

**Board of Health for  
Peterborough Public Health  
AGENDA  
Board of Health Meeting  
Wednesday, February 9, 2022 – 6:15 p.m.  
Electronic Meeting**

**1. Call to Order**

Mayor Andy Mitchell, Chair

**1.1. 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: 10.2 a b c d e f 10.3.1 10.3.2*

**5. Delegations and Presentations**

**6. Board Chair Report**

**7. Confirmation of the Minutes of the Previous Meeting**

- Cover Report
- a. January 12, 2022

**8. Business Arising From the Minutes**

**9. Staff Reports**

**9.1. Staff Report: One-time Funding for an Emergency Overdose Prevention Site**

- Staff Report

**9.2. Staff Report: Q4 2021 Financial Report**

- Staff Report
- Q4 2021 Financial Details

**9.3. Presentation: COVID-19 Update**

- Cover Report
- a. Presentation (*to be circulated*)

**9.4. Staff Report: Measures to Enhance Third Dose Coverage**

- Staff Report

**9.5. Policy for Approval**

- Cover Report
- a. 2-220 COVID Vaccination Policy for BOH Members (revised)

**10. Consent Items**

**10.1. Correspondence for Direction**

**10.2. Correspondence for Information**

- Cover Report
- a. Minister Elliott – CTS Update Request
- b. Ministry Elliott – PPH One-Time Funding

- c. Minister Elliott – WECHU Support re: ISPA / COVID
- d. alPHa – Pre-Budget Consultation
- e. alPHa – Public Health Resilience in Ontario Report
- f. alPHa – E-newsletter

### **10.3. Staff Reports**

#### **10.3.1. Staff Report: Summary of Complaints, 2021**

- Staff Report

#### **10.3.2. Staff Report: Summary of Donations, 2021**

- Staff Report

### **10.4. Committee Reports**

## **11. New Business**

## **12. In Camera to Discuss Confidential Matters**

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

- (a), Security of Board property;
- (b), Personal matters about an identifiable individual, including Board employees;

## **13. Motions for Open Session**

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

Wednesday, March 9, 2022 – 5:30 p.m.

Electronic, or in person at Peterborough Public Health, if permitted.

## **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**

<b>TITLE:</b>	<b>Approval of Meeting Minutes</b>
<b>DATE:</b>	<b>February 9, 2022</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on January 12, 2022.

**ATTACHMENTS**

- a. [Board of Health Minutes, January 12, 2022](#)



**Board of Health for  
Peterborough Public Health  
DRAFT MINUTES  
Board of Health Meeting  
Wednesday, January 12, 2022 – 5:30 p.m.  
Electronic Meeting**

**In Attendance:**

**Board Members:**

**Councillor Gary Baldwin  
Deputy Mayor Bonnie Clark (*joined at 5:38 p.m.*)  
Councillor Henry Clarke  
Deputy Mayor Matthew Graham  
Councillor Nodin Knott  
Mayor Andy Mitchell, Chair  
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 & Chief  
Nursing Officer  
Ms. Alida Gorizzan, Executive Assistant (Recorder)  
Dr. Thomas Piggott, Medical Officer of Health & CEO  
Mr. Larry Stinson, Director of Operations  
Mr. Evan Brockest, Health Promoter**

---

**1. Call to Order**

Dr. Piggott called the meeting to order at 5:35 p.m.

**2. Elections and Appointments**

**2.1. Elections**

The Board was reminded of the motion passed at its September 8, 2021 meeting:

***MOTION:***

***That the following individuals be appointed to positions on the Board of Health for Peterborough Public Health for 2022:***

*Chair – Mayor Andy Mitchell*

*Vice Chair – Councillor Henry Clarke*

*Chair of Governance – Deputy Mayor Bonnie Clark*

*Chair of Stewardship – Dr. Hans Stelzer*

*Chair of Indigenous Health Advisory Committee – Councillor Katherine Wilson*

*Moved: Deputy Mayor Graham*

*Seconded: Councillor Clarke*

*Motion carried. (M-2021-098)*

Mayor Mitchell assumed the Chair.

## **2.2. Committee Appointments**

MOTION:

*That the Board of Health for Peterborough Public Health appoint members to its Committees as follows for 2022:*

*Indigenous Health Advisory Circle: Councillor Henry Clarke, Councillor Nodin Knott, Councillor Kathryn Wilson*

*Governance Committee: Deputy Mayor Bonnie Clark, Councillor Don Vassiliadis, Councillor Kathryn Wilson*

*Stewardship Committee: Councillor Gary Baldwin, Dr. Hans Stelzer, Deputy Mayor Matthew Graham, Councillor Kathryn Wilson*

*Moved: Councillor Baldwin*

*Seconded: Deputy Mayor Graham*

*Motion carried. (M-2022-001)*

## **3. Establishment of Date and Time of Regular Meetings**

MOTION:

*That the regular meetings for the Board of Health for Peterborough Public Health in 2022 be held on the following dates at 5:30 p.m., or at the call of the Chairperson:*

- January 12, February 9, March 9, April 13, May 11, June 8, September 14, October 12, November 9, December 14;*
- Meetings will be held electronically, or at Peterborough Public Health (185 King Street) when possible.*

*Moved: Deputy Mayor Clark*

*Seconded: Councillor Vassiliadis*

*Motion carried. (M-2022-002)*

## **4. Establishment of Honourarium for 2022**

**MOTION:**

*That the Board of Health for Peterborough Public Health approve a 1.5% increase in honourarium for its members, representing a total amount of \$157.57.*

Moved: Councillor Clark

Seconded: Councillor Vassiliadis

Motion carried. (M-2022-003)

**5. Confirmation of the Agenda**

**MOTION:**

*That the Board of Health for Peterborough Public Health confirm the agenda as circulated.*

Moved: Deputy Mayor Graham

Seconded: Councillor Clarke

Motion carried. (M-2022-004)

**6. Declaration of Pecuniary Interest**

**7. Consent Items to be Considered Separately**

**MOTION:**

*That the following item be passed as part of the Consent Agenda: 13.2a*

Moved: Councillor Baldwin

Seconded: Councillor Vassiliadis

Motion carried. (M-2022-005)

**MOTION (13.2a)**

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

*a. alPHA e-newsletter dated December 20, 2021*

Moved: Councillor Baldwin

Seconded: Councillor Vassiliadis

Motion carried. (M-2022-005)

**8. Delegations and Presentations**

The Board of Health was advised that a delegation related to an ongoing legal matter was refused.

**9. Board Chair Report**

**10. Confirmation of the Minutes of the Previous Meeting**

MOTION:

*That the minutes for the meeting of the Board of Health for Peterborough Public Health on December 8, 2021, be approved.*

Moved: Deputy Mayor Clark

Seconded: Dr. Stelzer

Motion carried. (M-2022-006)

## **11. Business Arising From the Minutes**

### **11.1. Request from Dec. 8/21 – Letter in support of alPHa correspondence re: extension of proof of vaccination mandates.**

The Board of Health was advised that since this request, given the provincial direction to implement more restrictive measures, this letter was no longer required and not sent.

### **11.2. Request from Dec. 8/21 – Letter from Windsor Essex re: COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)**

MOTION:

That the Board of Health for Peterborough Public Health:

- endorse the position from Windsor Essex regarding amending the Immunization of School Pupils Act (ISPA) to include COVID-19 as a “designated disease”; and,
- communicate this support by writing to the Minister of Health with copies to the Minister of Education, Ontario Chief Medical Officer of Health, local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health.

Moved: Councillor Baldwin

Seconded: Councillor Vassiliadis

Motion carried. (M-2022-007)

## **12. Staff Reports**

### **12.1. Presentation: Update on Opioid-Related Harms**

MOTION:

That the Board of Health for Peterborough Public Health:

- receive the presentation, Update on Opioid-Related Harms, for information; and,
- send a letter to Minister Elliott requesting an update regarding the status of the Consumption and Treatment Services site in Peterborough with copies to local MPPs, the Peterborough Drug Strategy, and Local Councils.

Moved: Deputy Mayor Clark  
Seconded: Dr. Stelzer  
Motion carried. (M-2022-008)

**12.2. Presentation: COVID-19 Update**

MOTION:

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

Moved: Councillor Vassiliadis  
Seconded: Councillor Clark  
Motion carried. (M-2022-009)

**13. Consent Items**

**13.1. Correspondence for Direction (nil)**

**13.2. Correspondence for Information**

- a. alPha e-newsletter – Dec. 20/21 (ref. to item 7)

**13.3. Staff Reports (nil)**

**13.4. Committee Reports (nil)**

**14. New Business**

**15. In Camera to Discuss Confidential Matters (nil)**

**16. Motions for Open Session (nil)**

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

The next Board of Health for Peterborough Public Health meeting will be held on February 9, 2022, at 5:30 p.m., virtual.

**18. Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved by: Councillor Baldwin  
Seconded by: Councillor Vassiliadis  
Motion carried. (M-2022-010)

The meeting was adjourned at 7:01 p.m.

---

Chairperson

---

Medical Officer of Health

DRAFT

## PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT

<b>TITLE:</b>	<b>One-time Funding for an Emergency Overdose Prevention Site</b>
<b>DATE:</b>	<b>February 9, 2022</b>
<b>PREPARED BY:</b>	<b>Evan Brockest, Health Promoter</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

### **PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- receive the staff report, *One-time Funding for an Emergency Overdose Prevention Site*, for information;
- support Peterborough Public Health to lead a collaborative emergency Overdose Prevention Site on an interim basis beginning in March 2022;
- support the use of in-kind PPH resources for this intervention;
- authorize the use of up to \$250,000 in reserve funding to implement this response (if alternative sources of revenue are not secured by the anticipated start date); and,
- suspend this response if no longer required, as determined by the receipt of provincial funding for a Consumption Treatment Services site.

### **FINANCIAL IMPLICATIONS AND IMPACT**

The Board of Health (BOH) currently has a total of \$1,430,500 in reserve accounts, with: \$635,000 in Contingency Reserve; \$197,000 in Program Reserve; and \$831,000 in Occupancy Reserve. In 2018 the BOH set minimum retention levels for reserve accounts at: \$500,000 for Program (Contingency and Program combined); and \$250,000 for Capital (Occupancy). Based on the current balances, should \$250,000 be contributed to the OPS project, minimum levels will be retained.

### **DECISION HISTORY**

- On February 27, 2018, the BOH received an ad hoc information brief regarding the need for a temporary Overdose Prevention Site in Peterborough and a status update.
- At its July 17, 2019 meeting, the BOH received a delegation from MPP Dave Smith on the current work underway to address the local opioid crisis and apply to run a 'Consumption & Treatment Service' (CTS) as outlined by the province of Ontario.
- At its September 18, 2019 meeting, the BOH requested that staff prepare a report to provide an update on our involvement in local efforts to Support a Community Application for a Supervised Consumption Site (SCS).
- At its November 12, 2020 meeting, the BOH received an oral update regarding the status of the CTS application.

- On May 12, 2021, the BOH received a presentation from CTS applicants Donna Rogers (FourCAST) and Suzanne Galloway (360 Nurse Practitioner-Led Clinic) regarding the status of the CTS application.
- At its January 12, 2022 meeting, the BOH received an update on opioid-related harms in the region and passed a motion to submit a letter to Ministry of Health, Christine Elliott, to express concern and request an update regarding the status of the CTS application.
- The BOH has not previously made a decision with regards to funding opioid programs outside of the Ontario Public Health Standards.

## **BACKGROUND**

Opioid-related deaths have increased annually in Peterborough since 2016, with local rates nearly double the provincial average since 2018. In 2021, there were on average four deaths every month in the Peterborough area. In the absence of a dedicated emergency response designed to prevent further drug-related fatalities, it is anticipated that deaths will continue to rise throughout 2022.

While significant additional work will be required to prevent and treat opioid use in the region, the most urgent present need is the provision of harm reduction services through the provision of a safe consumption site that could allow individuals using their own drugs on site to have a potential overdose reversed through administration of the medicine naloxone and other supports. This intervention has the potential for a significant impact in saving lives from overdose death, and decreasing the burden of the overdose crisis on ambulance services and the health system more broadly.

Following years of preparatory work through the Peterborough Drug Strategy, FourCAST and the 360 Nurse Practitioner-Led Clinic submitted an application for provincial funding to initiate a CTS within an Opioid Hub at 220 Simcoe St in December 2020. No response to this application has been received and no safe consumption service has begun. In June 2021, FourCAST received a federal exemption to operate a Consumption and Treatment Services site (CTS) at 220 Simcoe Street in downtown Peterborough. The Opioid Hub, with ancillary services, began operations in January 2022, which has been recently renovated to support the delivery of supervised consumption, harm reduction, treatment, and other health services. While this waits, there continue to be deaths and broad health impacts due to overdoses in the region.

An Urgent Public Health Needs Site (UPHNS), or Overdose Prevention Site (OPS), is a time-limited service that allows individuals to consume illegal drugs under trained supervision to reduce the risk of fatal overdose. An exemption to Section 56 of the Controlled Drugs and Substances Act is required to operate this service and the application is under development. Unlike an SCS, a UPHNS can be established quickly as a short-term response to an identified public health need. Ancillary services and functions associated with an SCS, including pathways to additional health and social services (e.g., treatment), are not required.



There are no dedicated federal or provincial funding sources to support the delivery of OPS'. Alternative sources of funding may be available from local funders, including municipalities, community services addressing harm reduction and homelessness, and other private donors. Other communities in Ontario have initiated services with a locally funded OPS prior to provincial funding later being approved.

Proposals have been developed to determine the feasibility of, and solicit funding for, the operation of an OPS on interim basis until provincial funding to establish a CTS is received. To date, the City and County of Peterborough, community partners, and private donors have been identified as potential funding sources. The estimated cost to operate a UPHNS for 9 months, with services offered 12 hours per day over 7 days, is \$674,000.

Through consultation with community partners, Peterborough Public Health has identified March 2022 as the earliest date that an OPS could be established pending funding and a federal exemption. Health Canada is typically able to approve OPS applications within 5 days of submission. This timeline reflects the urgency of the harms currently being experienced throughout the region.

If an OPS is no longer required, as determined by the receipt of provincial funding to operate a CTS in the region, this response could be suspended and any surplus funding could be returned to funders or reallocated to other opioid-related initiatives.

## **RATIONALE**

### **Evidence of Local Need**

The Peterborough region is experiencing increasing drug-related harms, including paramedic calls-for-service, emergency department visits, and deaths. Key population health surveillance indicators are summarized below.

#### *Paramedic Calls for Service*

- There were 540 opioid-related paramedic calls for service in 2021, compared to 262 in 2020. This represents a year-over-year increase of 106%, and an additional cost of \$142,892.
- Of the calls received in 2021, 73% involved men and 70% involved individuals aged 25-44.
- A majority of calls (46%) were received between the hours of 4pm and 12am, followed by 8am to 4pm (36%), and 12am to 8am (23%).
- In addition to increasing call volumes, there has been a significant increase in calls to outdoor settings in 2021 compared to previous years. In 2021, 44% of all calls were to outdoor settings, compared to 24% in 2020.

#### *Emergency Department Visits*

- There were 448 opioid-related Emergency Department visits in 2021, compared to 417 in 2020.

- Locally, the rate of opioid-related emergency department visits is double the provincial average.
- As of September 30, 2021, the rate of ED visits was 168.8/100,000 in Peterborough, compared to 105.2/100,000 in Ontario.
- Men and younger adults between the ages 25-44 account for the majority of ED visits in the region.

#### *Suspected/Confirmed Deaths*

- Regionally, deaths related to opioids have increased annually since 2016.
- Peterborough's confirmed opioid-related death rate is double the provincial rate. In 2020, the local rate of opioid-related deaths was 29.6/100,000, compared to 16.3/100,000 in Ontario.
- During the COVID-19 pandemic until the end of 2021, opioid-related deaths surpassed deaths due to COVID-19 by a rate of 3:1.
- In 2020, there were 43 confirmed opioid-related deaths in the region, which is an increase of 14 confirmed deaths from 2019.
- In 2021, police have reported 44 probable opioid-related deaths.

#### *Harm Reduction Services Utilization*

- The number of NEW unique service users accessing harm reduction supplies locally has increased most years since 2016. In 2019, there were 323 new service users, compared to 358 in 2018, 325 in 2017, and 190 in 2016.
- 2203 unique individuals accessed harm reduction services in the region in 2021, compared to 2051 in 2020.

#### *Residential Instability and Marginalization*

- Sociodemographic data of the neighborhood surrounding 220 Simcoe Street suggests residents experience a high level of material deprivation, with those living in the immediate vicinity of the proposed UPHNES site categorized as the most deprived quintile in terms of residential instability and low income.<sup>i</sup>

### **Proposed Service Model**

The model of emergency service proposed by Peterborough Public health would leverage the extensive efforts of our community partners to transform 220 Simcoe Street into a centralized hub for opioid services, while addressing the ongoing absence of a dedicated supervised consumption service in this location. Mirroring the existing CTS proposal, services would be available 12 hours per day, 7 days per week over a period of 9 months, or as long as funding allows. The service would be primarily led by Peterborough Public Health, with significant multi-sector support drawn from existing partnerships, especially members of the Peterborough Drug Strategy.

The outcomes of this emergency service would be rigorously evaluated, with a goal of demonstrating the impact of this service in reducing opioid-related harms. At minimum, the evaluation framework would include the number of:

- unique individuals accessing the OPS;
- overdoses reversed;
- clients administered naloxone;
- paramedic calls for service; and,
- deaths at the OPS.

In addition, the evaluation will consider the broader health, social, and public order impacts of the OPS, including a reduction of:

- harm reduction supplies, including needles, found within a 15-metre perimeter of the site;
- public or open-air substance use; and,
- substance-related harms within the local shelter system.

### **STRATEGIC DIRECTION**

Reducing drug-related deaths in the area served by PPH helps us to achieve the strategic directions related to:

- Community-Centred Focus
- Determinants of Health and Health Equity

### **REFERENCES:**

<sup>1</sup> Public Health Ontario. (2018). *Social Determinants of Health Map*. [online]. Available at: <https://www.publichealthontario.ca/en/data-and-analysis/commonly-used-products/maps/social-determinants-of-health>. (Accessed December 2, 2020)

---

## **PETERBOROUGH PUBLIC HEALTH**

### **BOARD OF HEALTH – STAFF REPORT**

<b>TITLE:</b>	<b>Q4 2021 Financial Report</b>
<b>DATE:</b>	<b>February 9, 2022</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager of Finance and Property</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

#### **PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the staff report, Q4 2021 Financial Report, for information.

#### **FINANCIAL IMPLICATIONS AND IMPACT**

The Ministry of Health requires submission of quarterly financial statements that reflect actual expenditures to-date and projected expenditures for the balance of the fiscal year. During the COVID-19 pandemic, particularly for the 2021 year, reporting on COVID-19 response and COVID-19 vaccination expenses will inform adjustments to approved one-time funding for extraordinary expenses that cannot be managed within base funding. Staying within budgeted expenditures for core programs and reporting accurately on COVID-19 expenses will ensure full funding is available for program activities.

#### **DECISION HISTORY**

The Board of Health approved the cost-shared budget for Peterborough Public Health (PPH) in November 2020. The Board also approved the submission of the budget to the Ministry of Health for 2021, which included the request for COVID-19 one-time funding, in April 2021. The cost-shared budget was approved by the Ministry in August 2021. COVID one-time funding was also approved by the Ministry in August, but only for approximately 50% of the initial estimate for expenditures. In November, the Ministry approved additional one-time funding to offset increased expenditures incurred for the COVID response based on the Q2 submission, in the amount of \$3,650,700, including the approval in August. The Ministry has assured through communications to local public health agencies that funding will be provided for all eligible COVID expenditures and that approvals and payments will be adjusted following the Q4 report.

#### **BACKGROUND**

The Q4 2021 report covers the unaudited expenditures for the fiscal period of January to December. The annual audit is scheduled for March 2022, therefore final adjustments relating to the 2021 fiscal period will be reflected in the Audited Statements and reported to the Ministry as part of the year-end settlement report.

As reported to the Board in 2021, previous in-year financial report submissions were delayed due to later than anticipated release dates by the Ministry of Health. The Q4 2021 report was released by the Ministry in early January 2022, with a required due date of January 31st. The Ministry requested additional details regarding COVID categories and expenditures not reported in previous submissions. The Ministry emphasized the importance of timely submissions to allow for the review and approval of additional one-time funding relating to COVID expenditures. The report has been submitted to the Ministry and is being shared with the Board for information.

This report highlights the status of expenditures for each budgeted program as of December 31, 2021 (Schedule A). As this is not a typical year there are some variances from the expected 100% of expenses realized by this date, due to underspending in core programs. As previously reported, COVID expenses are to be covered to the extent possible through underspending of cost-shared funds and expenditures in excess will be covered through one-time funding. This report reflects a considerable variance from budgeted (initial submission) amounts for COVID Response and COVID Vaccination. In November, the province approved amended COVID-19 one-time funding in the amount of \$3,650,700 based on the second quarter submission. Due to the late timing for the Q3 submissions, the province did not approve in-year one-time COVID adjustments based on Q3 actuals, and instead further adjustments will reflect actuals in the Q4 report.

Reported in Figure 1 below is a summary of the total expenditures incurred to deliver both COVID response and vaccination programs, of \$8,686,481. The allocation of expenditures reported in the Ministry Q4 reports include breakdowns by staffing category, clinic type and regular vs overtime pay, purchased services, equipment and supplies. The table below provides a high-level overview of the actual costs for the two COVID categories. Overall, the majority of expenditures were above the forecasted budget due to expansion of and changes to the delivery model of clinics throughout the year. Additionally, purchased services exceeded budget due to the need to hire additional security for clinic sites. Materials and supplies for both programs were higher than anticipated due to the need to purchase computer and technical equipment to support both work from home and clinics. Clinic materials also included a variety of unanticipated needs including things like mobile carts, printers, tents, plexi-glass barriers, masks and promotional supplies for the youth population.

**Figure 1: Budgeted vs Actual Total COVID Expenditures – December 31/21**

<b>Category</b>	<b>COVID Response Budget</b>	<b>COVID Response Actual</b>	<b>COVID Vaccination Budget</b>	<b>COVID Vaccination Actual</b>	<b>Total COVID</b>
<b>Salaries &amp; Wages</b>	<b>2,854,169</b>	3,088,870	<b>1,992,611</b>	3,514,912	6,603,782
<b>Benefits</b>	<b>504,428</b>	539,579	<b>292,522</b>	440,275	979,854
<b>Purchased services</b>	<b>79,080</b>	100,940	<b>430,040</b>	589,974	690,914

Category	COVID Response Budget	COVID Response Actual		COVID Vaccination Budget	COVID Vaccination Actual	Total COVID
Communications	15,561	37,255		66,323	62,122	99,377
Materials & Supply	48,626	97,018		59,010	188,128	285,146
Travel	3,098	5,228		2,743	17,588	22,816
Other	11,070	4,592		-		4,592
<b>Total</b>	<b>3,516,032</b>	<b>3,873,482</b>		<b>2,843,249</b>	<b>4,812,999</b>	<b>8,686,481</b>

Of the total expenditures of \$8,686,481 for COVID programs noted above, \$3,908,681 is expensed in cost-shared programs due largely to staff redeployment. The balance of \$4,777,800 is required to be funded through Ministry funding. Figure 2 reflects the approved one-time COVID funding, totaling \$3,650,700. The difference of \$1,127,100 will be paid through application of the (100%) Ministry mitigation funding, and additional Ministry one-time COVID funding of \$112,700.

**Figure 2: One-Time COVID Expenditures**

Program	COVID One-Time Approved	COVID Unaudited Expenditures Dec. 31/21	COVID Variance (Over)/Under
COVID Response	1,419,900	2,115,576	(695,676)
COVID Vaccination	2,230,800	2,663,224	(432,424)
<b>Total</b>	<b>3,650,700</b>	<b>4,777,800</b>	<b>(1,127,100)</b>

As expected cost-shared expenses for core programs are less than what would be anticipated for Q4 because of redeployment and reduced service levels. The allocation across the mandate programs is reflected below. Immunization and Infectious Disease Programs show significant variance as they include the total COVID expenses, as per the Ministry template, to determine the portion of COVID expenditures expected to be managed within the approved cost-shared budget.

**Figure 3: Budgeted vs Actual Cost-Shared Program and Total COVID Expenditures**

	<b>Budget</b>	<b>Total Unaudited YTD</b>	<b>Difference</b>	<b>Difference %</b>
<b>Foundational Standards</b>	372,304	189,736	182,568	49.0%
<b>CDP and Wellbeing</b>	595,531	496,611	98,920	16.7%
<b>Food Safety</b>	394,326	233,606	160,720	40.8%
<b>Environmental Health</b>	258,249	232,810	25,439	9.9%
<b>Immunization</b>	1,931,276	4,993,365	(3,062,089)	(158.6%)
<b>Infectious Disease</b>	3,413,653	5,121,526	(1,707,873)	(50.0%)
<b>Safe Water</b>	322,408	270,186	52,222	16.2%
<b>School - Oral Health</b>	389,596	495,897	(106,301)	(27.3%)
<b>School - Vision</b>	21,193	0	0	0%
<b>School - Immunization</b>	51,411	16,413	34,998	31.9%
<b>School - Other</b>	262,510	215,398	47,112	17.9%
<b>Substance Misuse Prevention</b>	643,418	431,919	211,499	32.9%
<b>Healthy Growth &amp; Dev.</b>	221,392	75,922	145,470	65.7%
<b>Public Health Administration</b>	1,415,006	2,099,982	(684,976)	(48.4%)
<b>Total</b>	<b>10,292,273</b>	<b>14,873,371</b>	<b>(4,581,098)</b>	

### **STRATEGIC DIRECTION**

Compliance with reporting requirements provide accountability to the Board of Health and Ministry and ensure mid-year planning adjustments can be made to reduce risk and manage finances effectively.

### **ATTACHMENTS**

[Attachment A – Financial Update Q4 2021](#)

## Financial Update Q4 2021 (Finance: Dale Bolton)

### Programs Funded January 1 to December 31, 2021

	Funding Type	2021 Submission	Approved by Board	Approved by Province	YTD Budget Based on 2021 Submission (100%)	YTD Expenditures to Dec 31	YTD % of Budget Submission	YTD Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	MOHLTC Cost Shared (CS)	6,456,640	8-Nov-20	Approved July 22/21	6,456,640	6,186,890	95.8%	269,750	Year-to-date (YTD) underspending due to redeployment of staff to COVID response from January through December. Anticipated an increase in expenditures in the final quarter, however many staff continued to support the COVID response contributing to underspending in core programs. Expenditures related to the pandemic response have been reported separately below. Total funding includes MOH (Base, Mitigation and Indigenous Communities) and local partners.
COVID Response	MOHLTC Cost Shared (CS)	2,128,786	8-Nov-20		2,128,786	1,758,906	82.6%	369,880	Covid response commenced January through end of year. The province approved \$590,000 based on the Annual Service Plan submission. Total COVID extraordinary expenses at December 31 are \$3,873,482. YTD expenditures of \$1,758,906 represents the portion of costs that can be covered through underspending in cost-shared programs as of December 31. Eligible expenditures in excess of the cost-shared underspending will be covered through the province at 100% based Ministry approval granted through the quarterly report submission process. See one-time section below.



Programs Funded January 1 to December 31, 2021									
	Funding Type	2021 Submission	Approved by Board	Approved by Province	Based on 2021 Submission (100%)	Year To Date Expenditures to Dec 31	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
COVID Vaccination	MOHLTC Cost Shared (CS)	1,706,847	8-Nov-20		1,280,135	2,149,775	126.0%	(869,640)	Covid vaccination commenced mid-February through end of year. Covid vaccination costs are cost-shared by the province and local partners. The province approved \$568,600 based on the Annual Service Plan submission. Total COVID extraordinary expenses at December are \$4,812,999. Year-to-date expenditures of \$2,149,554 represents the portion of costs that can be covered through underspending in cost-shared programs at December 31. Eligible expenditures in excess of the cost-shared underspending will be covered through the province at 100% based Ministry approval granted through the quarterly report submission process. See one-time section below.
Combined Cost-Shared		10,292,273			9,865,561	10,095,571	98.09%	(230,010)	See notes above.
	Funding Type	2021 Submission	Approved by Board	Approved by Province	YTD Budget Based on 2021 Submission (100%)	YTD Expenditures to Dec 31	YTD % of Budget Submission	YTD Variance Under/(Over)	Comments
Medical Officer of Health Compensation	100%	73,700	Aug 11/21	Approved July 22/21	73,700	63,138	85.7%	10,562	Operating within budget submission. Awaiting final confirmation from Ministry on cashflow approval. Underspending due to period of gapping of MOH position.
Ontario Seniors Dental	100%	700,100	Aug 11/21	Approved July 22/21	700,100	700,100	100.0%	-	Dental treatment provided through clinical staff and contract services, including dentists and specialists. As program staff continued supporting COVID response, external contract services were engaged to ensure clients had access to required treatment. Program operated within budget approval.
Total - Ministry Funded - 2021		11,066,073			10,639,361	10,858,809	98.1%	(219,448)	

	Funding Type	2021 Submission	Approved by Board	Approved by Province	YTD Budget Based on 2021 Submission (100%)	YTD Expenditures to Dec 31	YTD % of Budget Submission	YTD Variance Under/(Over)	Comments
<b>One-Time Funding funded January 1, 2021 to December 31, 2021</b>									
COVID Response	100% MOH	1,407,083	Aug 11/21	Approved July 22/21	1,407,083	2,114,576	150.3%	(707,493)	Excess year-to-date COVID extraordinary expenditures, per notes above, not covered through underspending in cost-shared programs. Ministry approved funding of \$590,000 in July with the budget approval. In November, the Ministry approved one-time funding of \$1,419,900 based on the June submission. The Ministry has communicated that COVID costs will be covered. Adjustments to approved funding or additional funding will be granted for eligible expenditures through submission of quarterly Ministry reports.
COVID Vaccination	100% MOH	1,137,034	Aug 11/21	Approved July 22/21	1,137,034	2,663,224	234.2%	(1,526,190)	Excess YTD COVID vaccination expenditures, per notes above, not covered through underspending in cost-shared programs. Ministry approved funding of \$568,600 in July. In November, the Ministry approved one-time funding of \$2,230,800 based on the June submission. The Ministry has communicated that COVID costs will be covered. Adjustments to approved funding or additional funding will be granted for eligible expenditures through submission of quarterly Ministry reports.

**One-Time Funding funded April 1, 2021 to March 31, 2022**

	Funding Type	2021 - 2022	Approved by Board	Approved by Province/ Other	YTD Budget \$ (100%)	YTD Expenditures to Dec 31	% of Budget	YTD Variance Under/(Over)	Comments
PHI Practicum Student	100% MOH	20,000	Aug 11/21	Approved July 22/21	15,000	20,000	100.0%	(5,000)	Funding for 2 PHI Practicum Students who commenced roles in late September for 12 week period. Program budget spent in full.
Covid - School-Focused Nurses Initiative	100% MOH	600,000	Aug 11/21	Approved July 22/21	450,000	473,708	79.0%	(23,708)	PHN's hired to provide rapid-response support to school boards and schools to facilitate public health and preventative measures relating to pandemic. Overbudget due to increased activity and case & contact tracing. Program spending will be monitored through next six months. If required excess cost will be covered through cost shared or COVID extraordinary funding.
Capital - Ontario Seniors Dental	100% MOH	249,200	Aug 11/21	Approved July 22/21	249,200	249,200	100.0%	-	Project completed in June and funding expensed in full.

**Programs funded April 1, 2021 to March 31, 2022**

	Funding Type	2021 - 2022	Approved by Board	Approved by Province	YTD Budget \$ (100%)	YTD Expenditures to Dec 31	% of Budget	YTD Variance Under/(Over)	Comments
Infant Toddler and Development Program	100% MCCSS	242,423	Mar. 10/21	Approved Jan 11/22	181,817	172,015	71.0%	9,802	Program operating within approved budget. Some savings in salaries and benefits due to staff gapping of an Infant Educator for portion of final quarter. Anticipate budget will be spent by end of March.
Healthy Babies, Healthy Children	100% MCCSS	928,413	Mar. 10/21	Approved Jan 11/22	696,310	438,560	47.2%	257,750	Program operating well below budget as three nursing staff continue to be redeployed to the COVID response. Expenditures expected to increase over next three months as staff are expected to gradually return to program; however based on current spending anticipate program will be underspent by the end of March.

**Funded Entirely by User Fees January 1 to December 31, 2021**

	Funding Type	2021	Approved By Board	2021 Budget	YTD Revenue \$ (100%)	YTD Expenditures to Dec 31	% of Budget	YTD Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	402,775	NA	402,775	358,790	396,945	98.6%	(38,155)	Program funded entirely by user fees. Expenditures are just above budget and user fees below, resulting in a deficit of \$(38,155). The increased costs in the safe sewage program for 2021 are primarily resulting from the retention of professional services (specifically, a multi-discipline firm) to oversee a situation that PPH was responsible to remediate. The deficit will be funded through the program reserve.
Mandatory and Non-Mandatory Re-inspection Program	Fee for Service	97,500	NA	97,500	87,750	78,282	80.3%	9,468	Program funded entirely by fees. Program activity based on number of properties inspected during the period of May through October. Additional costs to be incurred before end of year to finalize files and paperwork, reducing current surplus.
<b>Total - All Programs</b>		<b>16,150,501</b>			<b>15,222,345</b>	<b>17,465,319</b>	<b>108.1%</b>	<b>(2,242,974)</b>	

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Presentation: COVID-19 Update</b>
<b>DATE:</b>	<b>February 9, 2022</b>
<b>PREPARED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

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

**ATTACHMENTS:**

- A. Presentation (to be circulated)

## **PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT**

<b>TITLE:</b>	<b>Measures to Enhance Third Dose Coverage</b>
<b>DATE:</b>	<b>February 9, 2022</b>
<b>PREPARED BY:</b>	<b>Donna Churipuy, Director</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

### **PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Measures to Enhance Third Dose Coverage*, for information; and,
- request in writing that the Provincial Government and the Ministry of Health support strategies to increase uptake of third doses and include a third dose as a requirement for valid Proof of Vaccination; with copies to local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health.

### **FINANCIAL IMPLICATIONS AND IMPACT**

There are no financial implications arising from this report.

### **DECISION HISTORY**

The Board of Health has not previously made a decision with regards to this matter.

### **BACKGROUND**

There is increasing evidence that immunity can wane over time and that a third, or booster dose of the COVID-19 vaccine provides greater protection against severe outcomes due to COVID-19, which has led to all levels of government recommending a third, or booster dose to help restore and maintain protection against severe illness, complication or death due to COVID-19.<sup>1</sup> In Ontario, residents aged 18 and over are eligible to receive a third, or booster dose of the COVID-19 vaccine. Vaccination provides greater protection against severe illness and complications from COVID-19 and reduces the risk of hospitalization and strain on the health care system.

Evidence from ICES in Ontario has demonstrated increased vaccine effectiveness against symptomatic Omicron infection from no protection greater than 180 days after two doses, to 61% after a third dose.<sup>2</sup> This enhanced protection against infection provides evidence that third doses would be impactful in the prevention of community transmission.

On January 31<sup>st</sup>, the province of Ontario initiated steps to reopen businesses and community settings, which may increase community transmission of the Omicron variant and increase risk of hospitalization among those who are inadequately immunized.

## **RATIONALE**

In Peterborough and across the province, administration rates of third doses of COVID vaccine have slowed substantially and as of February 3, 2022, provincial coverage sits at 54.2%.<sup>3</sup> During the second last week of December, 2021, in Ontario, more than a million doses were administered however this had decreased to 335,753 doses during the fourth week of January, 2022.<sup>4</sup> Last week, there was only a 2.1% increase in 3rd vaccination rates from the previous week.<sup>5</sup>

Rates of vaccination amongst the most vulnerable groups, including those over the age of 50, have not yet attained rates achieved for second doses and range from about 34% among those 18-29 and 82% among those 70 years and older.

Every effort should be made to continue to increase third, or booster dose coverage among the eligible population. These strategies include continued work to make vaccination more accessible by providing vaccination in convenient locations and through walk-in modalities. Additionally, as more vaccine becomes available supporting the choice of vaccination for individuals may improve uptake. Recent experiences, both in Ontario and in other jurisdictions, have shown that vaccine policies, including proof of vaccination requirements, lead to higher vaccine uptake and therefore higher vaccination coverage overall. Requiring a 3<sup>rd</sup> dose for a valid proof of vaccination to access non-essential services is one of the most important policy levers that has been proven to work and should be pursued to continue to improve vaccine uptake and protect our communities.

## **STRATEGIC DIRECTION**

This report applies to the following strategic direction(s):

- Community-Centred Focus
- Determinants of Health and Health Equity

## **REFERENCES:**

---

<sup>1</sup> [https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19\\_vaccine\\_third\\_dose\\_recommendations.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_third_dose_recommendations.pdf)

<sup>2</sup> Buchans, S. et al. Effectiveness of COVID-19 vaccines against Omicron or Delta symptomatic infection and severe outcomes. Accessed on February 3, 2022:  
<https://www.medrxiv.org/content/10.1101/2021.12.30.21268565v2>.

<sup>3</sup> <https://covid19-sciencetable.ca/ontario-dashboard/>. Accessed February 3, 2022.

---

<sup>4</sup> <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=vaccine>

<sup>5</sup> <https://covid19-sciencetable.ca/ontario-dashboard/> Accessed on February 3, 2022.



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Policy for Approval</b>
<b>DATE:</b>	<b>February 9, 2022</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health approve revisions to Policy 2-220, COVID-19 Vaccination Policy for Board of Health Members.

**ATTACHMENTS**

- a. [Policy 2-220](#)

## PETERBOROUGH PUBLIC HEALTH

### Board of Health

### POLICY AND PROCEDURE

<b>Section:</b> Board of Health	<b>Number:</b> 2-220	<b>Title:</b> COVID-19 Vaccination Policy for Board of Health Members
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD):</b> 2021-12-08
<b>Signature:</b> <i>Original signed by BOH Chair</i>		<b>Author:</b> Director of Operations
<b>Date (YYYY-MM-DD):</b> <del>2021-12-08</del> 2022-02-09		
<b>Reference:</b>		

**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.

#### Purpose

The purpose of this policy is to protect employees, volunteers and clients of Peterborough Public Health (PPH) from the transmission of COVID-19. The enhanced protection offered by high vaccination rates is demonstrated through evidence.

#### Policy Statement

The health and safety of those employed by PPH, those who occupy our building, and vulnerable populations who may be exposed to COVID-19 is a public health priority. PPH is committed to taking every reasonable precaution to prevent the spread of the COVID-19 virus. Vaccination is recognized as the most effective tool to limit transmission. It is therefore important that all those who enter our work premises or engage in the work of public health are vaccinated.

#### **PROCEDURE:**

##### **1. Vaccination Requirement**

All PPH Board Members are required to be fully vaccinated with a COVID-19 series ~~by October 18, 2021. For a two-dose vaccine series, the first dose of vaccine must be received prior to September 18, 2021.~~ Fully vaccinated is defined by the Medical Officer of Health and as of January 17, 2022 is completion of a minimum of a three dose series of approved vaccine.

##### **2. Proof of Vaccination**

PPH Board Members will provide proof of vaccination to the Executive Assistant to the Medical Officer of Health by providing documentation that verifies receipt of vaccinations approved by Health Canada or the World Health Organization.

Any new appointees to the Board will be asked for information upon appointment.

PPH will retain vaccination disclosure information in accordance with privacy legislation. The information will only be used to the extent necessary for the implementation of this policy.

### **3. Non-Compliance**

Board Members who do not provide proof of immunization will:

- i) be limited to virtual participation in Board or Committee Meetings;
- ii) be restricted from entering any PPH worksite (185 King St. or offsite); and
- iii) be restricted from participating in any in-person Board of Health events.

### **4. Continued Health and Safety Measures**

Unless legislated or regulatory directions are revised, Board members are expected to continue to comply with applicable health and safety measures to reduce the transmission of COVID-19, including but not limited to screening, wearing a mask when two-metre distance cannot be maintained, and self-monitoring for symptoms.

### **5. Duration of Policy**

This policy will be in effect for the duration of the COVID-19 Pandemic, or until the risk of COVID-19 has decreased to an acceptable level as determined by the Medical Officer of Health.

#### **Review/Revisions**

**On (YYYY-MM-DD): 2022-02-09**

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Information</b>
<b>DATE:</b>	<b>January 12, 2022</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

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

- a. Letter dated January 14, 2022 from the Board Chair to Minister Elliott requesting an update on the application for provincial funding to implement a Consumption and Treatment Services site in Peterborough.
- b. Letter dated January 21, 2022 from Minister Elliott to the Board Chair regarding one-time funding for 2021-22 and 2022-23.
- c. Letter dated February 3, 2022 from the Board Chair to Minister Elliott in support of the Windsor Essex County motion regarding the COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)

Correspondence from the Association of Local Public Health Agencies (ALPHA):

- d. Email dated January 19, 2022 regarding ALPHA's provincial Pre-Budget Consultation deputation and submission.
- e. Email dated January 20, 2022 regarding ALPHA's report, Public Health Resilience in Ontario: Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective COVID-19 Response.
- f. E-newsletter dated January 21, 2022.

January 14, 2022

The Honourable Christine Elliott  
Deputy Premier and Minister of Health  
[christine.elliott@ontario.ca](mailto:christine.elliott@ontario.ca)

**Re: Consumption and Treatment Services in Peterborough**

Dear Minister Elliott,

Over a year has passed since Fourcast and the 360 Nurse Practitioner-Led Clinic applied for provincial funding to establish a Consumption and Treatment Services site (CTS) in Peterborough. The facility for this site has now been renovated, received the Health Canada exemption for operation, and ancillary services from the same location are beginning. It now awaits only provincial operational funding to open its doors.

Since the application was submitted, harms related to opioid use have increased at an unprecedented and alarming rate in our region. While harms related to opioid use have increased annually in the region since 2016, the past 22 months represent the worst on record. In 2021, there were 540 paramedic calls-for-service 448 Emergency Department visits. In 2021, our partners in law enforcement reported 44 suspected deaths related to opioid use in Peterborough City and County.

Our region's rates of opioid harms are double the provincial average and since the onset of the COVID-19 pandemic, **3 opioid-related deaths have happened for each single death from COVID-19.**

Led by the Peterborough Drug Strategy, collaborative efforts to implement a service where illegal drugs can be consumed safely under medical supervision have been ongoing in Peterborough since December 2017. Throughout this period, Peterborough Public Health has supported these efforts by providing staffing for data analysis, project coordination, community engagement, policy and application development.

Given the urgent and critical need for a CTS in Peterborough, the Board of Health is writing to request an update regarding the status of the application for provincial funding to implement this service. We would also seek a meeting with yourself, along with the CTS applicants, to discuss this urgent matter.

We look forward to working with you in ensuring a CTS is established in the community as soon as possible.

Sincerely,

***Original signed by***

Mayor Andy Mitchell  
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario  
Dr. Kieran Moore, Ontario Chief Medical Officer of Health  
Local MPPs  
Michele Ferreri, MP, Peterborough-Kawartha  
Local Municipal and First Nations Councils  
Donna Rogers, Executive Director, Fourcast  
Megan McCarrell, Executive Director, 360 Nurse Practitioner-Led Clinic  
Peterborough Drug Strategy

**Ministry of Health**

Office of the Deputy Premier  
and Minister of Health

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



January 21, 2022

eApprove-72-2021-324

Mayor Andy Mitchell  
Chair, Board of Health  
Peterborough County-City Health Unit  
185 King Street  
Peterborough ON K9J 2R8

Dear Mayor Mitchell:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Peterborough County-City Health Unit up to \$253,750 in one-time funding for the 2021-22 funding year and up to \$761,250 in one-time funding for the 2022-23 funding year to support the provision of public health programs and services in your community.

This increased investment includes an extension to the one-time mitigation funding to ensure that municipalities do not experience any increase as a result of the cost-sharing change for another calendar year (2022).

Dr. Kieran Moore, Chief Medical Officer of Health, will write to the Peterborough County-City Health Unit shortly concerning the terms and conditions governing the funding.

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,

A handwritten signature in cursive script that reads "Christine Elliott".

Christine Elliott  
Deputy Premier and Minister of Health

c: Dr. Ian Gemmill, Medical Officer of Health (A), Peterborough County-City Health Unit  
Dr. Kieran Moore, Chief Medical Officer of Health

February 3, 2022

The Honourable Christine Elliott  
Deputy Premier and Minister of Health  
[christine.elliott@ontario.ca](mailto:christine.elliott@ontario.ca)

**Re: COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)**

Dear Minister Elliott:

At its meeting on January 12, 2022, the Board of Health for Peterborough Public Health (PPH) received correspondence from Windsor-Essex County (WEC) Board of Health, dated November 23, 2021.

PPH supports the WEC Board of Health's resolution that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a "designated disease". Ontario has mandated that students be vaccinated against nine diseases such as polio, diphtheria, tetanus and measles before they can attend school and COVID-19 should be added to this list.

As shared by WEC, the addition of COVID-19 as a "designated disease" within the Immunization of School Pupils Act would support a number of important public health priorities including:

- Increased uptake of the vaccine, providing protection for those who are too young or medically unable to be vaccinated in school communities and beyond. This will result in a safer learning environment for students, staff, their families and the broader community; and
- A systematic framework for parental vaccine education.

COVID-19 vaccines are safe and effective for students 5 years of age and older. They are an essential tool to help to stop the spread of the virus and further support a safer school environment. In addition vaccinated students may see less time away from school due to illness, which will have positive impacts on both their physical and mental health.

Respectfully,

***Original signed by***

Mayor Andy Mitchell  
Chair, Board of Health

/ag  
Encl.



cc: Hon. Stephen Lecce, Minister of Education  
Dr. Kieran Moore, Ontario Chief Medical Officer of Health  
Local MPPs  
Association of Local Public Health Agencies  
Ontario Boards of Health

**From:** allhealthunits **On Behalf Of** Loretta Ryan  
**Sent:** January 19, 2022 11:52 AM  
**To:** All Health Units  
**Subject:** [allhealthunits] alPHa Deputation and Submission - Pre-Budget Consultations

**PLEASE ROUTE TO:**  
**All Board of Health Members**  
**All Members of Regional Health & Social Service Committees**  
**All Senior Public Health Managers**

Dear alPHa members,

Please find attached and linked the [alPHa Speaking Notes - Pre Budget, Jan 19, 2022](#) (as delivered by Dr. Robert Kyle to the Standing Committee on Finance and Economic Affairs this morning) and the [alPHa Letter - 2022 Pre-Budget Submission](#) that was sent to the Minister of Finance just prior. Each outlines recommendations for provincial supports for the local public health agencies' ongoing pandemic response efforts, clearing the backlog of services not provided and resumption of routine OPHS activities. A transcript of the Q&A portion of this morning's deputation will be shared once it is available.

Take Care,

Loretta

---

Loretta Ryan, CAE, RPP  
Executive Director  
**Association of Local Public Health Agencies (alPHa)**  
480 University Avenue, Suite 300  
Toronto, ON M5G 1V2  
Tel: 416-595-0006 ext. 222  
Cell: 647-325-9594  
[loretta@alphaweb.org](mailto:loretta@alphaweb.org)  
[www.alphaweb.org](http://www.alphaweb.org)

**From:** allhealthunits **On Behalf Of** Loretta Ryan

**Sent:** January 20, 2022 1:04 PM

**To:** All Health Units

**Subject:** [allhealthunits] alPHA Report - Public Health Resilience in Ontario: Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective COVID-19 Response

Dear alPHA / Board / COMOH Member,

As you may be aware, with vaccination rates climbing and case counts receding last summer, alPHA began turning its attention towards the implications for its members of the end of the emergency phase of the pandemic response. These would include resuming the public health programs and services that were all but suspended during the pandemic response, clearing the backlog, and addressing the indirect public health impacts of the response measures.

Following a request from Ministry staff for data on the impacts of the pandemic on public health program delivery and priority areas for the recovery, alPHA's Council of Ontario Medical Officers of Health (COMOH) struck a working group, conducted a survey of all public health units, and produced a report that was submitted to the Chief Medical Officer of Health on October 1<sup>st</sup>, 2021.

Following this submission, it was agreed by the COMOH and alPHA Executive committees that there would be substantial value in completing a report aimed at a wider audience using these data, which would then inform alPHA's advocacy efforts on behalf of its members, including input to the 2022 Ontario Budget and its customary activities and materials related to this year's provincial and municipal elections.

On behalf of the alPHA President and the Chairs of the Boards of Health Section and the Council of Ontario Medical Officers of Health, I am very pleased to be able to share the final report with you today, recognizing that its content will be of great value as we work together to advocate for a stable, sustainable, and resilient public health system in Ontario over the months and years to come.

The [full report](#) and its [executive summary](#) are attached and available for download from the alPHA website.

Take Care,

Loretta

---

Loretta Ryan, CAE, RPP

Executive Director

**Association of Local Public Health Agencies (alPHA)**

480 University Avenue, Suite 300

Toronto, ON M5G 1V2

Tel: 416-595-0006 ext. 222

Cell: 647-325-9594

[loretta@alphaweb.org](mailto:loretta@alphaweb.org)

[www.alphaweb.org](http://www.alphaweb.org)

**From:** allhealthunits **On Behalf Of** Loretta Ryan  
**Sent:** January 21, 2022 3:00 PM  
**To:** All Health Units  
**Subject:** [allhealthunits] Information Break - January 2022

**PLEASE ROUTE TO:**

**All Board of Health Members**  
**All Members of Regional Health & Social Service Committees**  
**All Senior Public Health Managers**



**January 21<sup>st</sup>, 2022**

*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](http://alphaweb.org).*

---

**alpha Report**

**Public Health Resilience in Ontario: Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective COVID-19 Response**

The alpha report on public health resilience highlights the need for the resumption of public health programs and services that were all but suspended during the pandemic response, clearing the backlog, and addressing the indirect public health impacts of the response measures. It is hoped that the content of will be of great value as we work together to advocate for a stable, sustainable, and resilient public health system in Ontario over the months and years to come. Read the [full report](#) and its [executive summary](#).

---

**alpha Deputation and Submission to the Standing Committee on Finance and Economic Affairs Re: 2022 Ontario Budget**

The Standing Committee on Finance and Economic Affairs has been holding hearings via videoconference to conduct Pre-Budget Consultations. alpha was selected to present before the

committee and Dr. Robert Kyle appeared on our behalf on January 19<sup>th</sup>. alPHA's [deputation](#) and [submission](#) recommend provincial supports for local public health agencies' ongoing pandemic response efforts, clearing the backlog of services not provided, and resumption of routine OPHS activities.

---

### **Winter Symposium and Section Meetings** **Public Health Resilience - Friday, February 25<sup>th</sup>, 2022**

alPHA is pleased to announce that registration is now open for the alPHA Winter Symposium: Public Health Resilience and the Section Meetings that are taking place on Friday, February 25, 2022.

We have an exciting line-up of speakers for this online event including the Hon. Christine Elliott (Deputy Premier and Minister of Health), Jamie McGarvey (President, AMO), Dr. Kieran Moore (Chief Medical Officer of Health), Colleen Geiger (President and CEO (acting), Public Health Ontario), Dr. Brian Schwartz (Vice President, Public Health Ontario), Dr. Christopher Simpson (Executive Vice-President, Medical, Ontario Health), Dr. Sara Allin (Associate Professor, DLSPH), and Dr. Charles Gardner (Chair, Council of Ontario Medical Officers of Health). alPHA's President, Dr. Paul Roumeliotis, is the Symposium Chair and members of alPHA's Board of Directors are moderating the sessions.

Registration information, the draft Symposium program, the draft agenda for the BOH Section meeting, and the event flyer can be accessed by going to the [alPHA website](#) and clicking on the Symposium Banner or by going to the [event page](#). This webpage is also where updates are posted. The closing date to register is Friday, February 18<sup>th</sup> at 5 pm. Please note that you must be an alPHA member to participate in the Symposium or Section meetings.

alPHA would like to thank the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous support.

We hope to see you online on Friday, February 25<sup>th</sup>!

---

### **COVID-19 Update**

As part of the response to COVID-19, alPHA continues to represent the public health system and work with key stakeholders. To keep members up-to-date, alPHA shares Ministry of Health Situation Reports and COVID-19-related news. If you are not receiving these, please reach out to 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](#)

[alPHA's recent COVID-19 related submissions can be found here](#)

---

### **alPHA Reports and Correspondence**

Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Reports and correspondence since the last Newsletter:

<a href="#">alPHa Report: PH Resilience 2022</a>	2202-01-20
<a href="#">alPHa Report: PH Resilience 2022 Executive Summary</a>	2202-01-20
<a href="#">alPHa Speaking Notes - Pre Budget, Jan 19, 2022</a>	2022-01-19
<a href="#">alPHa Letter - 2022 Pre-Budget Submission</a>	2022-01-19
<a href="#">alPHa Letter - Strengthening Response to Omicron</a>	2022-01-04
<a href="#">alPHa Letter - Anniversary of 1st COVID-19 vaccine</a>	2022-01-04

A complete online library is available [here](#).

### **Boards of Health: Shared Resources**

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

- [Orientation Manual for Boards of Health](#)
- [Review of Board of Health Liability, 2018](#)
- [Legal Matters: Updates for Boards of Health](#)
- [Ontario Boards of Health by Region](#)
- [Governance Toolkit](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#)
- [List of Health Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System](#) (2021) New!

### **PHO Resources**

#### **Omicron Resources**

#### **Fact Sheets**

- [How to Self-Monitor](#) (updated)
- [How to Self-Isolate](#) (updated)
- [Optimizing the Use of Masks Against COVID-19](#)

#### **Evidence Briefs**

- [SARS-CoV-2 Omicron Variant and Community Masking](#)
- [COVID-19 Variant of Concern Omicron \(B.1.1.529\): Risk Assessment](#)

#### **Data and Surveillance**

- [Early Dynamics of Omicron in Ontario](#)
- [Early Estimates of Omicron Severity in Ontario based on a Matched Cohort Study](#)

Check out PHO's [Variants of Concern](#) web page for the most up-to-date resources.

---

### Upcoming PHO Events

Interested in PHO's upcoming events? Check out the [Events](#) page to stay up to date with all PHO events. Missed an event? Check out PHO's [Presentations](#) page for full recordings their events.

- February 8 | [PHO Rounds: Novel Disease Surveillance Tools for the Next Pandemic](#)
- 

### Upcoming DLSPH Events, Courses and Webinars

The Dalla Lana School of Public Health hosts many public-health related events, from regular seminar series, featured guest speakers, and professional development opportunities. View all events by day, month, or type of event [here](#). You can explore all past webinars [here](#). Upcoming events include:

- January 24<sup>th</sup> - [CVPD Webinar: Community Outreach and Engagement in the COVID-19 Vaccine Rollout](#)
  - January 26<sup>th</sup> - [Advanced Artificial Intelligence and Healthcare: Is Consent Really in Jeopardy?](#)
  - January 31<sup>st</sup> - [Race, Equity & Action Speaker Series – Antisemitism: Here and Now](#)
- 

### News Releases

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

---

#### **Association of Local Public Health Agencies**

480 University Avenue, Suite 300 | Toronto ON | M5G 1V2  
416-595-0006 | [www.alphaweb.org](http://www.alphaweb.org) | [info@alphaweb.org](mailto:info@alphaweb.org)



## PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT

<b>TITLE:</b>	<b>Summary of Complaints, 2021</b>
<b>DATE:</b>	<b>February 9, 2022</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

### **PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the staff report, *Summary of Complaints, 2021*, 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 2021 calendar year, the organization handled two formal complaints. In comparison, there were three in 2020, and five in 2019.

The two complaints were both received in late December and related to the automated phone system. Due to the redeployment of staff to increase vaccination clinic capacity, and to support the local response to the COVID-19 Omicron variant, several public health services were paused or reduced, including PPH's general phone inquiry lines. Feedback from the complaints were shared with Communications staff to improve the automated system.

Please note that general complaints regarding public health measures and restrictions are not reported as part of this policy.

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**

<b>TITLE:</b>	<b>Summary of Donations, 2021</b>
<b>DATE:</b>	<b>February 9, 2022</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance and Property</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director, Operations</b> <b>Dr. Thomas Piggott, Medical Officer of Health</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the staff report, *Summary of Donations, 2021*, for information.

**FINANCIAL IMPLICATIONS AND IMPACT**

For the year ending December 31, 2021, Peterborough Public Health (PPH) received a total of \$15,669 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 2021, sixty-nine employees made charitable donations through payroll deductions, with donations being directed to the public health programs and/or the United Way. A total of \$25,278 was donated by PPH employees through payroll contributions to the United Way and PPH programs.

In 2021, Peterborough Public Health received \$1,977 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	2020	2021
<b>Total Cheques / Cash Received</b>	\$27,365 (22 donors)	\$9,500 (15 donors)
<b>Total On-Line Canada Helps</b>	\$6,128 (23 donors)	\$1,977 (25 donors)
<b>Total Payroll Deductions</b>	\$4,989 (38 donors)	\$4,192 (25 donors)
<b>Total Donations</b>	<b>\$38,482</b>	<b>\$15,669</b>

**Table 2: External and Payroll Donations by Designation**

Program	2020	2021
<b>Collective Kitchens</b>	\$ 60	\$ -
<b>Community Kitchen</b>	\$476	\$1,134
<b>Contraceptive Assistance Fund</b>	\$242	\$373
<b>Dental Treatment Assistance Fund (DTAF)</b>	\$5,910	\$1,344
<b>Food for Kids (FFK)</b>	\$30,714	\$10,606
<b>Food Security</b>	\$212	\$ -
<b>Healthy Babies, Health Children (HBHC) Equipment and Supply Fund</b>	\$657	\$1,733
<b>Prenatal Classes for Young Parents</b>	\$52	\$17
<b>Infant Toddler Equipment Fund</b>	\$60	\$ -
<b>Gleaning Program</b>	\$ -	\$192
<b>Undesignated</b>	\$99	\$270

**Table 3: Donations by Donor Type**

Donor Type	2020	2021
<b>Business</b>	\$11,500	\$2,550
<b>Church</b>	\$800	\$1,500
<b>Individual</b>	\$7,405	\$2,427
<b>Payroll Deduction</b>	\$4,989	\$4,192
<b>Service Clubs/ Foundations</b>	\$13,788	\$5,000

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. Program donations were much lower in 2021 compared to the prior year due to the pandemic. Most programs

experienced lower operating costs as activity ceased or services were reduced. As a result, the reduction in donations did not impact program delivery. The donations provide the much-needed support to offer the programs to our community members in throughout 2021 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](http://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.