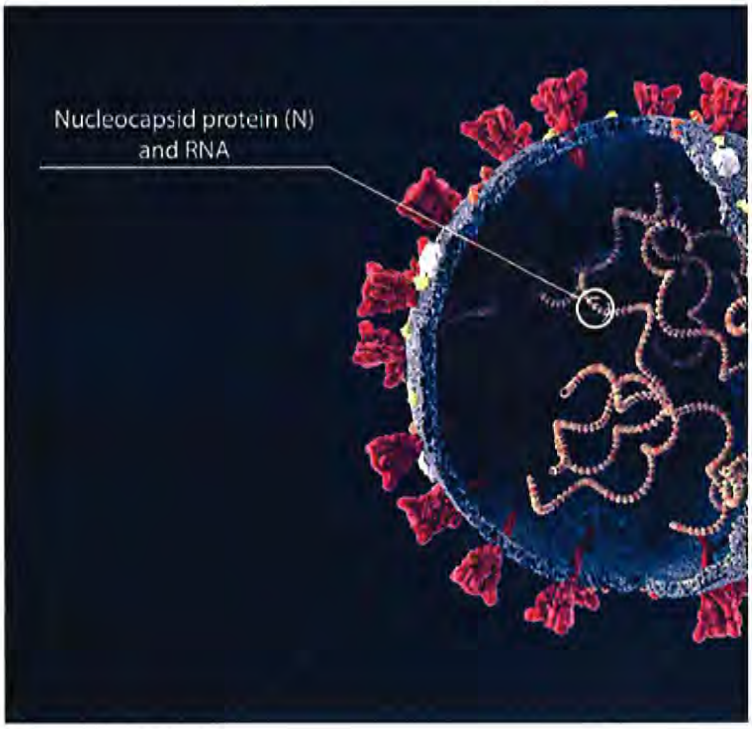
State of the Science

Studies have shown that a significant proportion of people with active COVID-19 infections shed the virus in their stool, sometimes even before their symptoms start.

Wastewater-Based Epidemiology (WBE) surveillance for COVID-19 is underway in a number of jurisdictions globally. For example, the Netherlands is sampling over 300 sewer-sheds across the country and is using the data with other public health screening tools to identify early community spread of COVID-19.

Ontario

Wastewater surveillance tests for the presence of genetic material (known as RNA) in wastewater effluent. It offers the ability to test the whole sub-population including people with and without COVID-19 to identify community trends at a relatively low cost. The testing is not limited by personal behaviour (e.g. choosing to not get tested) and captures both asymptomatic and symptomatic people. While WBE is not able to offer information on the number of cases, it can indicate the presence and trends of COVID-19 in the community generally a few days earlier than when individuals present symptoms.



Benefits of Wastewater Based Epidemiology Surveillance

Along with other clinical and public health data, wastewater sampling can help local Public Health Units identify "hot spots" for the virus, which can inform decisions on where and how to mobilize resources in response. WBE can also benefit municipalities and Public Health Units by:

- Targeting areas with defined, higher-risk or vulnerable populations within the sewershed where early action may be most beneficial (neighbourhood, facility-level, northern and First Nation communities).
- Helping to optimize application and allocation of resources for clinical testing.
- Protecting capacity of Public Health Ontario, hospital and private laboratories.
- Identifying transmission trends and informing predictive modelling.
- Helping evaluate response effectiveness.
- Informing decision on future surveillance expansion or relocation.

Ontario Perspective

Ontario is partnering with academic institutions, in cooperation with Public Health Units and municipalities, to create an integrated project that expands wastewater sampling and analysis provincewide, including some vulnerable populations, such as First Nation communities, long-term care homes and correctional facilities.

Several universities across Ontario are already supporting local Public Health Units by sampling wastewater to help identify COVID-19 trends in their community. For example, the University of Ottawa and the Children's Hospital of Eastern Ontario Research Institute are working with the Robert O. Pickard Environmental Centre (ROPEC), which collects and treats wastewater from over 90 per cent of Ottawa's population. Wastewater samples are collected five days a week from ROPEC and transported to the laboratory where viral RNA levels are immediately tested, and results reported the next morning.

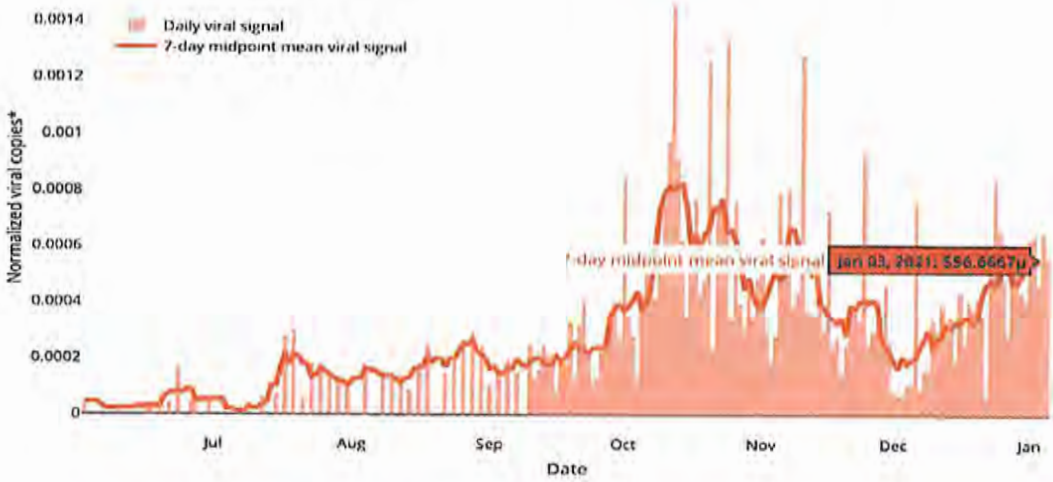
This Ottawa-based partnership has noticed that WBE surveillance may be able to detect the early presence of COVID-19 in the community, where there is a low level of COVID-19 infection noticed in clinical testing (See Figure 1 for how COVID-19 wastewater viral signal is being tracked in Ottawa). The University of Waterloo is noticing similar trends for the Region of Peel and York Region, so has the University of Windsor for London, Windsor and Essex County.

There is currently no epidemiological evidence that wastewater is a route of transmission of COVID-19. Wastewater workers should continue to follow routine practices to prevent exposure to wastewater.

This initiative is one of many tools the province is using to help stop the spread of COVID-19. Everyone should continue to follow public health advice, such as washing hands, wearing a mask, maintaining physical distancing and getting tested if you have symptoms of COVID-19.

The Ontario Clean Water Agency, Ministry of the Environment, Conservation and Parks, and Ministry of Health are committed to working with local Public Health Units, municipalities, vulnerable community partners, and building additional capacity at university laboratories to help inform and plan for additional wastewater surveillance targets.

Figure 1: Ottawa COVID-19 Wastewater Viral Signal



Should you have any questions about this initiative please contact:
Bahar Aminvaziri, P.Eng., Manager, Ministry of the Environment, Conservation and Parks
wastewater.surveillance@ontario.ca

480 University Ave., Suite 300
Toronto, Ontario M5G 1V2
Tel: (416) 595-0006
E-mail: info@alphaweb.org

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa's members are the public health units in Ontario.

alPHa Sections:

- Boards of Health Section
- Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

- Association of Ontario Public Health Business Administrators
- Association of Public Health Epidemiologists in Ontario
- Association of Supervisors of Public Health Inspectors of Ontario
- Health Promotion Ontario
- Ontario Association of Public Health Dentistry
- Ontario Association of Public Health Nursing Leaders
- Ontario Dietitians in Public Health

The Honourable Peter Bethlenfalvy
Minister of Finance
c/o Budget Secretariat
Frost Building North, 3rd floor
95 Grosvenor Street
Toronto ON M7A 1Z1

January 25, 2021

Also submitted via e-mail: submissions@ontario.ca

Dear Minister Bethlenfalvy,

Re: Spring 2021 Budget consultations

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to provide input for your consideration as you prepare the spring 2021 Budget for continuing Ontario's COVID-19 response and recovery.

Every Ontarian continues to be deeply affected by the ongoing COVID-19 pandemic and we understand that this will continue to be the foundation for the decisions you will make about how to invest Ontarians' tax dollars in the coming year. We also understand the importance of striking a balance between protecting people from the direct effects of the coronavirus and protecting Ontario's economy from the secondary ones. A healthy economy and healthy people are interdependent, and Ontario's public health sector is a critical link.

During the first two phases of Ontario's COVID-19 Action Plan, there has been a strong commitment to providing financial certainty and resources to public health units to support a robust response to local incidences and outbreaks of COVID-19, in keeping with our fundamental duty to protect the health of the people in our communities. We reiterate that such a commitment needs to be made permanent and sustainable if our public health system is to carry out its health protection and promotion duties, both routine and extraordinary.

Ontario appears to be near the peak of a dramatic but expected resurgence of cases, which is having devastating effects on elderly Ontarians living in congregate settings and is threatening to overwhelm our health care system. Nearly all our member health units' resources have been redirected to the COVID response, with case & contact management, outbreak response, provision of guidance and direction to municipalities, businesses, and other community organizations, and planning for the vaccine rollout pre-empting virtually all other mandated activities.

These response activities must obviously continue, but with no immediate end in sight for this pandemic, we need to return some focus to our obligations under Ontario Public Health Standards, which are equally important to protecting the health of all Ontarians. A COVID recovery will not be possible without meaningful investments in local public health and the central supports that it relies on.

Immediate Needs:

Immediately reverse the change to the provincial-municipal public health cost-sharing formula

The decision to implement sudden and arbitrary changes to the provincial / municipal cost-sharing formula for public health units has resulted in undue hardship for Ontario's obligated municipalities, as illustrated by the need for provincial mitigation funding to offset the increase. We are therefore urging that the Province immediately restore the previous 75% - 25% split with assurances that no further changes will be made without extensive analysis and consultation.

Harmonize funding announcements and their allocation.

The commitment of $100 million to public health units (PHUs) that was communicated earlier in the pandemic response (*COVID-19 Extraordinary Expenses*) and another $50 million for hiring 500 school-focused public health nurses were examples of welcome announcements, but additional certainty about eligibility, specifics about allocation and timing needs to accompany them. Timely provision of these funds with clear eligibility criteria would be far preferable than end-of-year reimbursements. The latter approach places the onus for extraordinary expenditures on boards of health without any assurances that they will be compensated in full. It also exacerbates the complexities of reallocating already scarce available funds.

We are therefore urging the immediate provision of the previously announced funding allocations to PHUs for *COVID-19 Extraordinary Expenses* and for the *School-Focused Nurses*, and consideration of mechanisms in the Fall Budget to do likewise with any new announcements.

Health Equity Pandemic Planning

We now know that COVID-19 has disproportionately affected communities with lower socioeconomic status. Striking the balance between reducing the transmission of COVID-19 and maintaining the economy in all of Ontario's communities will require a targeted strategy to address the higher rates of infection, hospitalization and death among lower-income people, racialized communities, and essential workers. Collecting, analyzing and acting on data (e.g. case rates and percentage of positive tests) within marginalized / at-risk populations to ensure that these rates are not significantly different from the rest is imperative.

Longer term considerations: Preservation of Public Health Core Functions

Many of Ontario's public health units have diverted up to 90% of their available resources to the pandemic response, even after significant expansions and reallocations at the staff level. This diversion has come at the expense of many of the routine programs and services that are required under the Ontario Public Health Standards, which are also the foundation for their Annual Business Plans and Accountability Agreements.

Recognizing that the COVID-19 emergency is likely to be a public health preoccupation for the foreseeable future, attention needs to be turned to restoring capacity to return to routine health protection and promotion activities within our communities. Examples include the Healthy Babies, Healthy Children program, which provides outreach to vulnerable families; school vaccination programs; smoking cessation supports; food safety inspections; and the wide range of other activities that are aimed at preventing chronic diseases, which remain responsible for the majority of deaths in Ontario and account for over $10B in direct health care costs with total economic burden of over $20B[i].

Restoring this capacity is comparable to ensuring that hospitals have the capacity to provide essential surgeries and diagnostic procedures while maintaining capacity to respond to COVID-19.

This crisis has proven the worth of local public health and demonstrated that a healthy economy is not possible without healthy people. The imperative of sufficient, stable, and predictable investments to ensure that Ontario's boards of health can carry out the comprehensive range of health promotion and protection programs and services that are outlined in the Ontario Public Health Standards is clear, and plans should be made for a comprehensive review of the public health response after the emergency is over.

For your further consideration, the following is an adapted version of the recommendations that we submitted as part of the 2019 and 2020 pre-budget consultations, which speak to the routine but critical public health functions that should be able to continue alongside the extraordinary ones.

Public Health is on the Front Line of Keeping People Well

alPHa's members are the medical officers of health, members of boards of health and managers of the major public health programs. These are the people on the front lines of delivering the programs and services that prevent disease and promote health in every community in Ontario. For more than 180 years, Ontarians have enjoyed a strong, locally based public health system that puts their health and wellbeing at the front and centre. The integrity of Ontario's public health system must be maintained and reinforced with assurances from the Province that it will continue its funding commitment to cost-shared programs and make other strategic investments that address the government's priorities of improving services and ending hallway medicine.

Public Health Contributes to Strong and Healthy Communities

Boards of health in each of Ontario's public health units provide programs and services that are tailored to improve the health of the entire population starting with addressing needs at the local level. In so doing, they form the local foundation of a province-wide system that works "upstream" to address risks to health thereby reducing the demand on and costs to the health care system. These activities are outlined and mandated in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability* under the Health Protection and Promotion Act and fall under the following categories:

- Chronic Disease Prevention and Well-being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- Substance Use and Injury Prevention

Four "Foundational Standards" ensure that population health assessment, a focus on health equity, effective public health practice through quality assurance and transparency, and emergency management are considerations in each of these categories.

Boards of health tailor the requirements to meet local needs in collaboration with a wide array of community partners (local medical/health care communities, municipalities, school boards, etc.) or develop new programs to address the specific health needs of their communities.

Public Health Delivers an Excellent Return on Investment

Public Health makes a critical contribution to alleviating pressures on our hospitals and doctors' offices, by delivering programs and services that keep people from becoming ill in the first place. While it is difficult to accurately measure the impacts (one cannot count the number of outbreaks that didn't happen because of a vaccine campaign or cases of food poisoning that were prevented through regular inspection of restaurants), studies have nonetheless demonstrated that public health interventions are good value for money and an excellent return on investment.

The following are only a few examples of the return on investment in public health:

- Every $1 spent on immunizing children with the measles-mumps-rubella vaccine saves $16 in health care costs.
- Every $1 invested in community water fluoridation yields an estimated $38 in avoided costs for dental treatment.
- Every $1 spent on mental health and addictions saves $7 in health costs and $30 dollars in lost productivity and social costs.
- Every $1 invested in tobacco prevention programs saves up to $20 in future health care costs,
- Every $1 spent on early childhood development and health care saves up to $9 in future spending on health, social and justice services.

Public Health is an Ounce of Prevention that is Worth a Pound of Cure

The 2017 report of the Auditor General of Ontario (AGO) contained a chapter on the Ministry of Health and Long-Term Care's (MOHLTC) Chronic Disease Prevention program, which concluded that most chronic diseases (e.g., diabetes, cancer, etc.) are preventable, or their onset can be delayed by addressing physical inactivity, smoking, unhealthy eating and excessive alcohol consumption. The Institute for Clinical Evaluative Sciences estimated that 22% of the Province's spending on health care was attributable to those four modifiable risk factors associated with chronic diseases, which totaled $90 billion in health care costs, including hospital care, drugs and community care, between 2004 and 2013.

The Ministry's own estimates conclude that major chronic diseases and injuries accounted for 31% of direct, attributable health care costs in Ontario. Preventing chronic diseases not only helps to reduce the financial burden on the health care system but it also creates a better quality of life that in turn supports individuals' ability to contribute to vibrant communities and a strong economy. Public Health leads in reducing the modifiable risk factors behind chronic disease and injury. The effective execution of this role is limited only by its capacity.

Public Health is Money Well Spent

Boards of health budgets are paid for by their respective obligated municipalities in accordance with the Health Protection and Promotion Act (HPPA) with the Ministry of Health providing offsetting grants of approximately 70 cents on the dollar for mandatory programs.

According to the 2018-19 Ministry Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was $1.267 billion, or about 2% of the total Ministry operating expenses. We believe that this demonstrates the tremendous value of Ontario's system of local public health given its significant impact on the health of the people of Ontario.

Having applied the lessons learned from several public health crises that emerged in Ontario in the first decade of the new millennium (the Walkerton tragedy (2000), SARS (2003) and pandemic influenza (2009) and now the ongoing COVID-19 emergency, the value of Ontario's public health system is more clearly understood, as is the importance of investing in it to ensure that it remains robust, integrated, cost-effective, and accountable.

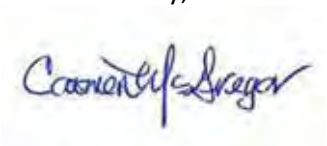
We have demonstrated that modest investments in the public health system can generate significant returns, including better health, lower costs, and a stronger economy. We believe first and foremost that the integrity of Ontario's locally based public health system should remain intact. In addition, we believe that an explicit commitment to the ongoing provision of the 75% provincial share of public health funding along with additional strategic investments in the public health system will address your Government's priorities of improving services, ending hallway medicine, and addressing Ontario's fiscal challenges.

Public Health's broad efforts in the areas of health protection and promotion and disease prevention touch upon where we live, work and play, improving our quality of life and promoting healthy communities across the province. Further investments in these efforts will only strengthen their contributions to your Government's goals of cutting hospital wait times and ending hallway health care, improving the delivery of government programs and services, and even putting money back in people's pockets by keeping them healthy and able to contribute to the prosperity of the Province of Ontario.

As for specific investments in the fight against COVID-19, we expect that you will continue to make the most appropriate decisions to maximize our collective ability to protect the people of Ontario from the virus, prevent harmful indirect consequences, and support the recovery of our economic and educational sectors that have so many positive impacts on other aspects of physical and mental health.

In closing, thank you for the opportunity to present this information as you deliberate on how Ontarians' tax dollars are to be spent. We would be pleased to discuss our submission with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 416-595-0006 ext. 222.

Yours sincerely,



Carmen McGregor,
alPHa President

COPY:
Hon. Doug Ford, Premier of Ontario
Hon. Christine Elliott, MPP, Deputy Premier and Minister of Health
Hon. Todd Smith, Minister of Children, Community and Social Services
Helen Angus, Deputy Minister, Health
Dr. David Williams, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery
Matt Anderson, CEO, Ontario Health

Encl: Pre-Budget Deposition Jan. 25, 2021 Speaking Notes

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[i] Public Health Ontario, July 2019: Burden of Chronic Diseases in Ontario. Retrieved from https://www.publichealthontario.ca/en/data-and-analysis/chronic-disease/cdburden#:~:text=The%20total%20annual%20economic%20burden,inadequate%20vegetable%20and%20fruit%20consumption.

Association of Local Public Health Agencies
Speaking Points
Ministry of Finance
Re: 2021 Ontario Budget
Monday, January 25, 2021

- Good afternoon, Minister Bethlenfalvy and team.

- I am Dr. Robert Kyle, Past-President of the Association of Local Public Health Agencies, better known as alPHa, and Durham Region's Medical Officer of Health.

- alPHa represents all of Ontario's 34 boards of health, medical officers of health (MOHs) and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration.

- As you may know, in essence, the work of public health is organized in the Ontario Public Health Standards as follows:

    - Chronic Disease Prevention and Well-Being
    - Emergency Management
    - Food Safety
    - Health Equity
    - Healthy Environments
    - Healthy Growth and Development
    - Immunization
    - Infectious and Communicable Diseases Prevention and Control

- Population Health Assessment
- Safe Water
- School Health
- Substance Use and Injury Prevention

- In January 2019, in the alPHa Pre-Budget Submission, alPHa noted that:

  - Public Health is on the Front Line of Keeping People Well.
  - Public Health Delivers an Excellent Return on Investment.
  - Public Health is an Ounce of Prevention that is Worth a Pound of Cure.
  - Public Health Contributes to Strong and Healthy Communities.
  - Public Health is Money Well Spent.

- Furthermore, alPHa recommended that:

  - The integrity of Ontario's public health system be maintained.
  - The Province continue its funding commitment to cost-shared programs.
  - The Province make other strategic investments, including in the public health system, that address the government's priorities of improving services and ending hallway medicine.

- As regards to this last point, Public Health's contribution to ending hallway medicine is summarized in alPHa's Public Health Resource Paper.

- Despite the above, at a prescient moment of things to come, on January 17, 2020, in its appearance before the Standing Committee on Finance and Economic Affairs, alPHa noted that "the Office of the Chief Medical Officer of Health has recently noted, the Public Health Agency of Canada is tracking a novel coronavirus outbreak in Wuhan, China; as our experience with SARS demonstrated, infectious diseases "know no borders".

- Throughout 2020, alPHa's members have distinguished themselves by leading the pandemic response locally. Of course, our members' workforces have an abundance of "unsung heroes" from a wide variety of backgrounds including associate/medical officers of health, public health inspectors, public health nurses, etc.

- As an example, Durham Region is Ontario's 5th largest Public Health Unit (PHU); its #PublicHealthProtects infographic illustrates the reach of its pandemic response.

- alPHa values and appreciates Ontario's leadership, guidance and support throughout the pandemic response, including financial support for its pandemic-related extraordinary costs.

- Despite the above, a "cloud" still sits over our members' heads and it is one that cannot be ignored.

- In Ontario budget 2019, it was announced that provincial funding to PHUs would be cut by 25% over a three-year period.

- On September 11, 2019, the Ministry of Health confirmed the cost-sharing formula for public health would change to 70% provincial/30% municipal to be applied to almost all mandatory public health programs and services.

- On August 19, 2019, the Premier announced at the AMO Conference, and which alPHa welcomed, municipalities would be receiving one-time transitional funding to limit the increase in costs borne by municipalities in 2020 to no more than 10%.

- Despite this, in 2019, many boards of health reported that they had to draw on their reserves to ease the financial burden that this decision has placed on their obligated municipalities.

- Ontario should ensure public health receives the robust funding necessary to protect public health programs and services whose value was demonstrated previously during SARS and the H1N1 pandemic and is currently being demonstrated during the COVID-19 pandemic. A COVID-19 recovery will not be possible without meaningful investments in local public health and the central supports that it relies on. A healthy economy is not possible without healthy people.

- With all the foregoing in mind, alPHa calls upon Ontario, once again, to do the following:

    - Ontario should restore the previous provincial-municipal cost-sharing (75/25) formula for public health and, at the very least, make no further changes to the current (70/30) formula, permanently.

    - Ontario should continue to invest in public health operations and capital, including 100% funding for priority programs, such as Infectious and Communicable Diseases Prevention and Control, and Immunization.

- The above recommendations are fleshed out and expanded upon in more detail in the accompanying written submission.

    - In closing, as the pandemic continues, alPHa's members are poised to lead local efforts to implement Ontario's COVID-19 Vaccine Distribution Plan, in addition to the ongoing pandemic response.

    - As you know, with respect to so-called "Public Health Modernization", on November 18, 2019, the Ministry of Health launched renewed Public Health consultations and released a Discussion Paper.

    - alPHa is pleased that the consultations were suspended during the pandemic.

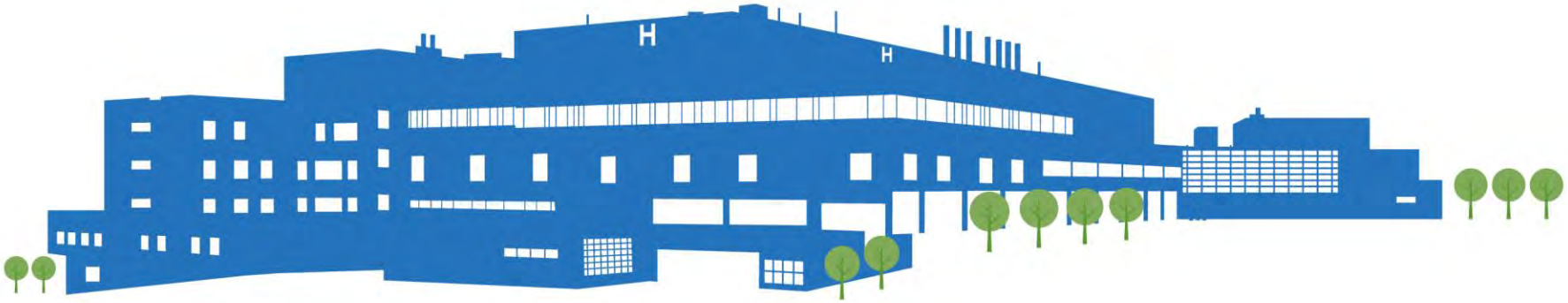
- If Ontario plans to resume Public Health Modernization once the pandemic is controlled, alPHa urges that a reasonable period of recovery and reflection ensue before engaging our members in the consultation process. Our members are completely and utterly exhausted.

- Thank you for your attention. I would be pleased to answer any questions.

Check against delivery.

For an online version of these remarks and the corresponding submission, including access to links, please go to: https://www.alphaweb.org/page/alPHa_Letters

Delivering world-class patient care in unprecedented times

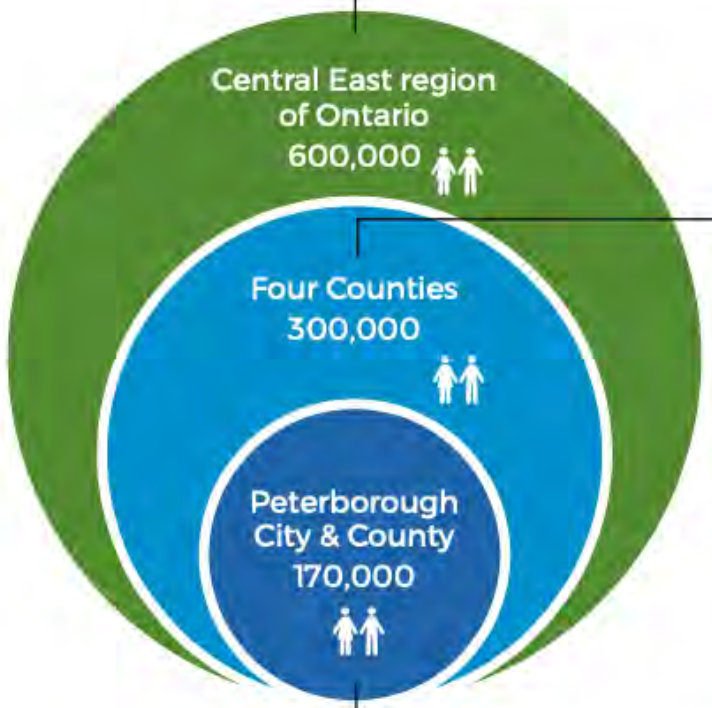


Louis O'Brien
Chair, Board of Directors

Dr. Peter McLaughlin
President & CEO

PRHC
Peterborough Regional Health Centre

Guided by you · Doing it right · Depend on us
www.prhc.on.ca

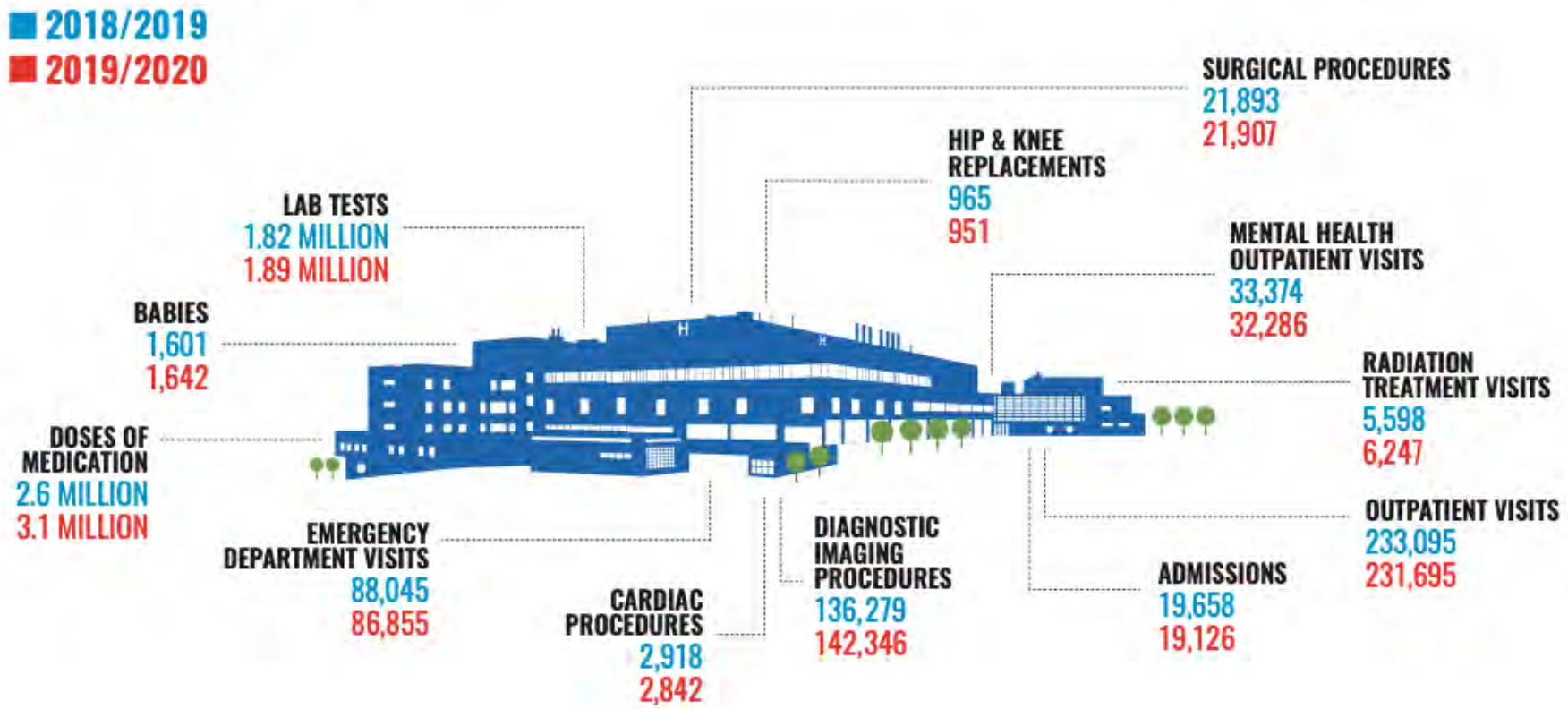


Regional Centre of Excellence (600,000)
- Cardiac
- Vascular
- Cancer Care

Regional Referral Program (300,000)
- Critical Care
- Medicine and sub-acute care
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Interventional Radiology
- Mental Health and Addictions
- Orthopedics
- Regional Renal Program
- District Stroke Centre
- Women's & Children's Program
- Neonatal Intensive Care Unit (NICU)
- Minimally Invasive Surgery
- Laboratory

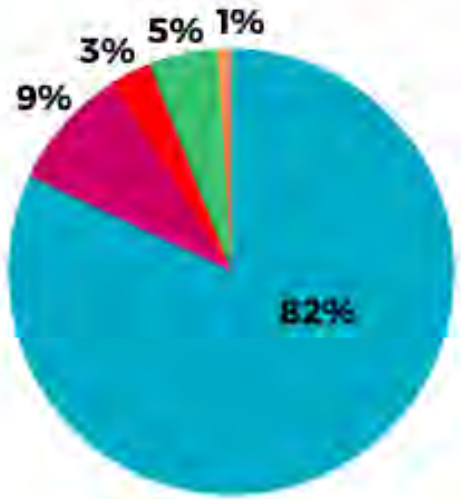
Local Community Programs (170,000)
- Emergency Department
- Diagnostic Imaging
- Pharmacy

PRHC BY THE NUMBERS
2018/2019 vs 2019/2020



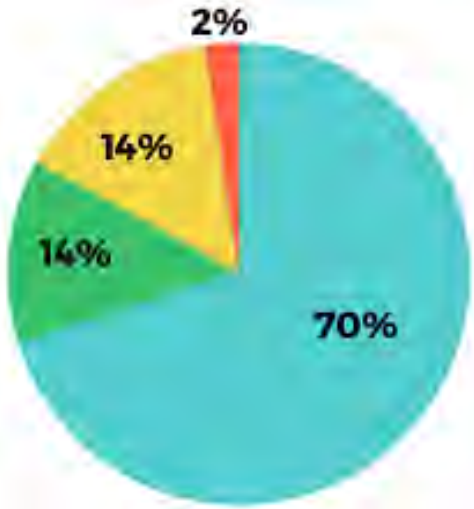
Statistical data based on the 2018 – 2019 fiscal year compared to the 2019 – 2020 fiscal year

PRHC FINANCIALS 2019/20



REVENUES ($ THOUSANDS)

- **Ministry of Health** 266,109 (82%)
- **Cancer Care Ontario** 30,758 (9%)
- **Other insurers and self-pay** 8,024 (3%)
- **Other revenue** 16,441 (5%)
- **Deferred contributions** 2,506 (1%)



EXPENSES ($ THOUSANDS)

- **Salaries, wages and benefits** 215,683 (70%)
- **Supplies and other expenses** 42,996 (14%)
- **Drugs and medical supplies** 42,258 (14%)
- **Amortization of equipment** 7,307 (2%)

COVID-19 Pandemic:
Providing healthcare in unprecedented times

- The COVID-19 pandemic has been a major disruptor to PRHC and the broader healthcare sector.
- From March to June 2020, it consumed most of our energies, and we expect it will continue to bring additional disruption throughout the months to come
- In many ways, our challenge now is harder than it was during the first wave. We now must balance hospital operations with the need to maintain all of our pandemic practice changes.
- We do not expect to get back to “business as usual” for quite some time.

COVID-19 Pandemic:
Providing healthcare in unprecedented times

- The pandemic has also provided us with new opportunities to lead and collaborate with our partners. We have made the most of these:
  - Taking on a regional leadership role for the C5 hospitals (PRHC, Campbellford, Haliburton, Lindsay, Northumberland)
  - Stronger relationships with paramedics, primary care, LTC homes and other healthcare providers
  - Outreach and collaboration with First Nation partners (Curve Lake and Hiawatha)

COVID-19 Pandemic:
Our challenges moving forward

- Our chief constraints are staffing and bed occupancy; a great deal of work has been going on to develop innovative strategies to address these issues
- Enhanced infection control measures will continue for the foreseeable future – for example, limited building access, entrance screening and universal masking
- Throughout the winter/surge season, we anticipate additional pressures on staffing, beds, testing capacity, our IPAC and Occupational Health, Safety & Wellness teams, clinicians and support workers

PHOTOS: MARY ZITA PAYNE *www.maryzitapayne.ca*

Financial outlook

- In general, the provincial funding formula requires hospitals to find efficiencies every year
- Funding does not increase each year with inflation; at PRHC, inflation adds about $3 to $6M annually in new costs
- Funding also does not increase on par with volume growth; this is significant, as our patient volumes have increased substantially over the years
- Despite these constraints, all hospitals must produce a balanced budget and balanced operations each year
- The provincial healthcare budget is fixed unless funds are taken from another portfolio or taxes are raised

Providing high-quality, safe patient care

- In December 2019, PRHC received our highest-ever patient satisfaction score in response to our post-discharge phone survey: **98% of patients said they "would definitely recommend PRHC to friends and family."**
- This result highlights the excellent patient care that continues to be provided across PRHC, even as we work to address complex issues being seen across the healthcare system.

International recognition for surgical quality

- Of more than 600 hospitals participating in the National Surgical Quality Improvement Program (NSQIP), PRHC has again been recognized among 89 hospitals deemed “Meritorious” for our surgical quality composite score in 2019.
- The hospital was previously recognized with this designation in 2017
- Of the 89 hospitals recognized with Meritorious standing in 2019, only 12 are located in Canada.
- Other hospitals deemed Meritorious for this year include: Sunnybrook, St. Michael’s, Johns Hopkins, Cleveland Clinic, Mayo Clinic and Mount Sinai (New York)

Milestone:

Peterborough Ontario Health Team (OHT)

- Peterborough OHT consists of 25 partners, all of whom are healthcare and service providers in the Peterborough area.
- In Year 1 of operation, the target populations we propose to focus on are:
  (1) Frail, complex, elderly patients, including patients with CHF, Diabetes, COPD and palliation
  (2) Patients requiring care for mental health & addictions.
- At maturity, every OHT will operate under a single clinical and fiscal accountability framework, guided by the *Patient Declaration of Values for Ontario* and the provincial *Quadruple Aim*.

Milestone:

Transitional Care partnership with Rubidge Retirement Residence for patients designated Alternate Level of Care (ALC)

- In spring 2019, PRHC launched a pilot program to relocate qualifying patients from the hospital to a transitional care unit at Rubidge Retirement Residence.
- In September 2019 and again in November 2020, the Ministry of Health committed additional, one-time funding to support this partnership, which has grown from 10 beds to 30 in order to accommodate very high volumes of ALC patients at PRHC.
- Today, PRHC has approximately 100 patients designated Alternate Level of Care (ALC) occupying inpatient beds, and an additional 26 ALC patients in the transitional care unit at Rubidge Retirement Residence.

Investments

Clinical Information System (CIS)

- The implementation of a new Clinical Information System (CIS) will be the single most important quality and safety initiative in PRHC's history, and will transform the way clinical care is delivered for generations to come.
- The creation of a single, integrated digital patient record will impact nearly every aspect of the organization.
- Our staff, physicians and community providers will need to adjust to new ways of delivering care, and patients and families will experience new ways of accessing their medical information.
- CIS implementation will continue to be a focus for our organization over the next 18 months

Investments

Mental Health & Addictions care

- We have continued to invest in improving the physical environment we provide for patients receiving care for mental health and addictions, including substantial safety and design upgrades within the hospital's Psychiatric Intensive Care Unit (PICU) in 2019.
- In the same year, work was completed on a courtyard for the Child & Adolescent Psychiatric Unit (CAPU), providing a safe, dedicated outdoor space for patients under the age of 18.

Investments

Mental Health & Addictions care

- TALK NOW is a mental health counseling service offered through a partnership among PRHC, Canadian Mental Health Association (HKPR), Four Counties Addiction Services Team, Kinark Child and Family Services and the Peterborough Family Health Team.
- The clinic is staffed by a Nurse Practitioner, counsellors and a social worker.
- In response to the pandemic, TALK NOW has been transitioned to a virtual service and is now available to people of all ages.

Strategic Plan 2020-2023

PRHC
STRATEGIC PLANNING
2020 – 2023

CONTINUING TO LIVE OUR VISION, MISSION AND VALUES

Our vision, mission and values will continue to guide us as we implement our new strategy.

VISION
Exceeding your expectations, every day.

MISSION
We are a regional hospital building healthier communities with our patients and partners.

VALUES
Guided by you
Doing it right
Depend on us

Strategic Plan 2020-2023

PRHC
STRATEGIC PLANNING
2020 – 2023

Our Strategic Directions

1. Deliver culturally safe, outstanding care
2. Deliver seamless care transitions
3. Deliver regional programs in collaboration with our care partners
4. Build strong foundations to achieve our mission

The road ahead

Master Planning

- Although our building is about 12 years old and was designed more than 20 years ago, we find ourselves running out of space.
- Patient volumes have increased year over year, our community and surrounding catchment region have grown, and our patients are increasingly complex.
- We have also been adding programs and services to support better care closer to home
- Our Alternate Level of Care (ALC) patient population has risen to approximately 100 patients at any given time, representing more than 20 per cent of our inpatient beds

The road ahead

Master Planning

- PRHC's Master Plan is currently in development, and will address the current and projected 20-year space needs of the hospital. A master plan is required to gain Ministry of Health approval for almost any new construction.
- Development of a Master Plan begins with a Master Program. The Master Program identifies the clinical and service functions we have, what we project to have, and what may change in future years.
- The Master Plan will contemplate our roles in the region, changes in technology for delivery of care, and areas we know will require future investment.

The future of patient care

Over the coming years, we will continue to invest in:

- Our regional Centres of Excellence, including Cardiac Care, Cancer Care and Surgery
- Ongoing collaboration with our healthcare partners to improve programs and services for patients
- Technology, infrastructure and equipment hospital-wide
- Our People Strategy: Ongoing education and professional development, recognition programs, health and wellness supports
- Recruitment: Attracting top talent to join our team
- The generous support of Foundation donors will continue to play a critical role in making great care possible at PRHC by funding the vital technology our professionals use every day to provide the best possible patient care.

Photo credit:
Jay Callaghan
June 3, 2020

THE PETERBOROUGH EXAMINER
SINCE 1847

PETERBOROUGH REGION

Curve Lake First Nation takes water crisis to court

By Joelle Kovach Examiner Reporter
Mon., Jan. 25, 2021 | 4 min. read

Chief Emily Whetung of Curve Lake First Nation says her community has had "undrinkable water" since before she was born 34 years ago — and now she's pursuing the matter in court.

Whetung, a lawyer, is a representative plaintiff in a class-action lawsuit filed in federal court over the lack of safe drinking water for First Nations across Canada.

For decades Curve Lake has had 10 to 15 boil-water advisories yearly, according to court documents, and often must have its drinking water trucked into the community because wells have gone dry.

One section of Curve Lake was under a boil-water advisory for nearly two years, the court documents state — from July 20, 2016 until June 6, 2018.

"The inequality in access to clean drinking water for Indigenous communities has hit a breaking point," Whetung wrote in a statement emailed to The Examiner.

While the federal government has tried "to begin fixing it," Whetung writes — she mentions that Curve Lake received $2.2 million in federal funding to design a new water treatment plant last year — she wants to "change the conversation" about water.

Curve Lake is launching the suit jointly with Neskantaga First Nation, a remote fly-in community north of Thunder Bay. Chief Christopher Moonias is the other representative plaintiff, along with Whetung.

Neskantaga has had Canada's longest-running boil-water advisory: it's been ongoing for 25 years, state the court documents, and the water is unsafe to the touch and causes skin rashes, sores and permanent scarring.

Other First Nations that have been advised to boil, not use or not drink their water for periods of more than a year, since 1995, are eligible until March to join the class.

The plaintiffs are suing the federal government for appropriate water systems or $2.1 billion in damages. If the claims are not dismissed or settled, a trial is expected in Ottawa.

The Manitoba Queen's Bench has also decided that a second class action over lack of safe drinking water can proceed.

In that claim the representative plaintiff is Chief Doreen Spence of Tataskweyak Cree Nation, a remote community 140 kilometres north of Thompson, Man. that has been under boil-water advisory since 2017.

As reported earlier this month in The Globe and Mail, both the Curve Lake/Neskantaga and the Tataskweyak claims allege that the federal government breached its fiduciary duties, the Constitution Act and sections of the Charter of Rights and Freedoms that ensure equality, right to life and security of the person and freedom of religion (since water is included in ceremonies).

Curve Lake First Nation's small-scale water-treatment plant was built in 1983 and was designed to serve a single subdivision in the community for 20 years, states the lawsuit, yet it continues to serves 56 homes on the reserve.

Federal inspectors found the plant in good shape in 2017, the lawsuit states, though an inspection from the provincial Ministry of the Environment and Climate Change a few months later found the plant faulty.

The plant needed repair or replacement under the ministry's guidelines, states the lawsuit, but since the system's maintenance falls under federal jurisdiction there was nothing the province could do.

A further 550 homes aren't served by the small water treatment plant, the suit states. Instead, they're on private wells that often run dry or are often contaminated by nearby septic systems.

The suit also says Curve Lake would need a new $50-million water treatment plant, drawing water from Buckhorn Lake.

In January 2018, Women and Gender Equality Minister Maryam Monsef — who is also the MP for Peterborough-Kawartha — was quoted in The Examiner promising to ensure safe drinking water for Curve Lake First Nation within three years.

In July, $2.2 million in federal funding was granted to Curve Lake for the design of that new $50-million water treatment plant.

But the federal government announced in early December that it couldn't fulfil its commitment to end water advisories on all First Nation communities by March 2021 due to delays in upgrading water systems wrought by the COVID-19 pandemic.

Monsef did not comment for this story; her staff said it would be inappropriate since the matter is before the courts.

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High school students say water is a basic right

Some Grade 12 students at St. Peter Secondary School say they want the federal government to supply safe drinking water to First Nations — and they recently staged a protest to make the point.

Many students sat during the national anthem on the morning of Dec. 15 in protest the lack of safe drinking water for Indigenous communities.

Pamela Smyth, 17, was one of several organizers. She said the students were reacting to an announcement by the Liberal government on Dec. 2 that hey wouldn't lift all boil-water advisory bans on First Nation reserves by March 2021 as planned, due to delays wrought by the COVID-19 pandemic.

"We found this unacceptable," Smyth said. "Water is a human right."

Before organizing the action, Smyth and others approached a classmate from Curve Lake First Nation for her input.

"Because we don't want to speak over Indigenous voices," Smyth said. "But she assured us we were speaking up for them — not over them."

Smyth said the students used social media to promote awareness of the issue in advance of the protest, and they also wrote 400 letters to Women and Gender Equality Minister Maryam Monsef (the Peterborough-Kawartha MP), to Prime Minister Justin Trudeau and to Indigenous Services Minister Marc Miller.

"We want our voice heard," Smyth said.

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More from The Examiner & Partners

January 25, 2021

Attention: Mr. Mark Walton, Mark B. Walton, CEO of West Region, Ontario Health
Address: 141 Weber Street South, Waterloo ON N2J 2A9
Via e-mail mark.walton@lhins.on.ca

Dear Mr. Walton,

Thank you for your letter dated December 24 2020.

We want to share the following facts with you, hoping to complete your knowledge about this matter.

The Board of Health's legal authority is a proxy to saving lives. We emphasize the need for Ontario Health OH/LHIN to respect this legislative authority under the *Health Protection and Promotion Act (HPPA*) to ensure our health unit can continue fulfilling its role and mandate of managing the pandemic and saving lives.

Your statement "As you know, there is no "playbook" for how to respond to a global pandemic" is incorrect and is the heart of the matter. In fact, there is a solid playbook for how to respond to a pandemic called "Public Health Protocols and Regulations" that are embedded in the *HPPA*. Although COVID-19 is a novel virus, the management of COVID-19 outbreaks is no different from the management of outbreaks of other Infectious Diseases - one of the CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA. Emergency Management is another Core Competency that denotes public health's leadership role in management of pandemics. The management of a pandemic is not new for us. Annually, public health conducts a critical review of emergency protocols including emergency pandemic response planning with all relevant organizations in Grey Bruce and undertakes regular emergency table-top exercises.

Local public health in Ontario is well designed for emergency management with a single governing authority in our Boards of Health and single chain of command from the Chief Medical Officer of Health and the Ministry of Health who have knowledge and understanding of our sector. Having an added source of direction from SW OH/LHIN (without our sector background) has created confusion and contradiction with the provincial direction. One example of the contradiction is the SW OH/LHIN placing a cap on COVID-19 swabs for each health unit without any consultation with the Boards of Health and in opposition to the provincial direction. Advancing the SW OH/LHIN plans to create a regional structure puts the system in an awkward and duplicative position, while distorting lines of accountability.

Public health agencies are the experts in stopping the spread of infections and managing outbreaks, epidemics, and pandemics. We manage thousands of long-term care home outbreaks each year, prevent the spread of infection countless times in workplaces, and keep our public safe from communicable disease. It is an obvious and understandable challenge for a new agency like Ontario Health or newly dismantled agency like the LHIN, with many new hurdles to its core work during a pandemic, to try also to reinvent wheels and figure out how to do the basics of public health that the Boards of Health already master.

The lack of understanding of the basics of public health may explain the other example of the disconnected perspective in your statement "it is through collaborative models and behaviours such as those demonstrated by these system partners that we have been able to respond to the pandemic in a

swift and expedient manner over the last 9 months". The data however reflects that the control of the first wave in April 2020 was directly related to the swift implementation of our Provincial Government's lockdown Orders based on Public Health recommendations. The SW OH/LHIN Regional Pandemic Plan initiatives you referenced took place after the control of the first wave. Where being used, in the parts of the SW, these initiatives appear to provide no control over the second wave.

Ontario Health OH/LHIN has expertise in organizing and managing the health care sector, which is very different and distinct from the public health sector. As we understand, a key role of OH during a pandemic is to expand hospital and ICU capacity to ensure our hospitals never have to turn away patients with COVID and non-COVID, such as delaying elective surgeries due to lack of capacity. Ontarians are best served when OH/LHIN remains focused on this crucial part of the pandemic response.

The label of collaboration is unfitting. The fact that the initiative was designed and started without input by the Grey Bruce Health Unit is not collaborative. Collaboration necessitates **two criteria** (**added benefit** generated by the collaboration, and **mutual agreement**). Some aspects of the SW OH/LHIN Regional Pandemic Plan initiatives, specifically the ones related to managing the pandemic response in schools, congregate settings, and farms in Grey Bruce meet neither of these criteria. The SW Regional Pandemic Structure, directing local partners in Grey Bruce to work together, provides **no added benefit** as these partners have always worked together. Despite the Grey Bruce Health Unit emphatically stating that **we do not agree** on advancing the initiative, the SW OH/LHIN Leads did not offer but instead repeatedly demanded compliance with the SW Regional Pandemic Plan. We view such forceful conduct by the SW OH/LHIN Leads in Grey Bruce as the opposite of collaboration. To our knowledge, the majority of Medical Officers of Health in the SW share a similar perspective to ours.

Encroachments and negative effects on the Grey Bruce Health Unit's ability to manage the pandemic have already occurred. Advancing the "SW Regional Pandemic Plan" initiative - a comprehensive plan for SW regional restructuring - to change the public health system in middle of an emergency is deeply alarming and dangerous.

With the above in mind, we expect OH leadership to direct their SW OH/LHIN Leads to immediately cease and desist their activities that affect our health unit's pandemic response.

Sincerely,

Ms. Sue Paterson, Chair
Board of Health for Grey Bruce Health Unit
Grey Bruce Health Unit, 101 17th Street East, Owen Sound, ON N4K 0A5
Phone: (519) 376-9420, Ext. 1241

CC: Minister of Health, Hon. Christine Elliott
Chief Medical Officer of Health, Dr. David Williams
MPP Bill Walker for Bruce-Grey-Owen Sound
MPP Lisa Thompson for Huron-Perth
Warden for Grey, Warden Selwyn Hicks
Warden for Bruce, Warden Janice Jackson
All Boards of Health in Ontario
WOWC – Western Ontario Wardens' Caucus
AMO - Association of Municipalities of Ontario
Mr. Matthew Anderson, President and CEO, Ontario Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Summary of Complaints, 2020**
DATE:	**February 10, 2021**
PREPARED BY:	**Alida Gorizzan, Executive Assistant**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Summary of Complaints, 2020*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

The Board of Health's policy and procedure (2-280, Complaints) requires the Board be advised annually about complaints received in the prior year.

BACKGROUND

During the 2020 calendar year, the organization handled three formal complaints. In comparison, there were five in 2019, and one in 2018.

Details regarding the complaints are as follows:

No.	Nature of Complaint	Comments	Status
1	Complaint regarding the actions of a staff person answering a phone inquiry.	The complainant expressed frustration with the way their call was handled. The staff person was provided with additional instruction in the event that a similar situation should occur in the future.	Resolved.
2	Complaint regarding availability of water refilling stations, cooling centre, handwashing facilities as a result of COVID public health measures.	The City was the lead on addressing most of these issues, PPH provided support and also distributed refillable	Resolved.

No.	Nature of Complaint	Comments	Status
		water bottles to One Roof Diner for distribution to patrons.	
3	Complaint regarding the mandatory wearing of face coverings on public transit, commercial transportation ad commercial establishments in Peterborough.	A complaint was sent to the Board Chair regarding the directive issued by Dr. Salvaterra in July 2020 related to face coverings. Dr. Salvaterra provided a fulsome response to illustrate that all actions/decisions were done in a responsible and ethical manner, commensurate with both the evidence and in light of the local context in Peterborough.	Resolved.

Peterborough Public Health strives to respond to all complaints in a timely and respectful manner.

STRATEGIC DIRECTION

This report applies to the following strategic direction: Quality and Performance.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Summary of Donations, 2020**
DATE:	**February 10, 2021**
PREPARED BY:	**Dale Bolton, Manager, Finance and Property**
APPROVED BY:	**Larry Stinson, Director, Operations** **Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Summary of Donations, 2020,* for information.

FINANCIAL IMPLICATIONS AND IMPACT

For the year ending December 31, 2020, Peterborough Public Health (PPH) received a total of $38,482in charitable donations for programs.

DECISION HISTORY

Organizational policy requires the Board of Health be advised annually about donations received.

BACKGROUND

Peterborough Public Health received its charitable status in 2010 and is able to issue charitable receipts.

To provide the Board with information on donations, an analysis was completed for the last two years comparing the number of external donations, donations by designation and donations by donor type.

An “external” donation is defined as the donor writing a cheque to PPH and receiving a charitable receipt.

Internal charitable donations from our employees are received through payroll deduction, which are receipted through their T4. In 2020, seventy-three employees made charitable donations through payroll deductions, with donations being directed to the public health programs and/or the United Way. A total of $14,287was donated by PPH employees through payroll contributions to the United Way and PPH programs.

In 2020, Peterborough Public Health received $6,128 after transactions fees through the donation web site *Canada Helps*. The funds are reflected below under individual donations.

Table 1: Donations Year over Year – Peterborough Public Health Programs

Year	2019	2020
Total Cheques / Cash Received	$32,117 (25 donors)	$27,365 (22 donors)
Total On-Line Canada Helps	$3,640	$6,128 (23 donors)
Total Payroll Deductions	(21 donors) $4,498	$44,989 (38 donors)
Total Donations	$40,255	**$38,482**

Table 2: External and Payroll Donations by Designation

Program	2019	2020
Collective Kitchens	$2,700	60
Community Kitchen	$464	$476
Contraceptive Assistance Fund	$176	$242
Dental Treatment Assistance Fund (DTAF)	$3,521	5,910
Food for Kids (FFK)	$32,216	30,714
Food Security	$91	$212
Healthy Babies, Health Children (HBHC) Equipment and Supply Fund	$646	$657
Prenatal Classes for Young Parents	$78	$52
Infant Toddler Equipment Fund	$155	$60
Gleaning Program	$1980	$0
Undesignated	$10	$99

Table 3: Donations by Donor Type

Donor Type	2019	2020
Business	$17,290	$11,500
Church	$2,000	$800
Individual	$3,817	$7,405
Payroll Deduction	$4,498	$4,989
Service Clubs/ Foundations	$12,650	$13,788

Food for Kids, Dental Treatment Assistance Fund and Collective Kitchens activities rely heavily on donations. FFK continues to receive some larger donations from a local service club and food supply businesses to support ongoing school breakfast program activities. Overall, donations for majority of public health programs were slightly higherin 2020 than the previous year, with the exception of the reduction in Collective Kitchen and significant increase for FFK. The donations

provide the much-needed support to offer the programs to our community members in throughout 2020 and in the upcoming year.

RATIONALE

The generous donations from community residents, local businesses, our employees and Board members demonstrate their willingness to provide financial support to programs that positively impact the members of the community.

Peterborough Public Health will continue to:

- inform the public we are a charitable organization and welcome donations;
- use www.canadahelps.org as a convenient way to make donations; and
- profile these specific programs/funds on the PPH Website, and in applicable PPH publications and resources.

STRATEGIC DIRECTION

This report applies to the following strategic directions:

- Determinants of Health and Health Equity
- Capacity and Infrastructure;

by enhancing program resources and improving access to programs, services and resources for those individuals and families in the community.

Peterborough Public Health

Quarter 4 2020 Status Report (October 2020 – December 2020) Overall Compliance Status

Ontario Public Health Standard Mandated Programs	# Requirements Compliant (2020)	# Requirements Compliant (2019)
Program Standards		
Chronic Disease Prevention and Well-Being	2/5*	4/4
Food Safety	4/5	4/5
Healthy Environments	7/10	7/10
Healthy Growth and Development	0/3	3/3
Immunization	6/10	10/10
Infectious and Communicable Diseases Prevention & Control	19/21	21/21
Safe Water	7/8	8/8
School Health	0/10	6/10
Substance Use and Injury Prevention	1/4	3/4
Foundational Standards		
Population Health Assessment	6/7	7/7
Health Equity	4/4	*4/4
Effective Public Health Practice	8/9	8/9
Emergency Management	0/1	1/1
Non-OPHS Mandated Programs		Status
Infant and Toddler Development	PME	ME
Safe Sewage Disposal	ME	ME

ME: Meeting Expectations PME: Partially Meeting Expectations
*Fifth requirement is a new requirement for the Ontario Seniors Dental Care Program
Link to Ontario Public Health Standards

Chronic Disease Prevention and Well-being
Arti Joshi, Manager, Oral Health Services
Hallie Atter/Carolyn Doris, Managers, Family and Community Health
Julie Ingram, Manager, Environmental Health

Program Compliance:
Requirements 1 & 2
The requirements were partially met. Staff continued to support local food security initiatives and programs. Food security initiatives were adapted to meet COVID public health measures and targeted to populations impacted by COVID. Two temporary Health Promoter were hired towards the end of the quarter to support. Their focus was on development and the implementation of mental health and COVID social media campaign and active transportation policy support.

Requirement 4
Staff in inspection services continued to respond primarily to COVID-19 complaints. Beyond occasional routine inspection there was no capacity to conduct pending outstanding inspections to

ensure compliance with the Healthy Menu Choices Act (HMCA). The Act was applied to new premises opened.

Food Safety
Julie Ingram, Manager, Environmental Health

Program Compliance:
Requirement 4
Fewer routine inspections staffing constraints due to ongoing need to respond to COVID-19 complaints and enforce the Orders under the Reopening Ontario Act. Food handler training program requirements partially resumed through the administration of food handler examinations in secondary schools, however, we did not resume in-person classes or exams at PPH due to group size restrictions and staff capacity concerns.

Healthy Environments
Julie Ingram Manager, Environmental Health
Hallie Atter and Carolyn Doris, Managers, Family and Community Health

Program Compliance:
Requirement 1:
While surveillance was conducted for environmental risk factors in the community (reports from other ministries, complaints, ongoing investigations), formal analysis had not been completed to inform programs or decisions moving into the 2021. In addition, due to staffing constraints, we have not completed additional analysis of radon kit distribution or results.

Requirement 3 & 5:
These requirements were partially met. Community partners continue to meet to collaborate on the Found Needle Protocol, with minimal support from PPH. A part-time temporary staff person continued the work on the Climate Change Vulnerability Assessment.

Healthy Growth and Development
Hallie Atter/Carolyn Doris, Managers, Family and Community Health
Donna Churipuy, Director of Public Health Programs and Chief Nursing Officer

Program Compliance:
Requirement 1 & 2:
These requirements were partially met. Online prenatal education continues to be offered and the implementation of mental health and COVID social media campaign was started. PPH website was updated with information about COVID-19 and parenting.

Requirement 3:
Home visiting continued to be suspended, except during exceptional circumstances, during this quarter due to the outbreak of COVID-19. Staff continued to use videoconferencing where feasible. Additional staff were recruited to bring the program to full complement part way through the fourth quarter.

Immunization
Dawn Hanes, Manager, Infectious Diseases

Requirements 1&3:
Immunization status in accordance with ISPA and CCEYA was not collected during this time as staff were re-deployed to COVID-19.

Requirement 5:
This requirement was only partially met as staff were re-deployed to the pandemic response during Q1 and Q2. During Q4, additional routine immunization clinics were held as additional staff was recruited.

Requirement 10:
Redeployment of staff to COVID-19 response resulted in decreased collaboration with partners.

Infectious and Communicable Diseases Prevention and Control
Dawn Hanes, Manager Infectious Disease Program

Program Compliance:
Requirement 7
These requirements were not met because staff assigned to schools were deployed to respond to a surge of cases of COVID-19 and associated high numbers of close contacts.

Requirement 20
This requirement was only partially met because regular inspections of personal service settings were put on hold due to COVID-19.

Safe Water
Julie Ingram, Manager Environmental Health

Program Compliance
Requirement 5
The program did not achieve 100% compliance for recreational water inspections due to staff redeployment to COVID-19 response.

School Health
Hallie Atter/Carolyn Doris, Managers, Family and Community Health
Dawn Hanes, Manager Infectious Disease Program

Program Compliance:
Requirement 1-6:
These requirements were partially met. Enhanced school health team focused on COVID-19-safety measures, case and contact management of school cases, and supporting district school boards and local schools with school reopening along with active cases and outbreaks. PPH website was updated with information for both administrators and school staff.

Requirement 7:
Vision screening was paused for the 2020-21 school year due to COVID-19.

Requirement 8-9
These requirements were not met because staff were deployed to respond to the outbreak of COVID-19.

Requirement 10
This requirement was only partially met as school based immunizations clinics could not be conducted on school property due to COVID-19. However, school based immunization clinics were modified and a limited number of clinics were provided at 185 King St., Peterborough.

Substance Use and Injury Prevention
Hallie Atter/Carolyn Doris, Managers, Family and Community Health
Julie Ingram, Manager, Environmental Health

Program Compliance:
Requirement 2:
This requirement was only partially met. Priority focus included opioid early warning system surveillance activities, naloxone distribution and activities with the Peterborough Drug Strategy. Staff prioritized impactful policy development that supported the creation of safer environments (ex. Active Transportation Indicators report, County Transportation Master Plan).

Requirements 3 and 4:
Inspections of tobacco vendors and e-cigarette vendors did not reach 100% compliance due to staff shortages and the need to recruit an additional enforcement officer. Quarter 4 did provide for the opportunity for additional youth access inspections to boost overall compliance.

Foundational Standards
Jane Hoffmeyer, Manager, Foundational Standards

Program Compliance:
Emergency Management Requirement 1
Throughout the full year program staffing to perform and support Emergency Management coordination, plan updates and training functions was not available. The manager liaised with community stakeholders.

Population Health Assessment Requirement 3:
Surveillance activities were focused on the COVID-19 response; specifically to assist with IMS planning functions, case and contact monitoring and public reporting. The program area experienced many disruptions due to staffing vulnerabilities e.g. parental leave, contract staff. 2020 operational plans for the advancement of surveillance systems and analysis of surveillance evidence were paused.

Effective Public Health Practice Requirement 3:
Planning and evaluation functions were affected by staff deployment to the COVID-19 response. Temporary staff were hired when budget allowed. Evaluation remains singularly focused on COVID-19 needs.

Infant Toddler Development
Donna Churipuy, Director of Public Health Programs and Chief Nursing Officer

Due to the pandemic and redeployment of staff to emergency response activities, the Infant Toddler Development program continued to be only partially staffed during part of this quarter therefore did not meet all program requirements. In addition, home visiting was substantially curtailed and most of the support was provided using telephone or videoconferencing.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Revision to By-Law 3**
DATE:	**February 10, 2021**
PREPARED BY:	**Alida Gorizzan**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve revisions to By-Law 3, the Calling of and Proceedings and Meetings.

ATTACHMENTS

a. By-Law 3

PETERBOROUGH PUBLIC HEALTH
Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-120	**Title:** By-Law Number 3 - Calling of and Proceedings at Meetings
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 1989-10-11**
Signature:		**Author:**
Date (YYYY-MM-DD)**:** 2020-05-13		
Reference: Bill 68, Modernizing Ontario's Municipal Legislation Act, 2017		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

By-Law Number 3
Calling of and Proceedings at Meetings

Section 1 - Interpretation

In this By-law:

1.1. "Act" means the *Health Protection and Promotion Act*;

1.2. "Board" means the Board of Health for Peterborough Public Health;

1.3. "Director of Operations" means the business administrator of the Board as defined in the Regulations under the Act;

1.4. "Chairperson" means the presiding officer at a meeting;

1.5. "Chairperson of the Board" means the Chairperson elected under the Act;

1.6. "Committee" means an assembly of members, appointed by the Board of Health, that must meet together to transact business on behalf of the Board;

1.7. "Councils" means the municipal Councils of the Corporations of the County of Peterborough and the City of Peterborough, and the Councils of Curve Lake and Hiawatha First Nations;

1.8. "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the *Act* and *Regulations*;

1.9. "Meeting" means an official gathering of members of the Board or a committee to transact business;

1.10. "Member" means a person who is appointed to the Board by a Council or the Lieutenant Governor-in-Council or a person who is appointed to a committee by the Board;

1.11. "Motion" means a formal proposal by a member in a meeting that the Board or a committee take certain action;

1.12. "Resolution" means a motion that is carried at a meeting by a majority vote in the affirmative of the members present; and

1.13. "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act.

Section 2 – General

2.1. The rules in this By-law shall be observed in the calling of and the proceedings at all meetings of the Board and committees.

2.2. Except as herein provided, the most recent edition of Robert's Rules of Order shall be followed for governing the calling of and proceedings of meetings of the Board and committees.

2.3. Sections 2.1 and 2.2 above do not apply to the Indigenous Health Advisory Circle (IHAC) to the Board of Health. The IHAC follows procedural rules that are better aligned with Indigenous cultural practices which are incorporated into its terms of reference that are approved by the Board of Health.

2.4. No persons shall consume alcohol or tobacco products at a meeting.

2.5. Electronic participation in public meetings may be approved by the Board of Health Chair in special circumstances. Participation in closed session is not permitted, unless an emergency has been declared to exist in all or part of a municipality within the Health Unit under section 4 or 7.0.1 of the *Emergency Management and Civil Protection Act*.

2.6. A member who participates in a meeting through electronic means is deemed to be present at the meeting with full participation rights and full voting rights, however they shall not be counted in determining whether or not a quorum of members is present at any point in time, unless an emergency has been declared to exist in all or part of a municipality within the Health Unit under section 4 or 7.0.1 of the *Emergency Management and Civil Protection Act*.

2.7. The electronic means must enable the member to hear and to be heard by the other meeting participants. Acceptable formats include teleconference, videoconference or webinar, whichever is reasonably available. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.

Section 3 - Convening of Meetings

3.1 The Medical Officer of Health shall call the first meeting of each calendar year.

3.2 The first meeting shall be held after the municipal members, appointed to the Board by their respective councils, are confirmed, and shall be held no later than the 1st day of February.

3.3 At the first meeting of each calendar year, the Board shall:

3.3.1 elect the Chairperson and the Vice-Chairperson of the Board for the year;

3.3.2 appoint members to its committees;

3.3.3 fix, by resolution, the date and time of regular meetings; and,

3.3.4 establish the honourarium paid to each member eligible for compensation in accordance with the Health Protection and Promotion Act.

3.4 A meeting may be rescheduled or cancelled due to the following circumstances:

3.4.1 in the event that an emergency has been declared by the Medical Officer of Health;

3.4.2 if there is indication from members in advance of the meeting that quorum will not be achievable; or

3.4.3 if upon consultation with the Medical Officer of Health, the Chairperson determines there is insufficient business to be considered.

In all instances, the Chairperson will poll members to obtain consensus to proceed with a cancellation. If approval is obtained through a majority vote, members will be notified and a public notice will be issued.

3.5 The Chairperson of the Board can call a special meeting and shall call a special meeting at the written request of a majority of the members.

3.6 The Medical Officer of Health shall:

3.6.1 give notice of the first and each regular and special meeting;

3.6.2 ensure that the notice accompany the agenda and any other matter, so far as known, to be brought before such meeting;

3.6.3 cause the notice to be delivered to the residence or place of business of each member or by e-mail or telephone so as to be received not later than two clear days in advance of the meeting.

3.7 The lack of receipt of the notice shall not affect the validity of the holding of the meeting or any action taken thereat.

3.8 No business other than that stated in the notice of a special meeting shall be considered at such meeting except with the unanimous consent of the members present.

Section 4 - Agenda and Order of Business

4.1 The Medical Officer of Health shall have prepared for the use of each member at the first and regular meetings an agenda of the following items.

4.1.1 Call To Order

4.1.2 Confirmation of the Agenda

4.1.3 Declaration of Pecuniary Interest

4.1.4 Delegations and Presentations

~~4.1.4~~4.1.5 Board Chair Report

~~4.1.5~~4.1.6 Confirmation of the Minutes of the Previous Meeting

~~4.1.6~~4.1.7 Business Arising from the Minutes

~~4.1.7~~4.1.8 Staff Reports

~~4.1.8~~4.1.9 Consent Items

~~4.1.9~~4.1.10 New Business

~~4.1.10~~4.1.11 In Camera to Discuss Confidential Matters

~~4.1.11~~4.1.12 Motions from In Camera for Open Session

~~4.1.12~~4.1.13 Date, Time and Place of the Next Meeting

~~4.1.13~~4.1.14 Adjournment

4.2 Any items not included on the prepared agenda may be added by resolution.

4.3 Agenda packages will be posted on the Peterborough Public Health website on the same day that agendas are distributed to Board of Health members.

4.4 On the day following Board of Health meetings, Board members will be contacted and advised of the date, time, and location of the next meeting, and asked about their availability for the next meeting.

4.5 The business of each regular meeting shall be taken up in the order described in section 4.1 of this By-law unless otherwise decided by the members.

4.6 Consent Items are items to be considered for the Consent portion (4.1.8) of the agenda and shall be determined by the Medical Officer of Health. Matters selected for Consent Items are to be routine, housekeeping, information or non-controversial in nature.

4.6.1 If the Board wishes to comment or seek clarification on a specific matter noted in the list of Consent Items, the member is asked to identify the item and clarification or comment will be provided or made. An item(s) requiring more than clarification or comment will be extracted and moved to the New Business section of the agenda. The Consent Items, exclusive of extracted items where applicable, can be approved in one resolution.

4.6.2 Matters listed under Consent Items shall include an explanatory note as follows: "All matters listed under Consent Items are considered to be routine, housekeeping, information or non-controversial in nature and to facilitate the Board of Health's consideration can be approved by one motion".

4.6.3 Consent Items will include:

- Staff Reports and Presentations – Information, Housekeeping and Non-Controversial.
- Correspondence – Direction and Information. A Correspondence Report will be prepared and included in the Consent Items section of the agenda. The report will be divided into two sections as follows, Correspondence for Direction and Correspondence for Information. Where possible each item of correspondence for direction will have a staff recommendation included.

- Committee Reports.

4.7 New Business items are those that have not been discussed by meeting attendees previously and that do not belong in staff or Committee reports.

4.8 The Chairperson of the Board shall direct the preparation of an agenda for a special meeting.

4.9 The business of each special meeting shall be taken up in the order as listed on the agenda of such meeting unless otherwise decided by the members.

Section 5 - Commencement of Meetings

5.1 As soon as there is a quorum after the time fixed for the meeting, the Chairperson or Vice-Chairperson of the Board or the person appointed to act in their place and stead, shall take the chair and call the members to order.

5.2 A quorum for any meeting of the Board or a committee shall be a majority of the appointed members.

5.3 If the Chairperson or Vice-Chairperson of the Board or the Chairperson of a committee does not attend a meeting by the time a quorum is present, the Medical Officer of Health shall call the members to order and a presiding officer shall be appointed to preside during the meeting or until the arrival of the person who ought to preside.

5.4 Upon any members directing the attention of the Chairperson to the fact that a quorum is not present, the Medical Officer of Health, at the request of the Chairperson, shall record the names of those members present and advise the chairperson if a quorum is or is not present. If there is no quorum within thirty minutes after the time fixed for the meeting, the Chairperson shall then adjourn until the day and time fixed for the next meeting.

Section 6 - Delegations and Debate

6.1 The Chairperson shall preside over the conduct of the meeting, including preserving good order and decorum, ruling on points of order and deciding all questions relating to the orderly proceedings of the meeting.

6.2 Any individual or group who wishes to make a presentation to the Board shall make a written request to the Chairperson of the Board up to a minimum of ~~twenty four~~ forty-eight hours before the start of the meeting.

6.3 The Chairperson of the Board (in consultation with the Medical Officer of Health) shall decide whether the delegation may make a presentation at a meeting and accordingly, shall inform the individual or group whether their request has been approved or denied.

6.4 The Chairperson shall give due consideration to the length of the agenda and the number of delegation requests received, and may limit the number of delegations to a maximum of five (5) per meeting.

6.5 All delegations appearing before the Board shall be permitted to speak only once on an item, unless new information is being brought forward, and/or unless permission is given by the Chairperson of the Board, in consultation with the Medical Officer of Health.

6.6 Delegations and presentations of general interest shall not exceed ten minutes except when answering questions posed by the Chairperson for clarification.

6.7 Unless otherwise directed by resolution, no action respecting a delegation will be taken until the Board has had an opportunity to discuss the delegation and to receive advice from the Medical Officer of Health.

6.8 The Board will be informed of all requests from delegations and the disposition of such requests and, upon review, the Board may reverse the decision of the Chairperson of the Board by resolution.

6.9 Every member shall address the Chairperson respectfully previous to speaking to any motion.

6.10 When two or more members ask to speak, the Chairperson shall name the member who, in their opinion, first asked to speak.

6.11 If the Chairperson desires to leave the Chair to participate in a debate or otherwise, they shall call on the Vice-Chairperson to fill their place until they resume the Chair.

6.12 A member may speak more than once to a motion, but after speaking, shall be placed at the foot of the list of members wishing to speak.

6.13 No member shall speak to the same motion at any one time for longer than ten minutes except that extensions for speaking for up to five minutes for each time extended may be granted by resolution.

6.14 6.14.1 A member may ask a question of the previous speaker and then only to clarify any part of their remarks.

6.14.2 When it is a member's turn to speak, before speaking, they may ask questions of the Medical Officer of Health or staff present, to obtain information relating to the matter in question and with the consent of the speaker, or other members may ask a question of the same persons.

6.14.3 All questions shall be stated concisely and shall not be used as a means of making statements or assertions.

6.14.4 Any question shall not be ironical, offensive, rhetorical, trivial, vague or meaningless or shall not contain epithet, innuendo, ridicule, or satire.

6.15 Any member who has the floor may require the motion under discussion to be read.

Section 7 - Decorum and Discipline

7.1 A member shall not:

7.1.1 speak disrespectfully of Her Majesty the Queen or any member of the Royal Family, the Governor-General, a Lieutenant Governor, the Board or any member thereof;

7.1.2 use offensive words or unparliamentary language;

7.1.3 disobey the rules of the Board or a decision of the Chairperson or the Board on questions of order, practice or an interpretation of the rules;

7.1.4 speak other than to the matter in debate;

7.1.5 leave their seat or make any disturbance when the Chairperson is putting a question and while a vote is being taken and until the result is declared; and

7.1.6 interrupt a member while speaking except to raise a point of order.

7.2 If a member commits an offense, the Chairperson shall interrupt and correct the member.

7.3 If an offense is serious or repeated, the Board may decide, by resolution, not to permit the member to resume speaking.

7.4 If a member ignores or disregards a decision of the Chairperson or the Board, the Chairperson shall not recognize the member except to receive an apology by the member and until it has been accepted by the Board.

7.5 If a member persists in committing an offense, the Board may order, by resolution, the member to leave the meeting and not resume their seat until they have tendered an apology and it has been accepted by the Board.

Section 8 - Questions of Privilege and Points of Order

8.1 The Chairperson shall permit any member to raise a question relating to the rights and benefits of the Board or one or more of the members thereof and questions of privilege shall take precedence over all other motions except to adjourn and to recess.

8.2 When a member desires to assert that a rule has been violated, they shall ask leave of the Chairperson to raise a point of order with a concise explanation and then shall not speak until the Chairperson has decided on the point of order.

8.3 The decision of the Chairperson shall be final unless a member appeals immediately to the Board.

8.4 If the decision is appealed, the Board shall decide the question "Shall the decision of the chair be sustained?" by majority vote without debate and its decision shall be final.

8.5 When the Chairperson calls a member to order, the member shall cease speaking immediately until the point of order is dealt with and they shall not speak again without the permission of the Chairperson unless to appeal the ruling of the Chairperson.

Section 9 - By-laws

9.1 No motion to pass a By-law shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.

9.2 A motion to pass a By-law shall be carried by a two-thirds vote in the affirmative of the members present at that meeting.

9.3 A By-law shall come in to force on the date of passing thereof unless otherwise specified by the Board.

9.4 No motion for the amendment or repeal of the By-laws, or any part thereof, shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.

9.5 A motion to amend or repeal the By-laws, or any part thereof, shall be carried by a two-thirds vote in the affirmative of the members present at the meeting at which the amendment or repeal is to be considered.

Section 10 - Motions

10.1 Every motion shall be verbal unless the Chairperson requests that the motion be submitted in writing.

10.2 Debate on a debatable motion shall not proceed unless it has been seconded.

10.3 Every motion shall be deemed to be in possession of the Board for debate after it has been presented by the Chairperson, but may, with permission of the members who moved and seconded a motion, be withdrawn at any time before amendment or decision.

10.4 A main motion before the Board shall receive disposition before another main motion can be received except a motion:

10.4.1 to adjourn;

10.4.2 to recess;

10.4.3 to raise a question of privilege;

10.4.4 to lay on the table;

10.4.5 to order the previous question (close debate);

10.4.6 to limit or extend limits of debate;

10.4.7 to postpone definitely (defer);

10.4.8 to commit or refer;

10.4.9 to postpone indefinitely (withdraw); or

10.4.10 to amend;

which have been listed in order of precedence.

10.5 When a motion that the vote be taken is presented, it shall be put to a vote without debate, and if carried by resolution, the motion and any amendments under debate shall be put forthwith without further debate.

10.6 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

10.7 A motion to adjourn a meeting or debate shall be in order, except:

10.7.1 when a member has the floor;

10.7.2 when it has been decided that the vote be now taken; or

10.7.3 during the taking of a vote;

and when rejected, shall not be moved again on the same item.

Section 11 - Voting

11.1 Only one primary amendment at a time can be presented to a main motion and only one secondary amendment can be presented to a primary amendment, but when the secondary amendment has been disposed of, another may be introduced, and when a primary amendment has been decided, another may be introduced.

11.2 A secondary amendment, if any, shall be voted on first, and, if no other secondary amendment is presented, the primary amendment shall be voted on next, and if no other primary amendment is presented, or if any amendment has been carried, the main motion as amended shall be put to a vote.

11.3 A main motion may be divided by resolution and each division thereof shall be voted on separately.

11.4 After the Chairperson commences to take a vote, no member shall speak or present another motion until the vote has been taken on such motion.

11.5 Every member present at a meeting shall vote when a vote is taken unless prohibited by statute and if any member present refuses or fails to vote, he shall be deemed as voting in the negative.

11.6 Any member may require that a vote be recorded.

11.7 If a member disagrees with the declaration by the Chairperson of the result of any vote, the member may object immediately and require that the vote be retaken and recorded.

11.8 After any matter has been decided, any member may move for reconsideration of the matter at a subsequent meeting in the same year but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried by two-thirds of the members, and no matter shall be reconsidered more than once in the same calendar year.

Section 12 - Committees

12.1 The Board may strike committees and appoint members to such committees to consider such matters as directed by the Board.

12.2 The Medical Officer of Health shall preside over the first meeting of each calendar year until a Chairperson and Vice-Chairperson of the committee are elected by its members.

12.3 The Chairperson of a committee shall:

12.3.1 preside over all meetings of the committee;

12.3.2 report on the deliberations and recommendations of the committee to the Board; and

12.3.3 perform such other duties as may be determined from time to time by the Board or the committee.

12.4 The Chairperson of a committee may appoint non-Board members to the committee.

12.5 The number of non-Board members of a committee shall not exceed the number of Board members of the same committee at any time.

12.6 The number of Board members on a committee shall not be a majority of the members of the Board of Health.

12.7 It shall be the duty of a committee:

12.7.1 to report to the Board on all matters referred to it and to recommend such action as it deems necessary;

12.7.2 to forward to an incoming committee for the following year any matters not disposed of; and

12.7.3 to provide to the Board any information relating to the committee that is requested by the Board.

12.8 All committees shall be dissolved no later than immediately preceding the first meeting as set out in section 3 of this By-law.

12.9 The Board may dissolve, by resolution, any committee at any time.

Section 13 - Minutes

The Medical Officer of Health shall ensure that full and accurate minutes are kept of the proceedings of all meetings including a text of the By-laws and the resolutions passed by the Board.

This By-law shall be deemed to have come in to force on the 11th date of October, 1989.

Dated at the City of Peterborough the 25th date of October, 1989.

Review/Revisions

On (YYYY-MM-DD): 1992-10-14
On (YYYY-MM-DD)**:** 1998-10-28
On (YYYY-MM-DD)**:** 2003-07-03
On (YYYY-MM-DD)**:** 2005-01-12
On (YYYY-MM-DD)**:** 2007-10-11
On (YYYY-MM-DD)**:** 2010-10-13
On (YYYY-MM-DD)**:** 2013-04-10
On (YYYY-MM-DD)**:** 2013-12-11
On (YYYY-MM-DD)**:** 2014-06-11

On (YYYY-MM-DD)**:** 2015-09-09
On (YYYY-MM-DD)**:** 2015-12-09
On (YYYY-MM-DD)**:** 2017-09-13
On (YYYY-MM-DD)**:** 2018-06-13
On (YYYY-MM-DD)**:** 2020-05-13