Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, September 14, 2022 – 5:30 p.m.
Multipurpose Rooms, Peterborough Public Health

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. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001, Section 239(2)(f), Advice that is subject to solicitor-client privilege

5. Motions for Open Session

6. Consent Items to be Considered Separately

Board Members: *Please identify which items you wish to consider separately from section 12 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 12.1 a b 12.2 a 12.4.1 a b c d e*

7. Delegations and Presentations

8. Board Chair Report

9. Confirmation of the Minutes of the Previous Meeting

- Cover Report

a. August 10, 2022

10. Business Arising From the Minutes

10.1. Ontario Seniors Dental Care Program Update

- Staff Report

11. Staff Reports

11.1. Presentation: Connecting the Dots - Substance Use Prevention and Adverse Childhood Experiences (ACEs)

- Cover Report

a. Presentation

11.2. Presentation: COVID Update

- Cover Report

a. PPH COVID-19 Risk Tracker ***(web hyperlink)***

11.3. Staff Report: One-Time Special Projects to Stimulate Strategic Plan Implementation

a. Staff Report

12. Consent Items

12.1. Correspondence for Direction

a. Niagara – Paid Sick Days

b. Niagara – Public Heath Funding

12.2. Correspondence for Information

a. alPHa e-newsletter
b. AMO Submission to the Ministry of Health

12.3. Staff Reports

12.4. Committee Reports

12.4.1. Stewardship

- Cover Report

a. Minutes, June 23, 2022
b. 2-180, By-Law #9, Management of Property ***(web hyperlink)***
c. 2-374 Contractor Performance and Litigation ***(web hyperlink)***
d. HBHC 2021-2022 Audited Financial Statement and Annual Reconciliation Report
e. ITDP 2021-2022 Audited Financial Statement and Transfer Payment Annual Reconciliation

13. New Business

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

Wednesday, October 12, 2022 – 5:30 p.m., Peterborough Public Health, or at the call of the Chair.

15. Adjournment

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PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Approval of Meeting Minutes**
DATE:	**September 14, 2022**
PREPARED BY:	**Alida Gorizzan, Executive Assistant**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on August 10, 2022.

ATTACHMENTS

a. Board of Health Minutes, August 10, 2022

Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, August 10, 2022 – 5:00 p.m.
Multipurpose Rooms, Peterborough Public Health

In Attendance:

Board Members:	**Deputy Mayor Bonnie Clark**
	Councillor Henry Clarke
	Deputy Mayor Matthew Graham
	Mayor Andy Mitchell, Chair
	Mr. Dan Moloney
	Dr. Hans Stelzer
	Councillor Kathryn Wilson *(electronic)*
Regrets:	**Councillor Don Vassiliadis**
	Councillor Gary Baldwin
	Councillor Nodin Knott
Staff:	**Mrs. Dale Bolton, Manager, Finance & Property**
	Ms. Sarah Gill, Acting Manager, Communications
	Ms. Alida Gorizzan, Executive Assistant (Recorder)
	Dr. Thomas Piggott, Medical Officer of Health & CEO
	Mr. Larry Stinson, Director of Operations

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1. **Call to Order**

   Mayor Mitchell called the meeting to order at 5:04 p.m.

2. **Confirmation of the Agenda**

   MOTION:
   That the agenda be approved as circulated.
   Moved: Councillor Clarke
   Seconded: Deputy Mayor Clark
   Motion carried. (M-2022-061)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

MOTION:
That the following items be passed as part of the Consent Agenda: 10.4.1 a,b,c,d,e,f; 10.4.2 a; 10.4.3 a,b,c.
Moved: Deputy Mayor Graham
Seconded: Dr. Stelzer
Motion carried. (M-2022-062)

MOTION (10.4.1 a,b,c,d,e,f):
That the Board of Health for Peterborough Public Health:

a. receive meeting minutes of the Governance Committee from April 19, 2022 for information;
b. receive meeting minutes of the Governance Committee from June 29, 2022 for information;
c. approve By-Law Number 3 - Calling of and Proceedings at Meetings *(revised);*
d. approve policy 2-211 Delegation of Authority *(no changes);*
e. approve 2-300 Medical Officer of Health *(no changes);* and,
f. approve 2-345 Medical Officer of Health Absence *(no changes).*

Moved: Deputy Mayor Graham
Seconded: Dr. Stelzer
Motion carried. (M-2022-062)

MOTION (10.4.2 a):
That the Board of Health for Peterborough Public Health:

a. receive meeting minutes of the Indigenous Health Advisory Circle from April 20, 2022 for information.

Moved: Deputy Mayor Graham
Seconded: Dr. Stelzer
Motion carried. (M-2022-062)

MOTION (10.4.3 a,b,c):
That the Board of Health for Peterborough Public Health:

a. receive meeting minutes of the Stewardship Committee from April 28, 2022 for information;
b. approve By-Law Number 1, Management of Property *(no changes)*
c. approve By-Law Number 2, Banking and Finance *(no changes)*

Moved: Deputy Mayor Graham
Seconded: Dr. Stelzer
Motion carried. (M-2022-062)

5. Delegations and Presentations

6. Board Chair Report

7. Confirmation of the Minutes of the Previous Meeting

MOTION:
That the Board of Health for Peterborough Public Health approve the minutes of the meetings held on June 8 and July 13, 2022.
Moved: Councillor Wilson
Seconded: Deputy Mayor Graham
Motion carried. (M-2022-063)

8. Business Arising From the Minutes

9. Staff Reports

9.1. 2021 PPH Draft Audited Statements

MOTION:
That the Board of Health:

- receive the staff report, 2021 PPH Audited Financial Statements; and
- approve the Stewardship Committee recommendation for acceptance of the 2021 Consolidated Audited Statements.

Moved: Dr. Stelzer
Seconded: Deputy Mayor Clark
Motion carried. (M-2022-064)

9.2. 2022-25 PPH Strategic Plan

MOTION:
That the Board of Health for Peterborough Public Health (PPH) approve the 2022-25 Peterborough Public Health Strategic Plan.
Moved: Deputy Mayor Clark
Seconded: Mr. Moloney
Motion carried. (M-2022-065)

10. Consent Items

MOTION (10.3.1, 10.3.2):
That the Board of Health for Peterborough Public Health receive the following reports for information:

- Q2 2022 Status Report (April 1 – June 30, 2022); and
- Q2 2022 Financial Report.

Moved: Deputy Mayor Graham
Seconded: Deputy Mayor Clark
Motion carried. (M-2022-066)

Arising from this report, a report was requested on the Senior's Oral H

11. New Business

11.1. Oral Report - Association of Local Public Health Agencies Annual General Meeting Conference

MOTION:
That the Board of Health for Peterborough Public Health receive the oral report, Association of Local Public Health Agencies Annual General Meeting Conference, for information.
Moved: Deputy Mayor Graham
Seconded: Deputy Mayor Clark
Motion carried. (M-2022-067)

The Chair called for a break at 6:53 p.m.

12. In Camera to Discuss Confidential Matters

MOTION:
That the Board of Health for Peterborough Public Health go In Camera at 7:02 p.m.to discuss three items under Section 239(2):
(d), Labour relations or employee negotiations;
(f), Advice that is subject to solicitor-client privilege; and,
(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value.
Moved: Deputy Mayor Graham
Seconded: Councillor Clarke
Motion carried. (M-2022-068)

MOTION:
That the Board of Health rise from the In Camera session at 8:20 p.m.
Moved: Deputy Mayor Clark
Seconded: Deputy Mayor Graham
Motion carried. (M-2022-069)

As a result of the closed session, the Chair reported the following:

- Direction was given to staff with respect to Non-Union negotiations.
- The Board of Health received an update on a property matter subject to solicitor-client privilege.

- Direction was given to staff with respect to a confidential financial matter**.**

13. <u>Motions for Open Session</u>

14. <u>Date, Time, and Place of the Next Meeting</u>

Wednesday, September 14, 2022 – 5:00 p.m., Peterborough Public Health, or at the call of the Chair.

15. <u>Adjournment</u>

MOTION:
That the meeting be adjourned.
Moved by: Deputy Mayor Graham
Seconded by: Mr. Moloney
Motion carried. (M-2021-070)

The meeting was adjourned at 7:11 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Ontario Seniors Dental Care Program Update**
DATE:	**September 14, 2022**
PREPARED BY:	**Hallie Atter, Acting Director, Health Promotion Division** **Arti Joshi, Acting Manager, Clinical Services**
APPROVED BY:	**Dr. Thomas Piggott,**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, Ontario Seniors Dental Care Program Update, for information.

FINANCIAL IMPLICATIONS AND IMPACT

None.

DECISION HISTORY

A request for further details on this program was requested at the August 2022 meeting. The Board of Health has received previous updates on the Ontario Seniors Dental Care Program through a presentation in September 2019 and staff report in December 2019.

BACKGROUND

The Ontario Seniors Dental Care Program (OSDCP) was officially launched provincially on November 20, 2019, as a new program to help meet the dental needs of low-income seniors in Ontario.

As of August 1, 2021, seniors must have an annual net income of $22,200 or less for a single person, or a combined annual net income of $37,100 or less for a couple in order to be eligible. According the 2021 Census, the total number of low-income seniors in Peterborough City and County is 3,855. This is number is an over-estimation of eligible seniors as the definition for low-income is higher that the provincial eligibility and also includes those with dental insurance.

A range of dental services including examinations/assessments, preventative services, oral surgery, endodontic services, periodontics can be accessed. Prosthodontic services including dentures are also eligible but only partially covered.

In Peterborough City and County, the program is being delivered by Peterborough Public Health (PPH) in the Community Dental Health Clinic (CDHC) at 185 King Street. PPH receives a global budget allocated that was originally based on the cost of service for an estimated number of

low-income seniors without dental insurance. This year we were successful in our request to increase the budget by $200,000 to accommodate demand due to change in income eligibility, complexity of client needs and fuller utilization of service after the pandemic. As the local demographics shift to reflect the ageing population, we may need to request further funding from the province.

The services in the CDHC include examinations/assessments, preventative service and endodontics. We are currently unable to provide prosthodontic services and oral surgery in the clinic due to staffing requirements and clinic infrastructure. In order to meet this need, PPH has established partnerships with oral health specialists in the community to provide services on our behalf. Further details of the delivery of the OSDCP can be found in Appendix A.

The CDHC has 772 clients registered at the CDHC for the OSDCP. This number of registered clients is despite pandemic disruptions, including the clinic being totally shut down for 4 months in 2020, and only open for urgent and emergency appointments for the rest of the pandemic.

Anecdotally, seniors being seen in the clinic are suffering with advanced and or complex oral health issues due to the length of time without preventative services or care. The following chart describes the referrals to specialists in the community. By far, referrals to denturists are the most significant. Peterborough has limited Oral Health Specialists in the area, which in turn limits the CDHC's ability to refer patients to denturists, oral surgeons and endodontists in a timely manner. Currently there are 22 clients awaiting referrals for oral surgery and 49 clients to a denturist.

Specialist	**Jan-Dec 2020**	**Jan-Dec 2021**	**Jan-Aug 19 2022**
Oral Surgery	37	93	122
Periodontist	4	9	10
Denturist	120	199	233

It should be noted that by Ministry mandate, patients from outside of our jurisdiction can receive services delivered by PPH. As an example, in 2021, the number of patients receiving treatment from another health unit areas was 39. While this is not currently causing significant burden, it is something that is hard to calculate and plan for.

As well, due the significant delays in referrals and treatment due to COVID, the Ministry has advised local public health agencies to review and approve time-limited extensions for OSDCP coverage that expired as of July 31, 2022, on a case-by-case basis. PPH will track any extensions and related services which are approved locally and report this to the Ministry.

Appendix A - Ontario Seniors Dental Care Program

In order to be eligible, a person must:

- Be a resident of Ontario
- Be age 65 or older
- Have an annual net income of $22,200 (increased from $19,300 in August 2021) or less for a single person, or a combined annual net income of $37,100 or less for a couple (increased $32,300 in August 2021)
- Have no other form of dental benefits, including private insurance or dental coverage under another government program such as Ontario Works, Ontario Disability Support Program or Non-Insured Health Benefits

Dental services covered under this program include the following:

- Examinations/assessments
- Preventive services (e.g., cleanings)
- Restorative services to repair broken teeth and cavities
- X-rays
- Oral surgery services to remove teeth or abnormal tissue
- Anaesthesia
- Endodontic services to treat infection and pain
- Periodontal services to treat gum conditions and diseases.
- Prosthodontic services, including dentures, are partially covered. Client will pay a co-payment of $27 - $42 depending on the denture service needed.

The OSDCP is delivered alongside of these other programs in the PPH CDHC:

- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Healthy Smiles Ontario (HSO)Interim Federal Health Program (IFHP)
- Non-Insured Health Benefits Program (NHIB)
- Dental Treatment Assistance Fund (DTAF)

Our current staffing complement in the CDHC that deliver services for the OSDCP as well other low income dental programs above is outline below:

- Program Manager: 0.8 FTE
- Administrative Assistant(s): 2.0 FTE
- Certified Dental Assistants: 3.0 FTE
- Registered Dental Hygienists: 2.0 FTE till end of 2022 (1.4 FTE after 2022)
- Dentist(s): 0.8 – 1.0 FTE
    - In addition to above FTE, we have a dentist who comes in once per month to provide endodontic treatment

2022 Budget for the OSDCP

Item	Amount
Professional and Purchased Services	$501,500
Salaries & Wages	$198,174
Allocated Admin & Occ. Char	$60,000
Benefits	$52,676
Materials & Supplies	$29,750
Occupancy	$13,500
Total	**$855,600**

Note: Received a $200,000 increase in base budget, starting in 2020 at a pro-rated amount.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Presentation: Connecting the Dots - Substance Use Prevention and Adverse Childhood Experiences (ACEs)**
DATE:	**September 14, 2022**
PREPARED BY:	**Claire Townshend, Acting Manager, Family & Community Health**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS:

That the Board of Health for Peterborough Public Health receive the presentation, *Connecting the Dots - Substance Use Prevention and Adverse Childhood Experiences (ACEs)*, for information.

ATTACHMENTS:

a. Presentation

Connecting the Dots: Substance Use Prevention and Adverse Childhood Experiences (ACEs)

Board of Health Meeting
September 14, 2022

Claire Townshend,
A/Manager, Family and Community Health

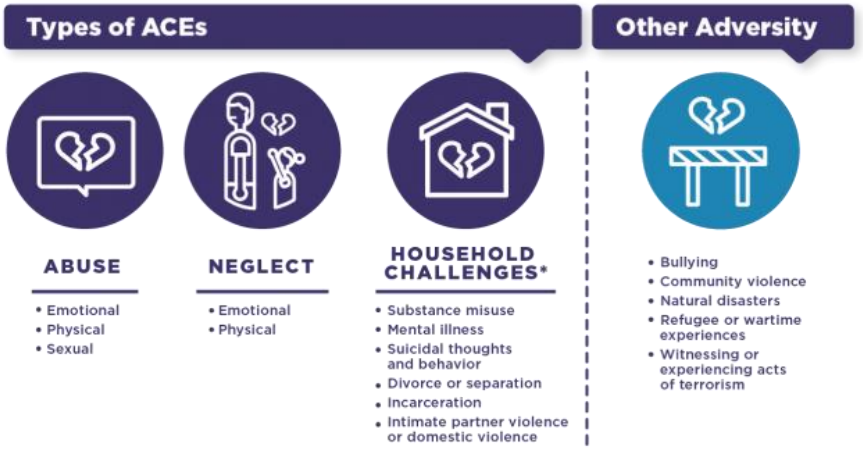
Peterborough Public Health

Adverse Childhood Experiences (ACEs): Impact on brain, body and behaviour - YouTube

Peterborough Public Health

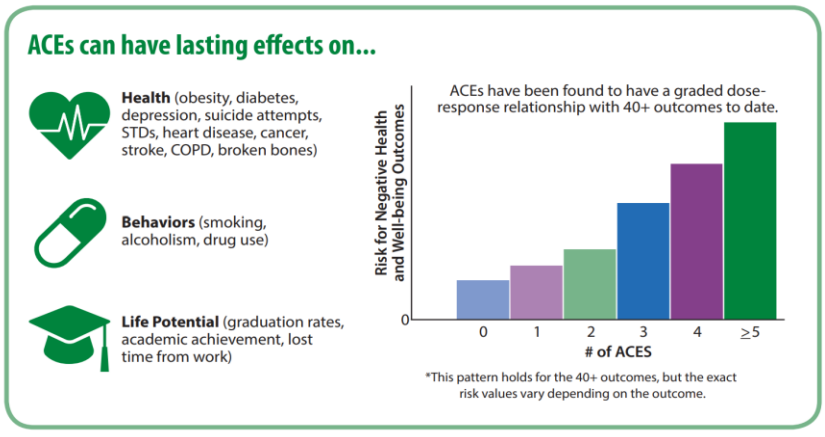
What are ACEs?

Adverse Childhood Experiences (ACEs) are defined as the potentially traumatic experiences that occur in a child's first 18 years of life which have long lasting and negative impacts on adult health and outcomes.



Source: Types-of-ACEs (cdc.gov)

Dose – Response Relationship to Health Outcomes



Preventing Adverse Childhood Experiences (cdc.gov)

Negative Health and Life Outcomes Associated with ACEs

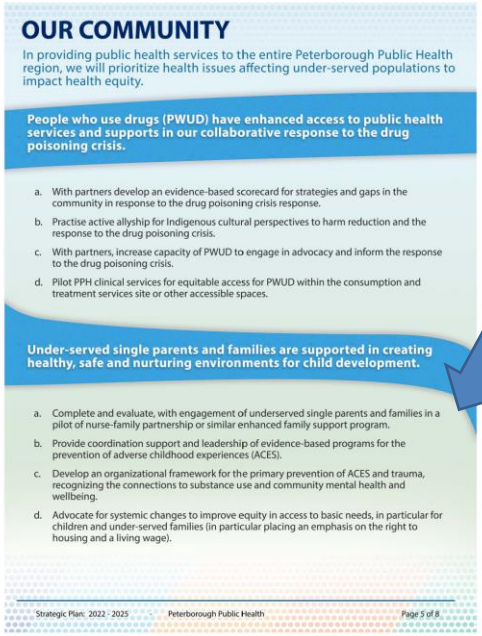
Adverse Childhood Experiences Prevention Strategy (cdc.gov)

Prevention of Substance Use

- ACEs can increase the risk of physical and mental illness later in life, including increased substance use misuse.
- An American study in 2020 concluded that more than 70% of adolescent opioid misuse was attributable to ACEs (Swedo et. al, 2020).
- Exposure to multiple ACEs is particularly associated with substance use (Shin, 2018).
- Having early, upstream strategies and interventions to prevent and mitigate ACEs can prevent or reduce substance use, and its associated harms, later in life.

Peterborough Public Health

Resilience Scale » Alberta Family Wellness Initiative



OUR COMMUNITY

In providing public health services to the entire Peterborough Public Health region, we will prioritize health issues affecting under-served populations to impact health equity.

People who use drugs (PWUD) have enhanced access to public health services and supports in our collaborative response to the drug poisoning crisis.

a. With partners develop an evidence-based scorecard for strategies and gaps in the community in response to the drug poisoning crisis response.
b. Practise active allyship for Indigenous cultural perspectives to harm reduction and the response to the drug poisoning crisis.
c. With partners, increase capacity of PWUD to engage in advocacy and inform the response to the drug poisoning crisis.
d. Pilot PPH clinical services for equitable access for PWUD within the consumption and treatment services site or other accessible spaces.

Under-served single parents and families are supported in creating healthy, safe and nurturing environments for child development.

a. Complete and evaluate, with engagement of underserved single parents and families in a pilot of nurse-family partnership or similar enhanced family support program.
b. Provide coordination support and leadership of evidence-based programs for the prevention of adverse childhood experiences (ACES).
c. Develop an organizational framework for the primary prevention of ACES and trauma, recognizing the connections to substance use and community mental health and wellbeing.
d. Advocate for systemic changes to improve equity in access to basic needs, in particular for children and under-served families (in particular placing an emphasis on the right to housing and a living wage).

Strategic Plan: 2022 - 2025 Peterborough Public Health Page 5 of 8

Preventing ACEs is a priority for PPH

There are evidence-based strategies that can prevent and mitigate ACEs and reduce negative health outcomes.

Public Health

What can we do?

- **Knowledge transfer & capacity building**
  - Increase knowledge around ACEs with community partners and families
  - Collaborate with community partners & share evidence and resources to increase capacity
- **Develop knowledge and skills**
  - Evidenced-based programs (i.e. Nurse Family Partnership)
- **Influence systemic level change**
  - Prevent and mitigate ACEs through system transformation at all levels

Peterborough Public Health

Nurse Family Partnership – Outcomes

TRIAL OUTCOMES

Trial outcomes demonstrate that Nurse-Family Partnership delivers against its three primary goals of better pregnancy outcomes, improved child health and development and increased economic self-sufficiency — making a measurable impact on the lives of children, families and the communities in which they live.

For example, the following outcomes have been observed among participants in at least one of the trials of the program.

48% reduction in child abuse and neglect[1]

56% reduction in ER visits for accidents and poisonings[2]

50% reduction in language delays of child age 21 months[3]

67% less behavioral/intellectual problems at age 6[4]

32% fewer subsequent pregnancies[5]

82% increase in months employed[6]

61% fewer arrests of the mother[1]

59% reduction in child arrests at age 15[7]

Peterborough Public Health

NFP-Research-Trials-and-Outcomes.pdf

Peterborough Public Health

References

- Alberta Family Wellness Initiative. (2021). Early Learnings about Uses for the Resilience Scale Metaphor in Practice. Retrieved from: Early-Learnings-about-the-Resilience-Scale-Metaphor-in-Practice2.pdf
- Centers for Disease Control and Prevention. (2021). Adverse Childhood Experiences Prevention Strategy. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention (2019). CDC Vital Signs: Adverse Childhood Experiences (ACEs): Preventing Early Trauma to Improve Adult Health. Retrieved from: vs-1105-aces-H.pdf
- Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
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- Nurse-Family Partnership.(2022). Research Trials and Outcomes: The Gold Standard of Evidence. Retrieved from NFP-Research-Trials-and-Outcomes.pdf
- Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). Adverse childhood experiences (ACEs): public health programs to address ACEs in Ontario. Toronto, ON: Queen's Printer for Ontario.
- United Way of Peterborough and District. (2021). Point in Time Count: A Survey of People Experiencing Homelessness in the City of Peterborough. Retrieved from UW-Peterborough-PiT-2022-Digital.pdf

Peterborough Public Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Presentation: COVID-19 Update**
DATE:	**September 14, 2022**
PREPARED BY:	**Donna Churipuy, Director, Health Protection Division**

PROPOSED RECOMMENDATIONS:

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

ATTACHMENTS:

a. Peterborough Region COVID-19 Risk Tracker ***(web hyperlink)***

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**One-Time Special Projects to Stimulate Strategic Plan Implementation**
DATE:	**September 14, 2022**
PREPARED BY:	**Thomas Piggott, Medical Officer of Health & CEO**
APPROVED BY:	**Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, *PPH Reserve Special Project Spending to Stimulate Strategic Plan Implementation,* for information; and
- direct staff to allocate a total of up to $600,000 from PPH Reserves to spend on special one-time projects as described and continue to maintain the previous board guidance for recommended minimum reserve contingencies.

FINANCIAL IMPLICATIONS AND IMPACT

Reserve accounts have been established by the Board of Health for the purpose of ensuring continuity of operations and/or response to local public health needs in unusual, temporary circumstances. Accounts have been established, in particular, for capital and program needs. Spending on these special projects as described will decrease reserves, now significantly in excess of minimum contingencies, and support stimulation of strategic plan implementation to positively impact public health in our region.

DECISION HISTORY

In 2018, the Stewardship Committee directed staff to develop a Board of Health policy that would establish and maintain a minimum reserve balance of $500,000 for Operational Contingency and $250,000 for Capital; and that formal Board approval be required for expenditure of funds that would result in balances lower than these amounts.

In August 2022, the Board of Health approved its new Strategic Plan 2022-2025 setting out priorities to respond to key public health issues in our community.

BACKGROUND

PPH provides public health services to Curve Lake First Nation, Hiawatha First Nation, Peterborough County and the City of Peterborough as legislated under the Health Protection and Promotion and Act and related Section 50 Agreements with each First Nation.

Under provincial funding guidelines, any surplus or unspent provincial funding at the end of each fiscal year must be returned to the province. The accumulated reserves held by Peterborough Public Health have been generated by unspent local share funding and non-Ministry funding sources which have permitted retention of unspent funds. The reserves, therefore, are funds generated locally with the intention of supporting local public health needs. None of these funds are for restricted use with the exception of MCCSS funding attached to the Infant Toddler Development Program and the accumulated reserve for the Safe Sewage Program.

In 2018, the Stewardship Committee directed staff to develop a Board of Health policy that would establish and maintain a minimum reserve balance of $500,000 for Operational Contingency and $250,000 for Capital; and that formal Board approval be required for expenditure of funds that would result in balances lower than these amounts.

The current reserve balances, based on 2021 audited financial statements are as follows:

- Occupancy: $604,544
- Program: $198,644
- Contingency: $1,001,217
- Total: $1,804,405

These balances exceed contingencies, and represent a large locally-contributed asset that would be subject to redirection in the event that changes to public health units, as previously planned through 2018 discussions on Modernization of the public health system, are implemented.

In August, the Board of Health approved its 2022-2025 Strategic Plan. This strategic plan sets out the key strategic directions of Our Team, Our Community, and Our System. The plan outlines goals and actions for Peterborough Public Health to begin addressing some of the most critical public health issues in our community.

The goals of the strategic plan include:

Our Team:

1. Organizational culture that attracts and retains the best team possible;
2. Investments in staff wellbeing and development;
3. Effective teams for effective public health;

Our Community:

4. People who use drugs (PWUD) have enhanced access to public health services and supports in our collaborative response to the drug poisoning crisis;
5. Under-served single parents and families are supported in creating healthy, safe and nurturing environments for child development;
6. People most vulnerable to the health impacts of climate change are supported in adapting to and reducing negative health impacts;

Our System:
7. Stronger health system through relationships with primary care and health system partners;
8. Partners providing health care and social services address health inequities and barriers to service, in particular in relation to housing and mental health;
9. PPH is fully committed to practicing active allyship for Indigenous self-determination and health equity within the health and social system;
10. Positive outcomes of public health system restructuring to ensure principles previously identified are considered;

To stimulate implementation of our strategic plan, staff have identified three strategic one-time project areas where reserve funding investments could effectively support the launch of work in these strategic areas, and allow us to respond key public health issues in our communities served. Relying on provincial and cost-shared budgets would be inadequate to address up-front one-time costs needed to achieve these desired goals.

The proposed projects, descriptions, links to strategic plan, and anticipated impacts on PPH and community health are articulated in table 1.

Table 1. Proposed Strategic Projects

Description of Anticipated Activities	**Link to Strategic Plan**	**Anticipated Impacts on Organization and Community Health**
PROJECT 1 - Digital Information System Transformation		
a. Implementation and training supports for new Electronic Medical Record. b. Organizational review of digital file storage through Sharepoint. c. Comprehensive training and implementation of business intelligence software (Power BI) to support data compilation and reporting across program areas. d. Migration of paper Safe Sewage Inspection Program records to a digital file storage and application system to streamline process	*Our Team,* *Our Community* *Our System* These activities will specifically impact goals # 3, 4, 5, 6, 7, 8 through enhanced collaboration with health, social services, municipal and First Nations partners, and enhanced data collection and reporting.	Increased efficiency and effectiveness for data management, clinic operations and communications.

Description of Anticipated Activities	Link to Strategic Plan	Anticipated Impacts on Organization and Community Health
for residents in collaboration with partners.		
PROJECT 2 - Population Participatory Data Collection to Inform Equity in Services		
a. Develop a process for priority population engagement for participatory data collection to improve equity in services; b. Training for key staff to engage in participatory research and programming with priority populations; c. Source or create tested tools for data collection; d. Complete an environmental scan and consultation with partners in health and social services to identify gaps in priority population engagement; e. Provision of fair compensation for participants in focus-groups or other data collection processes from the priority populations;	*Our Team,* *Our Community* *Our System* These activities will impact goals #2, 4, 5, 6, 7, 8, 9 by further understanding the needs and barriers of populations, developing relationships with members of priority populations and community partners and by sharing knowledge to enhance our own programming as well as other health and social services in the region.	Strengthened partnerships with service users and people from priority populations; Collaboration on data collection to improve equity in health and social services in the region; Enhanced organizational capacity to conduct participatory research; Enhanced relationships with researchers; Provision of more equitable and accessible health and social services.
PROJECT 3 - Investing in Our Team's Wellness and Development		
a. Engage a consultant to facilitate the development of an action plan to achieve goals related to organizational culture, health and wellbeing and engagement. b. Acquire training to support leadership development	*Our Team* *Our System* These activities will support the progress towards achieving goals all goals #1, 2, 3 and 9.	Clear action steps for Year 1 to 3 for Our Team goals to enhance team wellness and impact. Enhanced competency and skill among the management team and other leaders across PPH.

Description of Anticipated Activities	Link to Strategic Plan	Anticipated Impacts on Organization and Community Health
related to coaching, team-building and creating a safe workplace. c. Contract services to support the review, revision and development of policies related to safety, equity, diversity and inclusion, and mental health.		Increased clarity of expectations for management and staff on actions to support stronger teams, improved performance and sense of physical and psychological safety.

The cumulative spending requested in the period until end of fiscal year 2023 is estimated to be $600,000 across these special project areas (each is anticipated to be allotted a similar amount) to effectively begin implementation of the strategic plan.

Staff will report back on the implementation and impact of these strategic investments in the last quarter of 2023.

RATIONALE

The current reserve balances are in significant excess to Board-directed minimum contingencies, and those that are typical for an organization of our size. The staff recommendation is to maintain consistency with previous Board of Health direction that a minimum contingency of $500,000 be maintained within PPH for operational needs while mitigating possible financial uncertainty in the event of changes to the structure of the public health system.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Niagara Region Public Health – Paid Sick Days**
DATE:	**September 14, 2022**
PREPARED BY:	**Keith Beecroft, Health Promoter**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the letter dated July 19, 2022 from Niagara Region Public Health (NRPH) for information;
- endorse the position from NRPH, and the supporting report "A Renewed Call for Paid Sick Leave in Ontario" from NRPH dated June 14, 2022, less the request to extend the provincial three paid sick days benefit (as that was recently extended by the province), given that PPH identifies that providing employees with paid sick days is one strategy to reduce the transmission of COVID-19 in our community;
- commits to working internally on an on-going basis to actively promote the health and economic benefits of paid sick day benefits to employers; and,
- communicate this support by writing to the Minister of Health and Minister of Labour, Immigration, Training and Skills Development and Ministry of Economic Development, Job Creation and Trade, the Association of Local Public Health Agencies, with copies to the Association of Municipalities Ontario, the Ontario Public Health Association, local MPs and MPPs, and Ontario Boards of Health.

BACKGROUND

PPH has a long supported 'healthy workplaces' with advocacy focusing on (among other things) paid sick days. In June of 2017 the Board of Health wrote to Peterborough County regarding Bill 148 – Fair Workplaces and Better Jobs Act; this resulted in a staff presentation to County Council in the same year. In 2018, Dr. Salvaterra wrote a letter to the Standing Committee in Finance and Economic Affairs with regards to Bill 47 – Making Ontario Open for Business Act. In February 2021, the Board of Health wrote to the Ministers of Health and Labour, Training and Skills Development to advocate for paid sick leave in the context of the COVID-19 pandemic and on a sustained basis for public health protection. Much of this previous advocacy included the need for paid sick days for all working Ontarians.

Moreover, the research is clear – providing paid sick days for employees reduces the transmission of COVID-19 as noted in Ontario Science Table research that stated "enabling employers to provide paid sick leave to employees during the pandemic ensures workplace safety, and protection of the public."[1] University of Toronto research also identified that "there is evidence that paid sick leave protects workers from infectious risk exposures in workplaces, enables workers who currently cannot comply with quarantine and isolation measures, and

mitigates the disproportionate effect of such measures on workers who cannot work from home."[2]

PPH will be embarking on greater advocacy focused on paid sick leave in the coming months including sharing evidence in clear ways for the province and the public on the protection in the context of the pandemic, writing editorials/streeter style videos, and spotlighting local businesses.

ATTACHMENTS

a. Niagara Region Correspondence

REFERENCES

[1] Thompson, Alison, Stall NM, Born KB, et al. Benefits of paid sick leave during the COVID-19 pandemic. Science Briefs of the Ontario COVID-19 Science Advisory Table. 2021;2(25).

[2] Joint Centre for Bioethics, University of Toronto. (2021). Ethics of Paid Sick Leave for the COVID-19 Pandemic. Retrieved August 18, 2022 from https://jcb.utoronto.ca/ethics-of-paid-sick-leave-for-the-covid-19-pandemic/.

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July 19, 2022

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3

The Honourable Monte McNaughton
Minister of Labour, Immigration, Training and Skills Development
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Ministers Jones and McNaughton,

First, let me congratulate you on behalf of Niagara Region Council and all Niagara residents for your reappointments to Cabinet. We look forward to working with you over the next four years and seeing our province benefit from your sage leadership.

On behalf of Niagara Region's Board of Health, I write today to you on the matter of employer-paid sick days in Ontario. Specifically, on June 23, 2022, our Board of Health passed a motion requesting that:

1. The Government of Ontario extend the currently temporary three paid sick days in the Employment Standards Act, 2000 (ESA) set to expire July 31, 2022.
2. The Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with the recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day policies, and identify the supports necessary to enable increasing the number of sick days and making them permanent.
3. The Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country.

A copy of our Public Health Department's report (PHD 11-2022) is enclosed for reference.

Staying home when sick is one of the most effective containment strategies for infectious disease, yet it is a benefit currently more accessible to some workers than others.

Workers without paid sick days are more likely to go to work sick, putting others at risk. Throughout the pandemic workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures

during outbreaks. Low-wage racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness[i] as well as business owners in these areas that, therefore, suffered greater disruption and loss when unable to operate due to staff illness.

Paid sick days should form part of a suite of long-term, sustainable changes to our society to create a post-pandemic "new normal" where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption. As well, paid sick days would reduce lost productivity and absenteeism due to transmission of other infections, which was estimated to be $16.6 billion dollars nationally by the Conference Board of Canada in 2012; no doubt it has grown since then.[ii]

Paid sick days is a good policy for us to control this pandemic sustainably, make us more resilient to future pandemics, increase productivity, and enhance health equity. We urge your government to extend the current paid sick days policy, and study enhancing it and making it permanent.

Sincerely,

Jim Bradley,
Chair, Board of Health, Niagara Region
Regional Chair, Niagara Region

Enclosure: PHD 11-2022

cc: Premier Doug Ford
Jeff Burch, MPP, Niagara Centre
Wayne Gates, MPP, Niagara Falls
Sam Oosterhoff, MPP, Niagara West
Jennifer (Jennie) Stevens, MPP, St. Catharines
Dean Allison, MP, Niagara West
Vance Badawey, MP, Niagara Centre
Tony Baldinelli, MP, Niagara Falls
Chris Bittle, MP, St. Catharines
All Boards of Health

[i] Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: https://www.decentworkandhealth.org/beforetoolate)
[ii] The Conference Board of Canada. Available from (https://www.conferenceboard.ca/e-Library/abstract.aspx?did=5780). Published September 23, 2013.

Subject: A Renewed Call for Paid Sick Leave in Ontario

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 14, 2022

Recommendations

1. That Regional Council **RECOMMEND** that the Government of Ontario extend the currently temporary three paid sick days in the *Employment Standards Act, 2000 (ESA)* set to expire July 31, 2022;
2. That Regional Council **RECOMMEND** that the Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day polices, and identify the supports necessary to enable increasing the number of sick days and making them permanent;
3. That Regional Council **RECOMMEND** that the Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country; and
4. That Regional Council **DIRECT** the Regional Chair to communicate the above recommendations to the Premier, relevant Members of provincial Cabinet, Niagara's Members of Provincial Parliament, Niagara's Members of Parliament, and all Ontario Boards of Health.

Key Facts

- The purpose of this report is to seek Council's support for extending beyond July 31, 2022, the currently temporary paid sick days through the *Employment Standards Act*
- Staying home when sick is one of the most effective containment strategies for infectious disease, yet a benefit currently more accessible to some workers than others.[1]

[1] Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: https://www.decentworkandhealth.org/beforetoolate)

- The gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces[2] including COVID-19, as many lower paid employees are compelled to work while sick and infectious so as to be able to earn the income they need to live.
- In December 2021, Regional Council endorsed the recommendations in Report PHD 14-2021, expressing support for legislated paid sick days through the *Employment Standards Act.* Similar motions were also passed by Municipalities and Boards of Health across Ontario.
- In December, the Ontario Government extended the temporary three days employer paid sick time to expire on July 31, 2022.

Financial Considerations

As a corporation, Niagara Region has experienced a total cost of $943,700 (not including Payroll Related costs) for time encoded as Paid Infectious Disease Emergency Leave for the period of April 19, 2021 to April 18, 2022.

Analysis

As stated in Reports PHD 14-2021 and PHD 1-2021, access to employer paid sick leave is an important policy measure for the following reasons[1]:

- It is one of the most effective containment strategies for infectious disease;
- Workers without paid sick days are more likely to go to work sick, putting others at risk;
- Parents with paid sick days have been found to be less likely to send sick children to school, preventing outbreaks in schools;
- Workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures during outbreaks;
- Low-wage and racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness.

[2] Drago R, Miller K. Sick at Work: infected employees in the workplace during H1N1 pandemic IWPR.org (2010). (Available from: https://iwpr.org/iwpr-general/sick-at-work-infected-employees-in-the-workplace-during-the-H1N1-pandemic/)

The Ontario government's temporary pandemic-specific paid sick days is set to expire July 31, 2022. Since the start of the pandemic there have been many calls on the Ontario government to legislate adequate paid sick days. Calls on the government include, but are not exclusive to

- Bill-7 and Bill-8 introduced to the Ontario legislature in 2021;
- Ontario's Big City Mayors made up of Mayors from 29 cities across Ontario with a population of 100,000 or more;
- The City of St. Catharines as well as other municipalities across Ontario, including both Hamilton and Toronto;
- The Association of Local Public Health Agencies (alPHa);
- The Decent Work and Health Network.

Canada lags behind other nations globally in guaranteeing workers access to adequate paid sick days for short-term illness. On December 17, 2021, the federal government amended the Canada Labour Code to provide up to 10 days of paid sick leave to all federal employees. It was also announced that the federal government will convene the provinces and territories in early 2022, to develop a national action plan to legislate paid sick leave for all workers across the country. Starting January 1, 2022, British Columbia became the first province to expand permanent, employer-paid sick days, with five paid sick days for all full-time and part-time workers.

Paid sick days would form part of a suite of long-term, sustainable changes to our society to create a post-pandemic "new normal" where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption from the pandemic, as well as lost productivity and absenteeism due to transmission of other infections. Moreover, paid sick days would improve health equity, supporting a Healthy and Vibrant Community.

Alternatives Reviewed

If the temporary paid sick days benefit expires on July 31, 2022, the burden of responsibility will fall to an individual to decide between staying home if they are sick, or going to work in order to get paid. Evidence indicates this results in spread of infectious disease, most pressingly COVID-19, to both customers and co-workers. However, as the pandemic continues, there will be substantial economic losses and inequitable human impacts due to infectious disease such as influenza, and COVID-19 will continue to afflict workplaces further increasing these losses and impacts.

Relationship to Council Strategic Priorities

Paid sick days will help to reduce transmission of COVID-19 and other infectious illnesses. Additionally, paid sick days will help to lessen the disproportionate impact COVID-19 is having on workers that do not have access to paid sick leave. This healthy public policy is linked to Council's Healthy and Vibrant Community strategic priority, in particular, the desire to improve health equity.

Other Pertinent Reports

PHD 14-2021 Collaborative Action to Support the Need for Permanent Paid Sick Days (https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502)

PHD 01-2021 Collaborative Acton to Prevent COVID-19 Transmission and Improve Health Equity by Increasing Access to Paid Sick Days (https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323)

Prepared by:
Lindsay Garofalo
Manager
Chronic Disease and Injury Prevention

Recommended by:
M. Mustafa Hirji, MD, MPH, PCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

Submitted by:
Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Dan Schonewille, Health Promoter, Chronic Disease and Injury Prevention and Leanne Mannell, Senior HR Business Analyst, Corporate Administration and reviewed by David Lorenzo, Associate Director, Chronic Disease and Injury Prevention.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Niagara Region Public Health – Public Health Funding Shortfalls**
DATE:	**September 14, 2022**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the letter dated July 29, 2022 from Niagara Region Public Health for information; and,
- direct staff to prepare similar correspondence to be sent on behalf of the Board Chair to the Ministers of Health, Children and Social Services, and Finance regarding funding shortfalls relevant to PPH; with copies to local governments, MPPs, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, and Ontario Boards of Health.

ATTACHMENTS

- Niagara Region Correspondence

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July 29, 2022

Sent by e-mail

Honourable Sylvia Jones, Minister of Health
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Jones,

Re: ADDRESSING PUBLIC HEALTH FUNDING SHORTFALLS IN NIAGARA

I am writing to you on behalf of Niagara Regional Council who, on July 12, 2022, received and approved the enclosed report concerning the growing gap in current provincial funding for Public Health and Emergency Medical Services.

As you know, the majority of Public Health services provided by local public health agencies to the public are funded jointly by the Province and municipal governments, an arrangement that allows for stable, predictable delivery of critical public health services to residents. However, the recent reduction in the Province's share of funding for cost-shared Public Heath services, coupled with the change of several 100% provincially funded programs to cost-shared programs, has placed a new financial burden on municipal governments. Beyond public health, where these changes have led to significant budget challenges in critical areas including supports for newborn infants and their parents, the effects are also being felt in the delivery of mental health programming and Emergency Medical Services (EMS) dispatch.

Niagara's mental health program is 100% funded through provincial funds, allocated via Ontario Health (OH). While OH provides an annual lump sum of $39,500 to cover indirect allocations, the actual expenses incurred by the Region greatly exceed this. In fact, local taxpayers have had to cover a total deficit of nearly **$2 million** over the past five fiscal years.

Furthermore, the annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental

Health budget despite inflation and the pandemic's impact on the cost of health care delivery.

As alluded to in my previous letter in May of 2022, Niagara's EMS service continues to face significant challenges due to the COVID-19 pandemic. In addition to the budget implications of increased offload delays, Niagara EMS's dispatch program is underfunded for its operations, with a deficit of **$1,241,912** over the past five fiscal years. This reflects a three-fold increase in call volume with no increase in funding to increase capacity, leading to staffing challenges to maintain operations, and increased costs through additional sick time of overburdened emergency responders, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be affected unless additional funding is available to increase the staffing complement to match this new call volume.

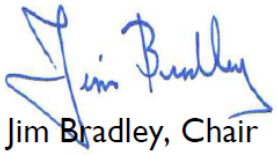
These shortfalls are also affecting the delivery of our Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS), both funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. This has required these programs needing to reduce their staffing levels to reduce costs by **$201,828** to absorb the impact of inflation over that time. These staffing reductions have resulted in a reduction in service delivery, with the impacts still to be evaluated.

Unfortunately, these challenges are compounded by the lack of increases in base Public Health funding to account for inflation. We very much appreciate the 1% increase in base budget for 2022. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continue to increase with inflation estimated to be 8.1%. Stable and predictable funding with inflationary increases year-to-year is needed to plan and deliver the stable and predictable services that our residents need.

As I'm sure you can appreciate, these funding shortfalls not only make long-term program planning difficult; they form a risk that our residents will not have access to critical public health services when they need them, especially during this critical juncture for the health of our residents. In addition to the continued impact of COVID-19, there is significant catch-up work to be done (e.g. missed grade 7 vaccinations) to recover from the effects of the pandemic, and to ensure the population continues to receive necessary health services. These funding shortfalls endanger that work.

It is my hope that this letter will open a dialogue between the Niagara Region and your respective offices as we search for remedies to these funding shortfalls and leverage our positive working partnerships to ensure that Niagara's residents continue to receive the high-quality public health services they have come to rely on.

Yours sincerely,



Jim Bradley, Chair
Niagara Region

cc: Hon. Merrilee Fullerton, Minister of Children, Youth and Social Services
Hon. Peter Bethlenfalvy, Minister of Finance
S. Oosterhoff, MPP, Niagara West
W. Gates, MPP, Niagara Falls
J. Burch, MPP, Niagara Centre
J. Stevens, MPP, St. Catharines
Association of Municipalities of Ontario (AMO)
Local Area Municipalities
Ontario Board of Health
Association of Local Public Health Agencies (alpha)
Dr. M. M. Hirji, Acting Medical Officer of Health
R. Ferron, Acting Chief/Director, Emergency Medical Service

Encl: PHD 13-2022 Report – Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Subject: Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Report to: Public Health & Social Services Committee

Report date: Tuesday, July 12, 2022

Recommendations

1. That the Regional Chair **BE DIRECTED** to write to the Minister of Health, the Minister of Children, Youth and Social Services, and the Minister of Finance concerning:
   1.1. the growing gap in current provincial funding for Public Health and Emergency Medical Services;
   1.2. the need for provincial funding to keep pace with costs, including inflation and service changes mandated by the province or in response to changing citizen needs;
   1.3. the importance for Public Health and Emergency Medical Services to receive stable, predictable funding to prudently budget and plan services;
   1.4. the need for all costs, including necessary indirect allocation expenses, to be eligible for reimbursement for 100% provincially-funded programs; and,
   1.5. the necessity for additional opportunities to be made available for Public Health to request additional recovery funding in order to ensure preventive health work unable to be completed during the COVID-19 pandemic can be completed expeditiously before the health of residents suffers further; and
2. That the Regional Chair's Correspondence **BE CIRCULATED** to local Members of Provincial Parliament, the Association of Municipalities of Ontario, and Ontario Board of Health.

Key Facts

- The purpose of this report is to inform Council of the funding challenges currently faced by Niagara Region Public Health and Emergency Services (NRPH&ES).
- Programs that are 100% Provincially funded have not had inflationary adjustments for many years.

- The province makes a number of necessary but “indirect” expenses ineligible for reimbursement. These expenses have forced Council to cover these costs through the Regional Levy.
- Over the past five fiscal years, the following 100% Provincially funded programs have relied on the Regional Levy to cover shortfalls in funding for inflationary costs and indirect allocation expenses:
  - Mental Health: $1,963,156
  - EMS Dispatch: $1,392,790
- The Healthy Babies Healthy Children and Infant Child Development Service programs have continued to reduce positions in order mitigate any reliance on the Regional Levy. In 2020, these programs are underfunded by the Province to the order of $201,828.
- With funding increases from the Province below the rate of inflation, NRPH&ES may increasingly need to reduce service to residents further, or rely on the Regional Levy to ensure 100% Provincially funded programs are able to continue to function.

Financial Considerations

There are no direct costs to Niagara Region associated with the recommendations of this report. Successful communication with the Provincial government may lead to increased provincial funding and reduced reliance on the Regional Levy.

Analysis

On March 21, 2017, PHSSC received MOH 01-2017: *Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health*. As outlined in MOH 01-2017, the Public Health department administers local public health programs and services under the *Health Protection & Promotion Act, R.S.O. 1990* and the attendant regulations and *Ontario Public Health Standards*. In addition, the department administers the Mental Health program and Emergency Medical Services (EMS) including EMS dispatch services.

In Ontario, Public Health is funded through provincial and municipal contributions. Most public health programs are cost-shared, though a few are 100% funded by the province. In 2019, the Province announced a reduction in the province’s share of funding, necessitating that the contribution of municipal governments would increase from 25% to 30% in 2020. In addition, several 100%-funded programs were turned into cost-shared programs, placing a new financial burden on municipal governments.

This downloading of costs occurred in the context of funding being frozen for Public Health in six of the past eight years. Public Health received a 1% increase in base budget for 2022, a welcome increase. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continues to increase with inflation estimated to be 6.8%[1].

Stable, predictable funding is imperative for the long term successful functioning of any organization. This is especially true for Public Health and Emergency Services, where the COVID-19 pandemic has added significant pressures through negative impacts on the health of the population. Predictable funding year-to-year is necessary to enable multi-year planning and thoughtful, prudent budgeting. When funding is announced mid-year, after Council has already approved the Levy Operating budget, it creates avoidable costs and complexities to amend budgets and alter services to account for changes in funding. Additionally, moving forward there is catch-up work to be completed (e.g. missed grade 7 vaccinations) to ensure the population continues to receive necessary health services, and multi-year funding plans from the province would allow a careful planning of this work.

This report focuses on funding shortfalls in Public Health, Mental Health, and Emergency Medical Services (EMS) Dispatch programs that receive 100% of their funding from the provincial government. Not all expenses are reimbursed by the province; notably some indirect allocation expenses including corporate services (e.g. human resources, information technology) are not covered by the provincial government, requiring subsidization by Region through the Levy.

The Mental Health program is 100% funded through provincial funds, allocated via Ontario Health (OH). OH provides an annual lump sump of $39,500 to cover indirect allocations; however, the expenses incurred by the Region greatly exceed this, and the Regional levy has needed to cover costs ranging from $340,942 to $462,207 over the past five fiscal years. The annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental Health budget. This has left the program in deficit. Overall, the Regional levy has covered a deficit of $1,963,156 over the past five years.

[1] Consumer price index portal (https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)

EMS dispatch is funded by the Ministry of Health where indirect allocations related to capital financing expenses are not eligible for funding. Other indirect allocations are funded for this program. Overall, the program is also underfunded for its operations, with a deficit of $1,241,912 over the past five fiscal years and $150,878 of that being ineligible expenses for capital financing. Partly, this deficit may reflect a change in service demand as there has been a three-fold increase in call volume with no increase in funding to increase capacity. This has led to staffing challenges relative to call volume and increased costs through additional sick time, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be impacted unless additional funding is available to increase the staffing complement in proportion to the call volume.

Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS) are both Public Health programs funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. These two programs have reduced staffing costs by $201,828, achieved through gapping from staff layoffs in 2020, to mitigate any reliance on the Regional Levy as costs have grown with inflation. The staffing reductions have also resulted in a change in service delivery model, partly necessitated by the COVID-19 pandemic, with the impacts still to be evaluated.

Moving forward, as core Public Health work resumes, efforts to catch-up on missed programming (e.g. school vaccinations, dental screening) will require additional funds to ensure the health needs of the population are met. Requests for additional funding have been made to the Ministry of Health; however, they have not been approved. This may impact the Regional Levy if further funding is not provided by the Ministry of Health,or will require some portion of our residents to lose the benefit of critical health interventions (e.g. grade 7 vaccinations).

Alternatives Reviewed

A decision could be made not to request further funding from the province. Options to ensure a balanced budget without additional provincial funding include:

1. Use the Regional Levy to cover funding shortfalls. This would put a strain on the Levy Operating budget and necessitate an increase in the levy. This is not recommended as the provincial government is responsible for adequately funding

programs it requires the Region to deliver. Such a decision would also be inconsistent with Council's budget guidance.

2. Reduce costs through staff layoffs and reduced service delivery. This is not recommended as Niagara Region Public Health may fail to meet the requirements of the Ontario Public Health Standards if this option is chosen. The health of residents in the Region will also be negatively impacted by this option through the impacts on both Public Health and Emergency Medical Services.

Relationship to Council Strategic Priorities

The recommendations from this report reinforce Council's Strategic Priority to build Healthy and Vibrant communities, and support for the community in times of crisis. Funding advocacy to the provincial government will ensure that NRPH&ES can adequately meet the health needs of the population and continue to provide services of the highest level, especially to the most vulnerable in our community.

Other Pertinent Reports

MOH 01-2017 Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health

PHD-C 3-2022 Ministry of Health Funding Adjustments

Prepared by:
Dr. Azim Kasmani, MD, FRCPC
Associate Medical Officer of Health
Public Health and Emergency Services

Recommended by:
M.M. Hirji, MD, MPH, FRCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

Submitted by:
Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Michael Leckey and Amanda Fyfe, Program Financial Specialists.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Information**
DATE:	**September 14, 2022**
PREPARED BY:	**Alida Gorizzan, Executive Assistant**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

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

a. Association of Local Public Health Agencies e-newsletter dated July, 19, 2022

b. Association of Municipalities submission to the Ministry of Health, August 26, 2022

From: allhealthunits **On Behalf Of** Loretta Ryan
Sent: July 19, 2022 2:08 PM
To: All Health Units
Subject: [allhealthunits] alPHa Information Break - July 2022

WARNING: This email did not originate from an internal source. Do not open attachments or click on links unless you know it is safe. ONLY if you suspect this is a phishing or fraudulent email, please forward it to IT's dedicated account for suspicious emails.

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

July 19, 2022

This update is a tool that contains important information 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.

Future of Public Health Letter

alPHa has sent correspondence to the new Minister of Health, Hon. Sylvia Jones, alPHa Letter - The Future of Public Health. The July 18, 2022, letter provides several documents (including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response.

2022 alPHa Conference, AGM proceedings and Resolutions

Thank you again to all of the alPHa members who participated in the 2022 alPHa Conference, AGM, and Pre-Conference Workshop. The proceedings are now posted (log-in required).

The gift card winners for the conference are being announced. Congratulations to Jim Neil from KFL&A who won the door prize and Dr. Larry Oehm from SMDHU who won the prize for filling out the post-conference survey.

Leader to Leader – A Message from the alPHa President - July 2022

alPHa's 2022-2023 Board and the alPHa Executive have indeed 'hit the ground running' since taking office in mid-June.

On behalf of the alPHa membership, your alPHa Board has sent congratulations to the Hon. Sylvia Jones upon her appointment and new mandate as Ontario's Deputy Premier and Minister of Health. Most importantly, alPHa has respectfully advised Minister Jones there is ample time for careful review and full consultation to inform recommendations that will reinforce Ontario's locally based public health system, strengthen its contributions to the effectiveness of health care, and ensure better health outcomes for all Ontarians, in both ordinary and extraordinary times. This was accompanied by supporting documents that outline who we are, what we do and why it matters; our positions and recommendations related to system foundations, requirements for resourcing and renewal; and a compendium of the recommendations.

As the unified voice of Ontario's local public health leadership, alPHa is pleased to share these materials and recommendations with Minister Jones at this pivotal time for the Province of Ontario and to welcome opportunities to meet with her and her staff.

Wishing you a safe, refreshing, and rejuvenating summer!

Trudy

Trudy Sachowski

'A leader is one who knows the way, goes the way and shows the way.'

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alPHa 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. Below are submissions that have been sent in since the last newsletter. A complete online library is available here.

alPHa Letter - President & CEO, PHO
July 18, 2022 letter from the alPHa ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

alPHa Letter - Resolution A22-5 - Harm Reduction
July 18, 2022 letter to the Minister of Health that introduces alPHa Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

alPHa Letter - Resolution A22-4 - Opioids
July 18, 2022 alPHa letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

alPHa Letter - Resolution A22-3 - Cooling Towers
July 18, 2022 alPHa letter to the Minister of Municipal Affairs and Housing that introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

alPHa Letter - Resolution A22-1 - Racism & Health
July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

alPHa Letter - The Future of Public Health
July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the welcome letter sent to the new Minister on June 27, 2022.

alPHa Letter - 2022 Resolutions
July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference

Next month, alPHa President, Trudy Sachowski, CEO, Southwestern Public Health, Cynthia St. John, Dr. Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health, will be in a panel at the AMO 2022 Annual General Meeting and Conference. The session is called 'Public Health COVID Learnings- informing future modernization,' and will discuss "before the government embarks again on modernizing the public health system, we need a better understanding of what worked well, what didn't, and where improvements can be made. This session will contribute to the growing local COVID learnings and insights on managing the challenges of a tenacious pandemic with an eye on the horizon." The moderator for the session is Monika Turner, Director of Policy, AMO.

Are you an alPHa member planning on going to the AMO conference, working on briefings for Board of Health members who are attending, or participating as a municipal councillor in a delegation to a Minister? Many alPHa members are using the following alPHa resources to help prepare their key messages on local public health:

- alPHa Resolution: Public Health Restructuring/Modernization & COVID-19 :A22-2_PH_Restructuring.pdf (ymaws.com)
- alPHa's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response.* report and executive summary
- Pre-Budget Consultations
- alPHa 2022 Elections Primer
- alPHa's submissions on PH Modernization, including the Statement of Principles
- "What is Public Health?"

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 you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org for posting in the appropriate library.

Resources available on the alPHa website include:

- Orientation Manual for Board of Health *(To be revised Fall 2022)*
- Review of Board of Health Liability (PowerPoint presentation)
- Governance Toolkit *(To be revised Fall 2022)*
- Risk Management for Health Units
- Healthy Rural Communities Toolkit
- The Ontario Public Health Standards
- Public Appointee Role and Governance Overview
- Ontario Boards of Health by Region
- List of Units sorted by Municipality
- List of Municipalities sorted by Health Unit

Public Health Ontario

Public Health Ontario (PHO) has recently announced an open call for proposals to support research or evaluation projects focusing on the consequences of the COVID-19 pandemic in Ontario. This year, to facilitate timely public health unit research and evaluation activities, Locally Driven Collaborative Projects (LDCP) funding will be used to fund two to three projects (up to $125,000 per project) that fit within one of the three following priority areas:

- Public health innovations
- Public health programs impacted by the pandemic
- Understanding pandemic impacts on mental health

For full application instructions, examples of project ideas and evaluation criteria, please see the Call for Proposals.

Public Health Ontario Resources

New Routine Monkeypox Epidemiological Report

PHO's new Monkeypox in Ontario report outlines up-to-date information on:

- confirmed and probable/suspected case counts
- case counts broken down by public health unit, gender, and age
- reported symptoms

The report is published twice per week on Tuesdays and Fridays on PHO's monkeypox webpage.

New Weekly COVID-19 Epidemiology Summary

Starting June 16, PHO transitioned to weekly COVID-19 surveillance reporting and released a new, comprehensive weekly epidemiological summary: COVID-19 in Ontario with the aim of providing an overview of key trends in COVID-19. This report is published weekly on Thursdays on PHO's data and surveillance webpage.

Variants of Concern

- SARS-CoV-2 Omicron Variant Sub-Lineages BA.4 and BA.5: Evidence and Risk Assessment
- SARS-CoV-2 Omicron Variant BA.2 and Sublineages of BA.2: Evidence and Risk Assessment
- SARS-CoV-2 Genomic Surveillance in Ontario, June 17, 2022

Response and Recovery

- Focus On: Response and Recovery from Public Health Emergencies: Assessment Activities

Upcoming Events

- July 20: PHO Webinar: Catch-Up of Routine and School Based Immunization

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Upcoming DLSPH Events and Webinars

Dalla Lana School of Public Health

- July 27-28, 2022 10th UCG Edition on Diabetes and Endocrinology Conference

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COVID-19 Update

As part of the response to COVID-19, alPHa continues to represent the public health system and work with key stakeholders. "NOTE: In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on the Ministry of Health website and through the Public Health Ontario's COVID-19 data tool."

- 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

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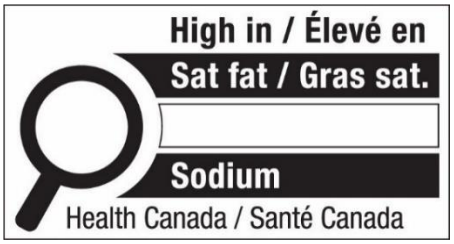
Update on Canada's Healthy Eating Strategy



On June 30, 2022, Health Canada announced new nutrition labelling regulations for packaged foods. By January 2026, a new symbol featuring a magnifying glass will appear on the front of most packaged foods that contain more than 15% of the recommended daily intake of saturated fat, sugars and/or sodium and will complement the Nutrition Facts table displayed on the back. Front-of-package nutrition labelling is a key part of Health Canada's Healthy Eating Strategy, which aims to improve the food environment in Canada, make it easier for Canadians to make informed food choices, and lower the risk of diet-related chronic diseases. alPHa has communicated its support for the Strategy, with a focus on the pledge to restrict marketing of unhealthy food and beverages to children as per alPHa Resolutions A08-13 and A09-1. alPHa's latest letter (March 4, 2022) on the subject can be viewed here.

RRFSS for summer 2022

Data is available to HUs approximately 10 weeks after data collection –giving current local data which is essential for HUs particularly given the delay of the CCHS data.

There is still opportunity to collect 2022 RRFSS data and customizable budget packages can be created. For further information contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca. To read more, click here.

It is TRAVAX Renewal Time!

Shoreland travax®

It is renewal time for Travax (Travel Health Information Website) subscription licenses for alPHa members who have existing subscriptions, and it is also an opportunity for Public Health Units to sign up and take advantage of the special rate for alPHa members. For more information, members can visit www.shoreland.com. To obtain the alPHa member discount, please contact Maggie Liefert, Shoreland, Inc. at 703-399-5424.

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 | info@alphaweb.org

STRENGTHENING PUBLIC HEALTH IN ONTARIO: NOW AND FOR THE FUTURE

AMO's Submission to the Ministry of Health

August 26, 2022

STRENGTHENING PUBLIC HEALTH IN ONTARIO: NOW AND FOR THE FUTURE

Preamble

The Association of Municipalities of Ontario (AMO) is a non-partisan, non-profit association representing municipal governments across the province. Municipal governments work through AMO to achieve shared goals and meet common challenges. As the frontline order of government closest to people, municipal governments are deeply invested in Ontario's health system and understand the health needs of local communities.

Introduction

Ontario's municipal governments have a vested interest in strengthening the public health system for the residents they serve given their role as governors, co-funders, employers, and in some cases, direct service deliverers. AMO's goal is to work with the Province of Ontario to strengthen public health, help end hallway health care, and reduce overall health costs through finding efficiencies to reinvest into services, not by increasing the municipal cost-share contribution.

Grave concerns were raised about proposed structural changes back in Ontario Provincial Budget 2019. Any changes should be carefully designed, based on sound evidence, and not rushed or else they have the potential to weaken, not strengthen, public health with the result that hallway health care may increase, and we will be less prepared for future pandemics.

Much has changed with the COVID-19 pandemic. This requires a fresh look at the public health system given the event of the past two and a half years. While the government appropriately and rightly paused consultations during the COVID-19 pandemic in March 2020, AMO is now asking for the consultations to resume with a COVID-19 lens once the pandemic waves subside. An inquiry would be a best practice to serve as a foundation for further consultation. The pandemic exposed both strengths and areas of improvement, both locally and provincially, and this learning needs to be considered in any future modernization and restructuring of public health.

As well, there are some immediate issues that need solutions in the near term in 2022. This submission outlines AMO's recommendations and proposed next steps for the government to work collaboratively with AMO, the public health sector, and relevant stakeholders. The advice provided through this document was developed based on input from AMO's Health Task Force and approved by AMO's Board of Directors. The Association of Local Public Health Agencies (alPHa) is a member of the task force.

Context

In February 2020, AMO provided a submission in response to the government's consultation on public health modernization. The underlying premise is that that the public health system delivers effective, coordinated, and cost-efficient services to the people of Ontario. Fundamentally, there is a need to preserve what is working well and fix what needs fixing. The system is not broken per se. Changing the system wholesale will cause disruption without clear demonstrated evidence of the benefits.

Further, one size does not fit all. Consistency in service delivery and reducing inefficiencies do not depend on a single governance or leadership type.

Key recommendations to build capacity and better system coordination included:

- incentives for voluntary mergers and sharing services between health units
- exploration of functions that could be done centrally by the province, Public Health Ontario, or other entities
- more back-office integration (e.g., corporate services like IT, legal, HR) and sharing of medical expertise through regional hubs or agreements (e.g., AMOHs, epidemiologists) between PHUs.

Ideally it was asserted that better coordination and communications between public health units with the province should happen without the need for major disruptive structural change. AMO does not believe that the province assuming more control centrally and reducing municipal 'pay for say' would help strengthen the system. Some enabling policy changes and encouragement of voluntary mergers, where required, would serve to better achieve outcomes consistently across Ontario. Lastly, adequate funding to do all for which PHUs are responsible for is critical. These recommendations from 2020 are still fundamentally relevant today.

However, as we all now, much has changed with the onset of COVID-19 and the situation is not fully stabilized as the pandemic continues into its 7th wave and still mutating. What we do know is that local public health agencies pivoted quickly to respond effectively to the pandemic, albeit at the expense of regular non-pandemic programming and services, resulting in a backlog.

Local public health agencies were active and proactive often ahead of provincial guidance, invoking the precautionary principle many times as the system was set up to enable effective responses. Decisions by Medical Officers of Health responding to local circumstances certainly saved lives, including through the issuance of Section 22 orders under the *Health Protection and Promotion Act*. Throughout the pandemic, practices and interventions evolved as local public health agencies learned from each other in a community of practice.

Public health associations, both nationally and regionally, have produced reports with preliminary learnings and calls for deeper evaluation all with a goal of strengthening the public health system in Canada and Ontario. This includes from the Association of Local Public Health Agencies (alPHa) and the Public Health Physicians of Canada (PHPC). AMO supports the calls for reflection with the provincial government.

AMO is providing our best advice to the government with recommendations for urgent action.

Recommendations

1. The government must not make significant structural changes to public health during the COVID-19 pandemic, but rather promote stability in the system.

2. The government must establish an independent inquiry as soon as possible to determine the lessons learned from COVID-19, at the local and provincial levels, and resume consultations, once the pandemic waves subside, about how to appropriately modernize and strengthen public health in Ontario.

3. The government must immediately act to address the full scope of health human resource challenges with a strategy for the public health and the health care systems.

4. The government must provide mitigation funding in 2022 to offset the financial impact to municipal governments from the cost-sharing changes in 2019 for 2020 and reverse the decision to restore the cost–share arrangement that existed prior to 2020. Further, the *Health Protection and Promotion Act* must be amended to enshrine the appropriate cost-sharing arrangement in legislation, rather than as a matter of provincial policy.

5. The government must continue funding COVID-19 costs, including vaccine roll-out, and incorporate as a distinct line item in ongoing base budgets for as long as there is a pandemic and epidemic situation that requires prevention and containment activities.

6. The government must provide new funding, starting in 2022, as required to address the backlog of non-pandemic related public health services*.

*****AMO acknowledges that the province is "providing approximately $47 million through to the end of 2023 to public health units and municipalities to ensure they have the financial stability to deliver key services across the province during this critical time. This is in addition to continuing the increased investments to support the public health sector's response to COVID-19" (source: Ontario Newsroom, August 17, 2022). Clarity is needed from the government about the use of these funds with further assessment by the public health sector of what is actually required to fully fund the delivery of services as mandated under the Ontario Public Health Standards as well as all COVID-related costs at the local level.

Conclusion

Promoting system-wide stability in the immediate term and strengthening public health structures and sustainability over the long term is essential to the health and economic development of our communities and residents. These recommendations offer a way to achieve these goals. AMO looks forward to continuing to work with the province to ensure all the people of Ontario can get the public health services that they need at the right time and in the right place.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Stewardship Committee Report**
DATE:	**September 14, 2022**
PREPARED BY:	**Alida Gorizzan, Executive Assistant, on behalf of Dr. Hans Stelzer, Committee Chair**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

a. receive meeting minutes of the Stewardship Committee from June 23/22 for information;

b. approve By-Law #9, Management of Property *(no changes);*

c. approve 2-374 Contractor Performance and Litigation *(no changes);*

d. receive the staff report for information and approve the 2021-2022 Audited Financial Statement and Annual Reconciliation Report - Healthy Babies Healthy Children Program

e. receive the staff report for information and approve the 2021-2022 Audited Financial Statement and Audited Financial Statement and Transfer Payment Annual Reconciliation - Infant and Toddler Development Program

BACKGROUND

The Committee met last on August 25, 2022. At those meetings, members requested that these items come forward to the Board at its next meeting.

ATTACHMENTS

a. Minutes, June 23, 2022
b. 2-180, By-Law #9, Management of Property ***(web hyperlink)***
c. 2-374 Contractor Performance and Litigation ***(web hyperlink)***
d. Staff Report, HBHC 2021-22 Audited Statements and Annual Reconciliation Report
e. Staff Report, ITDP 2021-22 Audited Statements and Transfer Payment Annual Reconciliation

Board of Health for
Peterborough Public Health
MINUTES
Stewardship Committee Meeting
Thursday, June 23, 2022 – 11:30 a.m. – 1:00 p.m.
Dr. J.K. Edwards Board Room, 3rd Floor, PPH

Present:	**Councillor Gary Baldwin** **Deputy Mayor Matthew Graham** *(virtual)* **Councillor Kathryn Wilson** **Mayor Andy Mitchell** *(joined at 12:09 p.m.)* **Dr. Hans Stelzer (Chair)**
Staff:	**Ms. Dale Bolton, Manager, Finance and Property** **Alida Gorizzan, Executive Assistant (Recorder)** **Dr. Thomas Piggott, Medical Officer of Health & CEO** **Larry Stinson, Director of Operations**
Guests:	**Richard Steiginga, Baker Tilly KDN LLP**

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1. Call to Order

Dr. Stelzer called the Stewardship Committee meeting to order at 11:31 a.m.

2. Confirmation of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved: Deputy Mayor Graham
Seconded: Councillor Baldwin
Motion carried. (M-2022-009-SC)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately *(nil)*

5. Delegations and Presentations

5.1. 2021 PPH Draft Audited Financial Statements

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

- receive for information, the presentation by Richard Steiginga, Partner, Tilly Baker KDN LLP, regarding the 2021 PPH Draft Audited Financial Statements; and,
- recommend approval of the 2021 PPH Draft Audited Financial Statements to the Board of Health at its next meeting.

Moved: Councillor Baldwin
Seconded: Councillor Wilson
Motion carried. (M-2022-010-SC)

6. Confirmation of the Minutes of the Previous Meeting

MOTION:
That the minutes of the meeting of April 28, 2022 be approved as circulated and provided to the Board of Health at its next meeting for information.
Moved: Deputy Mayor Graham
Seconded: Councillor Wilson
Motion carried. (M-2022-011-SC)

7. Business Arising From the Minutes

8. Staff Reports *(nil)*

9. Consent Items *(nil)*

10. New Business

10.1. By-Laws and Policies for Review

That the Stewardship Committee recommend that the Board of Health for Peterborough Public Health approve the following:

- 2-100, By-Law Number 1, Management of Property *(no changes)*

Moved: Councillor Wilson
Seconded: Councillor Baldwin
Motion carried. (M-2022-012-SC)

That the Stewardship Committee recommend that the Board of Health for Peterborough Public Health approve the following:

- 2-110 By-Law Number 2, Banking and Finance *(no changes)*

Moved: Councillor Baldwin
Seconded: Deputy Mayor Graham
Motion carried. (M-2022-013-SC)

10.2. Stewardship Work Plan Update

An amended work plan for 2022 was provided to the Committee.

11. In Camera to Discuss Confidential Matters

MOTION:
That the Stewardship Committee go In Camera to discuss one item under Section 239(2)(f), Advice that is subject to solicitor-client privilege.
Moved: Mayor Mitchell
Seconded: Deputy Mayor Graham
Motion carried. (M-2022-014-SC)

MOTION:
That the Stewardship Committee rise from the In Camera session at 1:30 p.m.
Moved: Councillor Baldwin
Seconded: Councillor Wilson
Motion carried. (M-2022-015-SC)

12. Motions for Open Session *(nil)*

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

August 25, 2022, 11:30 a.m. – 1:00 p.m., PPH, or at the call of the Chair.

14. Adjournment

MOTION:
That the meeting be adjourned.
Moved: Mayor Mitchell
Seconded: Councillor Wilson
Motion carried. (M-2022-008-SC)

The meeting was adjourned at 1:32 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH

STEWARDSHIP COMMITTEE – STAFF REPORT

TITLE:	**2021-2022 Audited Financial Statement and Annual Reconciliation Report - Healthy Babies Healthy Children Program**
DATE:	**August 25, 2022**
PREPARED BY:	**Dale Bolton, Manager, Finance and Property**
APPROVED BY:	**Larry Stinson, Director of Operations** **Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Stewardship Committee for the Board of Health for Peterborough Public Health:

- receive the staff report, 2021-2022 Audited Financial Statement and Annual Reconciliation Report - Healthy Babies Healthy Children Program
- recommend approval of the 2021/2022 Audited Statements and Annual Reconciliation Report for the Healthy Babies Healthy Children Program to the Board of Health at its next meeting.

FINANCIAL IMPLICATIONS AND IMPACT

The Board of Health (BOH) is required by contract with the Ministry of Children, Community and Social Services (MCCSS) to provide to the Ministry the 2021/2022 Healthy Babies Healthy Children (HBHC) Program Audited Financial Statements.

The Province also requires that the Annual Program Reconciliation Report be Certified by the Medical Officer of Health, that the Reconciliation is true, correct and agrees with the books and records of the organization. The Chairperson of the Board must Certify that the Annual Reconciliation Report and Certification by the Medical Officer of Health was received by the BOH.

BACKGROUND

The BOH approved the 2021/2022 budget request of $928,413 on March 10, 2021 for period of April 1 2021 through March 31/2022.

The HBHC program is funded 100% by the MCCSS. HBHC is a prevention and early intervention home visiting program providing services during the prenatal period and to families with children from birth up to their transition to school. The program's intent is to optimize newborn and child healthy growth and development and reduce health inequities for families receiving service.

DECISION HISTORY

The BOH has hosted and supported the HBHC program since its inception in 1998. The HBHC program is part of the Ontario Public Health Standards and assists Peterborough Public Health (PPH) in continuing to meet its mandate through coordinated efforts with the Infant Toddler Development Program and the Healthy Growth & Development Standard.

The Audited expenditures for the year totalled $608,478. This is well below the approved budget due to savings in salary, benefits, and travel resulting from the redeployment of staff to support COVID-19 throughout the fiscal period and conducting client contact primarily through virtual means as opposed to home visits. Program supplies is above budget as additional resources were purchased to support the program in the upcoming year. Historically, the program spends in its entirety the provincial allocation and no funds are returned to the Ministry at the end of the year. As reported on the audited financial statements, $319,935 is due back to the Province. Although underspent for this reporting period, there is no impact on the budget approval for 2022/2023. For 2022/2023, staff previously redeployed will return to the program and program expenditures will align more closely with the approved budget.

The Audited Financial Statements are drafted in accordance with Generally Accepted Accounting Principles.

ATTACHMENTS

Attachment A – Draft Audited Financial Statement, Healthy Babies Healthy Children Program
Attachment B – Draft Annual Reconciliation Report, Healthy Babies Healthy Children Program

PETERBOROUGH PUBLIC HEALTH

HEALTHY BABIES HEALTHY CHILDREN PROGRAM

STATEMENT OF REVENUE AND EXPENDITURES

FOR THE YEAR ENDED MARCH 31, 2022

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of Health of Peterborough Public Health and the Ministry of Children, Community and Social Services

Opinion
We have audited the Statement of Revenue and Expenditures (the "Statement") of Peterborough Public Health – Healthy Babies Healthy Children Program (the "Program") for the year ended March 31, 2022, and notes to the Statement, including a summary of significant accounting policies.

In our opinion, the accompanying Statement is prepared, in all material respects, for the year ended March 31, 2022 in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Statement section of our report. We are independent of the Board of Health in accordance with the ethical requirements that are relevant to our audit of the Statement in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction and Distribution on Use
We draw attention to Note 2 to the Statement, which describes the basis of accounting. The Statement is prepared to assist Peterborough Public Health to meet the requirements of the service contract with the Ministry of Children, Community and Social Services. As a result, the Statement may not be suitable for another purpose. Our report is intended solely for the Ministry of Children, Community and Social Services and the Board of Health of Peterborough Public Health and should not be distributed to or used by parties other than the Ministry of Children, Community and Social Services or the Board of Health of Peterborough Public Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Statement
Management is responsible for the preparation of the Statement in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of the Statement that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Board of Health's financial reporting process.

Auditor's Responsibilities for the Audit of the Statement
Our objectives are to obtain reasonable assurance about whether the Statement as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Statement.

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

- Identify and assess the risks of material misstatement of the Statement, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board of Health's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

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

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
August 10, 2022

PETERBOROUGH PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM

STATEMENT OF REVENUE AND EXPENDITURES
For The Year Ended March 31, 2022

	Budget 2022 $ (Unaudited)	Actual 2022 $	Actual 2021 $
Revenue			
Ministry of Children, Community and Social Services grant	928,413	928,413	928,413
	928,413	928,413	928,413
Expenditures			
Personal Services Expenditures			
Salaries and wages	684,914	435,717	551,451
Employee benefits	191,924	130,738	137,273
	876,838	566,455	688,724
Other Operating Expenditures			
Universal screening	25,575	25,575	25,575
Program supplies	7,500	10,791	5,889
Professional development	1,000	592	-
Purchased services	500	550	820
Travel	12,000	237	252
Audit and legal	2,000	2,000	1,800
Telephone	3,000	2,278	1,853
	51,575	42,023	36,189
	928,413	608,478	724,913
Amount due to Province of Ontario	-	319,935	203,500

The accompanying notes are an integral part of this Statement.

PETERBOROUGH PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM

NOTES TO THE STATEMENT
For The Year Ended March 31, 2022

NOTE 1: **OPERATING NAME**

In 2016, the organization changed its operating name to Peterborough Public Health. The legal name of the organization remains the Peterborough County-City Health Unit.

NOTE 2: **SIGNIFICANT ACCOUNTING POLICIES**

The Statement of revenues and expenditures of the Healthy Babies Healthy Children Program of Peterborough Public Health has been prepared in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services. The more significant accounting policies are summarized below:

Basis of Accounting

The basis of accounting used in this Statement materially differs from Canadian Public Sector Accounting Standards in that expenditures for tangible capital assets are not capitalized but expensed in the period incurred.

Accounting Entity

This Statement comprises all the activities for which the Healthy Babies Healthy Children Program of Peterborough Public Health is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the Peterborough Public Health.

Tangible Capital Assets

Tangible capital assets are recorded as expenditures when incurred in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Operating Grants

The Healthy Babies/Healthy Children Program claims from the Ministry of Children, Community and Social Services grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current period, the reimbursement for these costs is dependent ultimately upon their acceptance by the funders of the program.

Budget Data

Budget data is compiled from the budget approved by the Board of Health, with subsequent adjustments. Budget data is not subject to audit.

NOTE 2: **SIGNIFICANT ACCOUNTING POLICIES - (Continued)**

Recognition of Revenues and Expenditures

Revenues and expenditures are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable, expenditures are recognized as they are incurred and measurable as a result of receipt of goods and services and the creation of a legal obligation to pay.

Use of Estimates

The preparation of the Statement in compliance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services requires management to make estimates and assumptions that affect the reported amounts of revenues and expenditures during the period. Actual results could differ from the estimates, the impact of which would be recorded in future periods.

NOTE 3: **PENSION PLAN**

Certain employees of the Healthy Babies Healthy Children Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the period amounted to $40,424 (2021 - $45,890). These amounts are included in employee benefits expenditure in the Statement.

Audited Financial Statement Reconciliation

Organization Name: Peterborough County -City Health Unit

LINE			
400	**TOTAL GROSS REVENUES PER AUDITED FINANCIAL STATEMENTS**		$ 1,170,836
401	**LESS: Other Revenue (excluding MCCSS) (i.e. funding from other sources not related to ministry services)**		$ -
402	**Adjustments for Revenues from Ministry(ies) Funding calculation**		
403	Less:	Non Retainable Revenues	
404		Specify (e.g. Expenditure Recoveries)	$ -
405		Specify (e.g. Offsetting Revenues)	$ -
406		Specify (e.g. Specific Operating Donations)	$ -
407		Specify (e.g. Inter-Agency Chargebacks)	$ -
408	Less:	Amortization of Deferred Revenue	$ -
409	Less:	Other (specify) MCCSS Grant Base Funding received (not part of Generic Contract)	$ -
410	Less:	Other (specify)_____	$ -
		Subtotal	$ -
411	Add:	One-Time Capital Expenditures Approved & not included in Revenue	
412	Add:	Other (specify)_____	$ -
413	Add:	Other (specify)_____	$ -
414		**Subtotal**	**$ -**
415	**Total Revenue Reported (Line 400 - Line401 - Line 404 to Line 410 + Line 414)**		**$ 1,170,836**
420	**Total Approved Ministry Funding** *(Lines 415 and 420 should equal)*		**$ 1,170,836**
430	**Variance**		**$ -**
440	**TOTAL GROSS EXPENDITURES PER AUDITED FINANCIAL STATEMENTS**		$ 822,587
441	**LESS: Other Expenditures (excluding MCCSS) (i.e. expenditures from other services not related to ministry services)**		$ -
442	**Adjustments for Inadmissible Expenditures related to Ministry Funded Programs**		
443	Less:	Accruals (Payables greater than 30 day i.e. Vacation/Sick Accrual)	$ -
444	Less:	Appropriations	$ -
445	Less:	Amortization on Capital Assets	$ -
446	Less:	Donations to Individuals or Organizations	$ -
447	Less:	Fundraising Costs	$ -
448	Less:	Loans to Clients or Staff	$ -
449	Less:	Retainer Fees	$ -
450	Less:	Provisions for Bad Debt	$ -
451	Less:	In Kind	$ -
452	Less:	Other (specify) Expenditures for MCCSS Grant Base Funding (not part of Generic Contract)	$ -
453	Less:	Other (specify)_____	$ -
		Subtotal	**$ -**
	LESS: Other Adjustments		
455	Less:	Expenditure Recoveries/ Offsetting Revenues	$ -
456	Less:	Other (specify)_____	$ -
457	Less:	Other (specify)_____	$ -
		Subtotal	**$ -**
460	**ADD: Adjustments for Admissible Expenditures, attach prior approval documentation**		
461	Add:	One-Time Capital Expenditures Approved & Capitalized	$ -
462	Add:	Other (specify)_____	$ -
463	Add:	Other (specify)_____	$ -
		Subtotal	**$ -**
470	**Total Surplus/(Deficit) reported in Audited Financial Statements**		$ 348,249
475	**Total Ministry (MCCSS) Eligible Expenditures reported in the Audited Financial Statements**		**$ 822,587**
480	**Total Eligible Expenditure**		**$ 822,587**
490	**Variance**		**$ -**

Agency explanation: Three Public Health Nurses from the Healthy Babies Healthy Children Program redeployed to COVID vaccine clinic and response during the current fiscal period resulting in significant underspending in program for the year. Infant Toddler program staff had reduced staffing from November 2021 through March 2022 due to Infant Educator retirement. Travel for both programs underspent due to the use of virtual technology for client visits in place of home visits due to COVID restrictions. Total combined surplus of $348,249 for 2021/2022.

MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES
TRANSFER PAYMENT ANNUAL RECONCILIATION

Service Provider / Delivery Agent: **Peterborough County -City Health Unit**
For The Fiscal Year Ended: **Thursday, March 31, 2022**
Contract Category: **MCCSS Budget Package 2021-22**
Service Contract Number: **1-1660402078**

CERTIFICATION BY TRANSFER PAYMENT RECIPIENT

I hereby certify that, to the best of my knowledge, the financial data in the Transfer Payment Annual Reconciliation to which this certification is attached, is true, correct, agrees with the books and records of the organization and has been prepared in accordance with the Technical Instructions and ministry financial policies provided by the Ministry of Community and Social Services and the Ministry of Children and Youth Services.

Signature of Service Provider / Delivery Agent Authority

Dr. Thomas Piggott
Name of Service Provider/Delivery Agent Authority

Medical Officer of Health
Title of Service Provider/Delivery Agent Authority

Date (dd/mm/yy)

VERIFICATION BY THE BOARD OF DIRECTORS

The above certification, together with the Transfer Payment Annual Reconciliation, was received and approved by:

the Board of Directors on the day of 2022

Chairperson of the Board of Directors:

Signature

Name of Chairperson or Designate

Title

PETERBOROUGH PUBLIC HEALTH

STEWARDSHIP COMMITTEE – STAFF REPORT

TITLE:	**2021-2022 Audited Financial Statement and Transfer Payment Annual Reconciliation - Infant and Toddler Development Program**
DATE:	**August 25, 2022**
PREPARED BY:	**Dale Bolton, Manager, Finance and Property**
APPROVED BY:	**Larry Stinson, Director of Operations** **Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Stewardship Committee for the Board of Health for Peterborough Public Health:

- receive the staff report, 2021/2022 Infant and Toddler Development Program Audited Financial Statement and Annual Reconciliation Report, for information; and
- recommend approval of the 2021/20221 Audited Statements and Annual Reconciliation Report for the Infant and Toddler Development Program to the Board of Health at its next meeting.

FINANCIAL IMPLICATIONS AND IMPACT

The Board of Health is required by contract with the Ministry of Children, Community and Social Services (MCCSS) to provide to the Ministry the 2021/2022 Infant and Toddler Development Program (ITDP) Audited Financial Statements.

The Province also requires that the Annual Program Reconciliation Report be Certified by the Medical Officer of Health, that the Reconciliation is true, correct and agrees with the books and records of the organization. The Chairperson of the Board must Certify that the Annual Reconciliation Report and Certification by the Medical Officer of Health was received by the Board of Health.

BACKGROUND

The Board of Health approved the 2021/2022 budget request of $242,423 on March 10, 2021 for the period of April 1, 2021 through March 31, 2022.

The ITDP is funded 100% by the MCCSS. The ITDP is for families with infants and young children who may become delayed in their development because of prematurity, social, or economic concerns; are diagnosed with special needs, such as Down syndrome, cerebral palsy, or spina bifida; or are found to be delayed in development through screening. An approved budget is required to continue to operate this program and offer these important supports to families in the community.

DECISION HISTORY

Although not part of the Ontario Public Health Standards, the ITDP assists Peterborough Public Health (PPH) in continuing to meet its mandate through coordinated efforts with the Healthy Babies Healthy Children program and the Healthy Growth & Development Standard.

The expenditures for the year totalled $214,109, below the approved budget due to savings in salary, benefits and travel. Underspending in salaries and benefits arose due to partial gapping of an Infant Educator position in the final quarter of the year as a result of a vacancy. Travel expense was underspent as staff continued to meet with clients virtually throughout the majority of the year due to restrictions from COVID.

Historically, the program spends in entirety the provincial allocation and no funds are returned to the Ministry at the end of the year. As reported on the audited financial statements, $28,314 is due back to the Province. Although underspent for this reporting period, there is no impact on the budget approval for 2022/2023.

The Audited Financial Statements are drafted in accordance with Generally Accepted Accounting Principles.

ATTACHMENTS

Attachment A – Draft 2021-2022 Audited Financial Statements, Infant and Toddler Development Program
Attachment B – Draft Annual Program Expenditure Reconciliation, Infant and Toddler Development Program

PETERBOROUGH PUBLIC HEALTH

INFANT TODDLER DEVELOPMENT PROGRAM

STATEMENT OF REVENUES AND EXPENDITURES

FOR THE YEAR ENDED MARCH 31, 2022

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of Health of Peterborough Public Health and the Ministry of Children, Community and Social Services

Opinion
We have audited the Statement of Revenues and Expenditures (the "Statement") of Peterborough Public Health – Infant Toddler Development Program (the "Program") for the year ended March 31, 2022, and notes to the Statement, including a summary of significant accounting policies.

In our opinion, the accompanying Statement is prepared, in all material respects, for the year ended March 31, 2022 in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Statement section of our report. We are independent of the Board of Health in accordance with the ethical requirements that are relevant to our audit of the Statement in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction and Distribution on Use
We draw attention to Note 2 to the Statement, which describes the basis of accounting. The Statement is prepared to assist Peterborough Public Health to meet the requirements of the service contract with the Ministry of Children, Community and Social Services. As a result, the Statement may not be suitable for another purpose. Our report is intended solely for the Ministry of Children, Community and Social Services and the Board of Health of Peterborough Public Health and should not be distributed to or used by parties other than the Ministry of Children, Community and Social Services or the Board of Health of Peterborough Public Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Statement
Management is responsible for the preparation of the Statement in accordance with the Ministry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of the Statement that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Board of Health's financial reporting process.

Auditor's Responsibilities for the Audit of the Statement
Our objectives are to obtain reasonable assurance about whether the Statement as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Statement.

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

- Identify and assess the risks of material misstatement of the Statement, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board of Health's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

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

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
August 10, 2022

PETERBOROUGH PUBLIC HEALTH
INFANT TODDLER DEVELOPMENT PROGRAM

STATEMENT OF REVENUES AND EXPENDITURES
For The Year Ended March 31, 2022

	Budget 2022 $ (Unaudited)	Actual 2022 $	Actual 2021 $
Revenues			
Ministry of Children, Community and Social Services grants			
Base funding	242,423	242,423	242,423
	242,423	242,423	242,423
Expenditures			
Personal Services Expenditures			
Salaries and wages	149,304	127,348	143,833
Employee benefits	43,681	41,451	40,316
	192,985	168,799	184,149
Other Operating Expenditures			
Audit and legal	1,800	1,800	1,800
Rent and utilities	15,396	15,396	15,396
Materials and supplies	2,500	1,735	3,297
Communications	500	644	745
Staff education and training	1,000	130	-
Travel	4,000	1,363	327
Allocated administrative	24,242	24,242	24,242
	49,438	45,310	45,807
	242,423	214,109	229,956
Amount due to Province of Ontario	-	28,314	12,467

The accompanying notes are an integral part of this Statement.

PETERBOROUGH PUBLIC HEALTH
INFANT TODDLER DEVELOPMENT PROGRAM

NOTES TO THE STATEMENT
For The Year Ended March 31, 2022

NOTE 1: **OPERATING NAME**

In 2016, the organization changed its operating name to Peterborough Public Health. The legal name of the organization remains the Peterborough County-City Health Unit.

NOTE 2: **SIGNIFICANT ACCOUNTING POLICIES**

The Statement of Revenues and Expenditures of the Infant Toddler Development Program of Peterborough Public Health has been prepared in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services. The more significant accounting policies are summarized below:

Basis of Accounting

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Accounting Entity

This Statement comprises all the activities for which the Infant Toddler Development Program of Peterborough Public Health is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the Peterborough Public Health.

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Tangible capital assets are recorded as expenditures when incurred in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Operating Grants

The Infant Toddler Development Program claims each year from the Ministry of Children, Community and Social Services grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current year, the reimbursement for these costs is dependent ultimately upon their acceptance by the funders of the program.

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NOTE 2: **SIGNIFICANT ACCOUNTING POLICIES - (Continued)**

Recognition of Revenues and Expenditures

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NOTE 3: **PENSION PLAN**

Certain employees of the Infant Toddler Development Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the year amounted to $11,822 (2021 - $12,979). These amounts are included in employee benefits expenditure in the Statement.

Audited Financial Statement Reconciliation

Organization Name: Peterborough County -City Health Unit

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453	Less:	Other (specify)_____	$ -
		Subtotal	**$ -**
	LESS: Other Adjustments		
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		Subtotal	**$ -**
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		Subtotal	**$ -**
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480	**Total Eligible Expenditure**		**$ 822,587**
490	**Variance**		**$ -**

Agency explanation: Three Public Health Nurses from the Healthy Babies Healthy Children Program redeployed to COVID vaccine clinic and response during the current fiscal period resulting in significant underspending in program for the year. Infant Toddler program staff had reduced staffing from November 2021 through March 2022 due to Infant Educator retirement. Travel for both programs underspent due to the use of virtual technology for client visits in place of home visits due to COVID restrictions. Total combined surplus of $348,249 for 2021/2022.

MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES
TRANSFER PAYMENT ANNUAL RECONCILIATION

Service Provider / Delivery Agent: **Peterborough County -City Health Unit**
For The Fiscal Year Ended: **Thursday, March 31, 2022**
Contract Category: **MCCSS Budget Package 2021-22**
Service Contract Number: **1-1660402078**

CERTIFICATION BY TRANSFER PAYMENT RECIPIENT

I hereby certify that, to the best of my knowledge, the financial data in the Transfer Payment Annual Reconciliation to which this certification is attached, is true, correct, agrees with the books and records of the organization and has been prepared in accordance with the Technical Instructions and ministry financial policies provided by the Ministry of Community and Social Services and the Ministry of Children and Youth Services.

Signature of Service Provider / Delivery Agent Authority

Dr. Thomas Piggott
Name of Service Provider/Delivery Agent Authority

Medical Officer of Health
Title of Service Provider/Delivery Agent Authority

Date (dd/mm/yy)

VERIFICATION BY THE BOARD OF DIRECTORS

The above certification, together with the Transfer Payment Annual Reconciliation, was received and approved by:

the Board of Directors on the day of 2022

Chairperson of the Board of Directors:

Signature

Name of Chairperson or Designate

Title