

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, October 12, 2022 – 5:00 p.m.
Virtual Meeting**

1. Call to Order

Mayor Andy Mitchell, Chair

1.1. Opening Statement

Land Acknowledgement

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

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

Recognition of Indigenous Cultures

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

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

Board Members: *Please identify which items you wish to consider separately from section 10 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 10.2 a b c ; 10.3.1; 10.3.2; 10.4.1 a b c d*

5. Delegations and Presentations

6. Board Chair Report

7. Confirmation of the Minutes of the Previous Meeting

- Cover Report
- a. September 14, 2022

8. Business Arising From the Minutes

8.1. Endorsement of Niagara Region Correspondence re: Public Health Funding

9. Staff Reports

9.1. Presentation: Drug Poisonings Update and Community Engagement with People Who Use Drugs

- Cover Report
- a. Presentation

9.2. Presentation: Strategic Plan Update - Communications Plan

- Cover Report
- a. Presentation

9.3. Presentation: COVID Update

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

10. Consent Items

10.1. Correspondence for Direction

10.2. Correspondence for Information

- Cover Report
- a. alPHa e-newsletter
- b. Minister Jones - AMO Submission to the Ministry of Health
- c. Ministers – Paid Sick Leave / Niagara

10.3. Staff Reports

10.3.1. Health Care Worker Influenza Immunization: 2021-2022

- Staff Report

10.3.2. Public Health Impacts Related to the Expansion and Advertising of Online Gaming

- Staff Report

10.4. Committee Reports

10.4.1. Indigenous Health Advisory Circle

- Cover Report
 - a. Minutes, June 22, 2022
 - b. 2-50, Land Acknowledgement and Recognition of Indigenous Cultures (revised)
 - c. 2-401, Jordan's Principle (revised)
 - d. Provincial Appointment Request

11. New Business

12. In Camera to Discuss Confidential Matters

13. Motions for Open Session

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

Wednesday, November 9, 2022 – 5:30 p.m., Peterborough Public Health, or at the call of the Chair.

15. Adjournment

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

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Approval of Meeting Minutes
DATE:	October 12, 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 September 14, 2022.

ATTACHMENTS

- a. [Board of Health Minutes, September 14, 2022](#)

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

In Attendance:

Board Members: Councillor Gary Baldwin
Deputy Mayor Matthew Graham
Councillor Nodin Knott (*electronic*)
Mayor Andy Mitchell, Chair
Mr. Dan Moloney
Dr. Hans Stelzer
Councillor Kathryn Wilson

Regrets: Deputy Mayor Bonnie Clark
Councillor Don Vassiliadis
Councillor Henry Clarke

Staff: Ms. Hallie Atter, Acting Director, Health Promotion
Ms. Donna Churipuy, Director, Health Protection & Chief Nursing Officer
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

1. Call to Order

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

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. In Camera to Discuss Confidential Matters

MOTION:

That the Board of Health for Peterborough Public Health go In Camera at 5:39 p.m. to discuss one item under Section 239(2)(f), advice that is subject to solicitor-client privilege.

Moved: Mr. Moloney
Seconded: Dr. Stelzer
Motion carried. (M-2022-071)

MOTION:

That the Board of Health rise from the In Camera session at 6:10 p.m.

Moved: Dr. Stelzer
Seconded: Mr. Moloney
Motion carried. (M-2022-072)

The Chair called for a break and the meeting recommenced at 6:15 p.m.

5. Motions for Open Session

6. Consent Items to be Considered Separately

MOTION:

That the following items be passed as part of the Consent Agenda: 12.2 a,b; 12.4.1 a,b,c,d)

Moved: Deputy Mayor Graham
Seconded: Councillor Baldwin
Motion carried. (M-2022-073)

MOTION (12.2a)

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.

Moved: Deputy Mayor Graham
Seconded: Councillor Baldwin
Motion carried. (M-2022-073)

MOTION (12.2b)

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.

Moved: Deputy Mayor Graham

Seconded: Councillor Baldwin

Motion carried. (M-2022-073)

MOTION (12.4.1 a,b,c,d)

That the Board of Health for Peterborough Public Health:

- receive meeting minutes of the Governance Committee from June 23, 2022 for information;
- approve By-Law #9, Management of Property (*no changes*);
- approve 2-374 Contractor Performance and Litigation (*no changes*);
- receive the staff report for information and approve the 2021-2022 Audited Financial Statement and Annual Reconciliation Report - Healthy Babies Healthy Children Program

Moved: Deputy Mayor Graham

Seconded: Councillor Baldwin

Motion carried. (M-2022-073)

7. Delegations and Presentations

8. Board Chair Report

9. 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 September 14, 2022.

Moved: Councillor Wilson

Seconded: Deputy Mayor Graham

Motion carried. (M-2022-074)

10. Business Arising From the Minutes

10.1. Ontario Seniors Dental Care Program Update

MOTION:

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

Moved: Deputy Mayor Graham

Seconded: Mr. Moloney
Motion carried. (M-2022-075)

11. Staff Reports

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

MOTION:

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.

Moved: Deputy Mayor Graham

Seconded: Mr. Moloney

Motion carried. (M-2022-076)

11.2. Presentation: COVID Update

MOTION:

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

Moved: Councillor Baldwin

Seconded: Deputy Mayor Graham

Motion carried. (M-2022-077)

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

MOTION:

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;
- direct staff to allocate a total of up to \$600,000 from PPH Reserves to spend on special one-time projects as described;
- continue to maintain the previous board guidance for recommended minimum reserve contingencies; and,
- requests updates on expenditures within each project envelope in a timely manner.

Moved: Mr. Moloney

Seconded: Councillor Baldwin

Motion carried. (M-2022-078)

12. Consent Items

MOTION (12.1a)

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

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

Moved: Mr. Moloney

Seconded: Councillor Baldwin

Motion carried. (M-2022-079)

MOTION (12.1b)

That the Board of Health for Peterborough Public Health:

- receive the submission dated August 26, 2022 from the Association of Municipalities Health (Strengthening Public Health In Ontario: Now and For the Future) to the Ministry of Health for information; and,
- endorse the submission and communicate this support to the Minister of Health, with copies to the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, Local MPPs, Local Councils and Ontario Boards of Health.

Moved: Deputy Mayor Graham

Seconded: Dr. Stelzer

Motion carried. (M-2022-080)

MOTION (12.4.1e)

That the Board of Health for Peterborough Public Health:

- 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.

Moved: Mr. Moloney

Seconded: Councillor Baldwin

Motion carried. (M-2022-081)

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

MOTION:

That the meeting be adjourned.

Moved by: Deputy Mayor Graham

Seconded by: Mr. Moloney

Motion carried. (M-2021-082)

The meeting was adjourned at 7:50 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Presentation: Drug Poisonings Update and Community Engagement with People Who Use Drugs
DATE:	October 12, 2022
PREPARED BY:	Carolyn Doris, Manager, Family & Community Health
APPROVED BY:	Hallie Atter, Acting Director, Health Promotion Division Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS:

That the Board of Health for Peterborough Public Health receive the presentation, *Drug Poisonings Update and Community Engagement with People Who Use Drugs*, for information.

ATTACHMENTS:

- a. [Presentation](#)

Drug Poisonings Update and Community Engagement with People Who Use Drugs

Carolyn Doris, Manager, Family & Community Health

October 12, 2022



Drug Poisonings Update

- 24 opioid poisoning 911 Calls for Service
- 35 drug poisoning ED visits
- 6 people died from suspected drug poisonings
- On average, a person dies from a drug poisoning every 8 days



Learn more about Opioids!

- Access Naloxone
- Harm Reduction Supplies
- Data Portal
- Drug Reporting Tool



Engagement with People with Lived Expertise

“Community engagement is a process not a program. It is the participation of members of a community in assessing, planning, implementing, and evaluating solutions to problems that affect them.”

From: A Guide to Community Engagement Frameworks for Action on the Social Determinants of Health and Health Equity, National Collaborating Centre for Determinants of Health, 2013

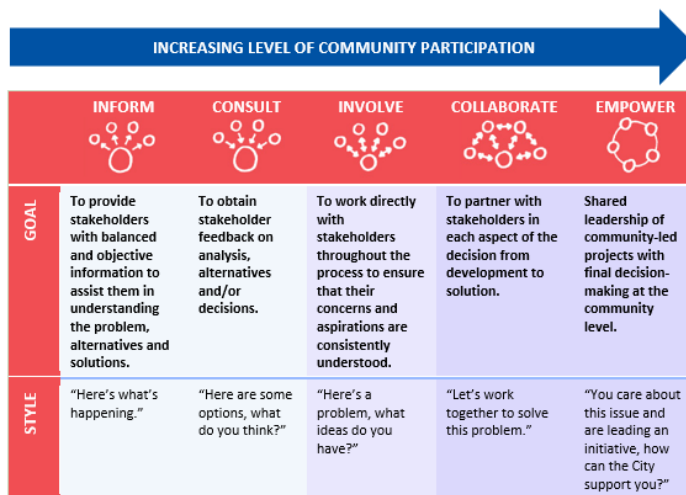


Engagement and PPH's Strategic Plan

- Engagement necessary for prioritizing health issues affecting under-served populations to impact health equity
 - Engagement informs actions/activities outlined in the PPH Strategic Plan (Our Community & Our System)
 - Examples: identify gaps, include cultural perspectives, inform responses, pilot services, impactful messaging, advocacy for system change
- Board of Health approved use of reserve funds for engagement
 - Population Participatory Data Collection to Inform Equity in Services
- Underserved Populations identified include:
 - Indigenous peoples; People Who Use Drugs; Under-served single parents and families; People most vulnerable to the health impacts of climate change



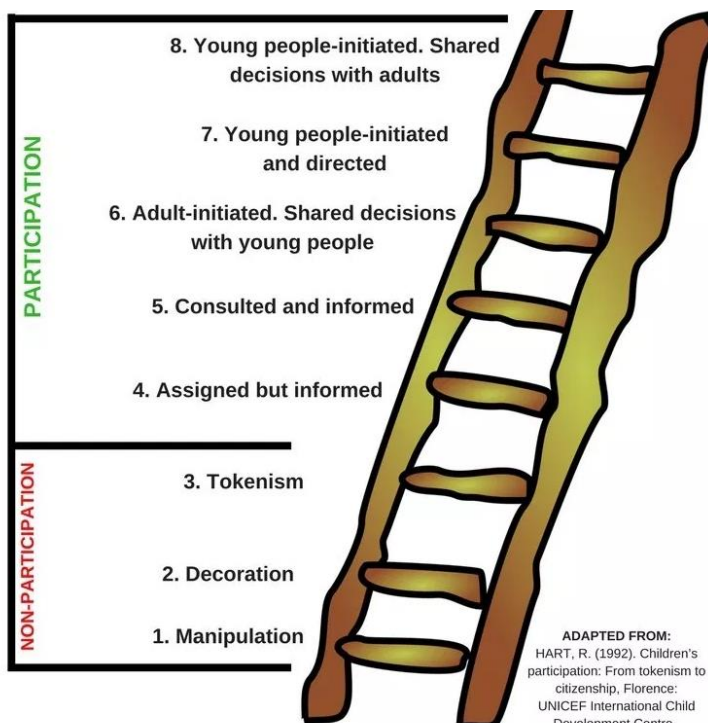
Engagement with People with Lived Expertise



Adaptation of the IAP2 Public Participation Spectrum



Hart's Ladder and Engagement



ADAPTED FROM:
HART, R. (1992). Children's participation: From tokenism to citizenship. Florence: UNICEF International Child Development Centre.



Example

- Peterborough Drug Strategy Advisory Panel
 - People with lived experience/expertise related to substance use provide their experiences to inform local programs, policies & initiatives (*initially funded Ontario Trillium Foundation*)
 - Engagement with the PDS Advisory Panel by PPH staff supporting Built for Zero Committee Planning where people who are underhoused/homeless will be engaged in a Winter Response Plan
- Consumption and Treatment Site Clients



Best Practice Recommendations

Prerequisites for PWUD to Feel Respected and Valued



Adapted from: **Hear Us, See Us, Respect Us: Respecting the Expertise of People Who Use Drugs**
Canadian Association of People Who Use Drugs, Canadian Drug Policy Coalition, 2021



Next Steps Ahead

- “Nothing About Us Without Us” principal
- Examine and recognize stigma, privilege, bias
- Expertise recognized, valued and respected
- Fair compensation and remunerated as consultants/experts in the field
- Build community connections
- Need to use learnings and provide updates – see information collected in work



Opportunities

- Use PPH’s Community Engagement Framework and principals to best inform programs and policy work
- Share the information/insights/experiences to inform systems change (ie., PPH, local, provincial, national)
- Demonstrate using the information and reporting back
- Experiences of staff for engagement work ahead
- Investing in engagement with PWLE through dedicated reserves project





**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Presentation: Strategic Plan Update – Communications Plan
DATE:	October 12, 2022
PREPARED BY:	Sarah Gill, Acting Manager, Communications
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS:

That the Board of Health for Peterborough Public Health receive the presentation, *Strategic Plan Update – Communications Plan*, for information.

ATTACHMENTS:

- a. [Presentation](#)

Strategic Plan Update: Communications Plan

Date: October 12, 2022

Presenter: Sarah Gill, A/Communications Manager



Three Phases to the Communications Plan

1. Pre-Launch Plan – Remind community of the value of PPH



Impact of First Phase

Sue, Diane & Susan, Public Health Nurses, Sexual Health Program

- Output:
 - Op eds
 - Social media posts
 - Streeter videos



With these **hands**... we offer safe, inclusive, in-person visits to test for STIs and provide birth control. We educate and follow up. We protect and care for our community members. Click [here](#) to learn more. #ThisIsPublicHealth



Impact of First Phase

- Impact:
 - Social media engagement
 - Reach with traditional media

With these Hands Campaign

<u># of engagements:</u>	<u># of Impressions:</u>
Total: 997	Total: 34,119
Instagram: 163	Instagram: 8,457
Twitter: 348	Twitter: 18,013
Facebook: 486	Facebook: 7,649

Streeter – An Ounce of Prevention

<u># of engagements</u>	<u># of impressions</u>
Instagram: 162	Instagram: 1,764
Twitter: 209	Twitter: 2,414
Facebook: 113	Facebook: 932
Total: 484	Total: 5,110



Three Phases to the Communications Plan

2. Delivering Strategic Plan – Bringing awareness to the PPH Strategic Plan



Impact of Second Phase

- Outputs
 - Introduction to Strategic Plan video
 - Media event



Impact of Second Phase

- Impact
 - Social media engagement
 - Traditional media pick up

Strategic Plan Introduction Video

- Analytics to be provided on Oct. 12

Traditional Media Pick-Up

- Earned Media: 3 articles
- Community Support: 1 opinion piece



Three Phases to the Communications Plan

3. Promotion of Strategic Plan – Build community understanding in strategic priorities for PPH over the next 3 years



Impact of Phase 3

- Outputs

- Video series
- Presentations to community stakeholders



Impact of Phase 3

Scheduled Presentations:

- Trent University Faculty Association (Sept. 26)
- Peterborough County Medical Society (Sept. 26)
- Peterborough Regional Health Centre Leadership Team (Oct. 12)
- Peterborough Inter-agency Pandemic Response Planning Team (Sept. 23)
- Indigenous Health Advisory Circle (Sept. 28)
- Municipal Candidate Public Health Information Sessions (Aug. 30, Sept. 7)
- Peterborough Family Health Team/Family Health Organizations Leadership Team (Oct. 19)
- City, County, Municipalities (date TBD)
- Curve Lake First Nation (date TBD)
- Hiawatha First Nation (date TBD)



**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Presentation: COVID-19 Update
DATE:	October 12, 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**

TITLE:	Correspondence for Information
DATE:	October 12, 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 September 16, 2022
- b. Letter dated October 4, 2022 from the Board Chair to Minister Jones regarding the Association for Municipalities submission to the Ministry of Health.
- c. Letter dated October 4, 2022 from the Board Chair to Ministers Jones, McNaughton and Fedeli regarding paid sick leave.

From: alPHa
Sent: September 16, 2022 1:04 PM
To: Boards of Health
Subject: September 2022 InfoBreak

[View this email in your browser](#)

September 16, 2022



September 2022 InfoBreak

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

**Leader to Leader – A Message from the alPHa President -
September 2022**



"We cannot be mere consumers of good governance, we must be participants, we must be co-creators." – Rohini Nilekani

This speaks true for alPHa members. That is why I am pleased to tell you that the alPHa Board ensures a focus on good governance and the goals as set out by alPHa's Strategic Plan, its principles, and policies and procedures.

Good governance is the hallmark of integrity and with that in mind, and at the risk of being repetitious, I feel it is important to reiterate some key points from the August 2022 issue of *Information Break*. Recently, at the Association of Municipalities of Ontario Conference, I had the opportunity to speak to attendees, many of them board of health members from across Ontario, who want to ensure good governance, due diligence and that the important work of public health carries on during and post-election. Establishing provisions and ensuring these are in place until new board of health members are appointed is key to achieving this. Given that Ontario's boards of health can be autonomous, semi-autonomous or regional, and that each board has their own by-laws and policies, there are variations on how boards will make this happen.

Some boards will put in place an 'acting' chair if the current chair or vice-chair are elected municipal councillors since their current term is expiring. This would be a short-term position during the transition period. It would be a board member whose term continues throughout this time. For example, they may have been appointed provincially, under an Order in Council, or as a local representative by their board of health. Some boards will give limited delegation powers to their MOH/CEO to manage any emergencies before the first meeting of the appointed municipal members to the board of health. This second scenario is what municipal councils do to get through the

same time-period for other municipal related boards. A resolution delegating these powers can be clear on matters that cannot be dealt with during the interim period without the board in place such as spending limits and budgetary matters etc.

Here is a call to action to share your best practices in this regard so alPHA can share with others. Your contributions will be attributed to your health unit and board of health. alPHA's goal is to support its membership and is interested in collecting best practices, protocols, and policies on such procedures deployed during the municipal election process and leading up to and until the new municipal board of health members are in place. Send your submissions to Loretta Ryan, alPHA's Executive Director loretta@alphaweb.org.

Risk management, ethics, compliance, administrative policies, and procedures are all aspects of good governance and its accountable mechanisms encompass the entire organization. As such, alPHA's 2023 Winter Symposium will be offering orientation and governance training to its membership. So, stay tuned for details!

*Trudy
President*

Sachowski

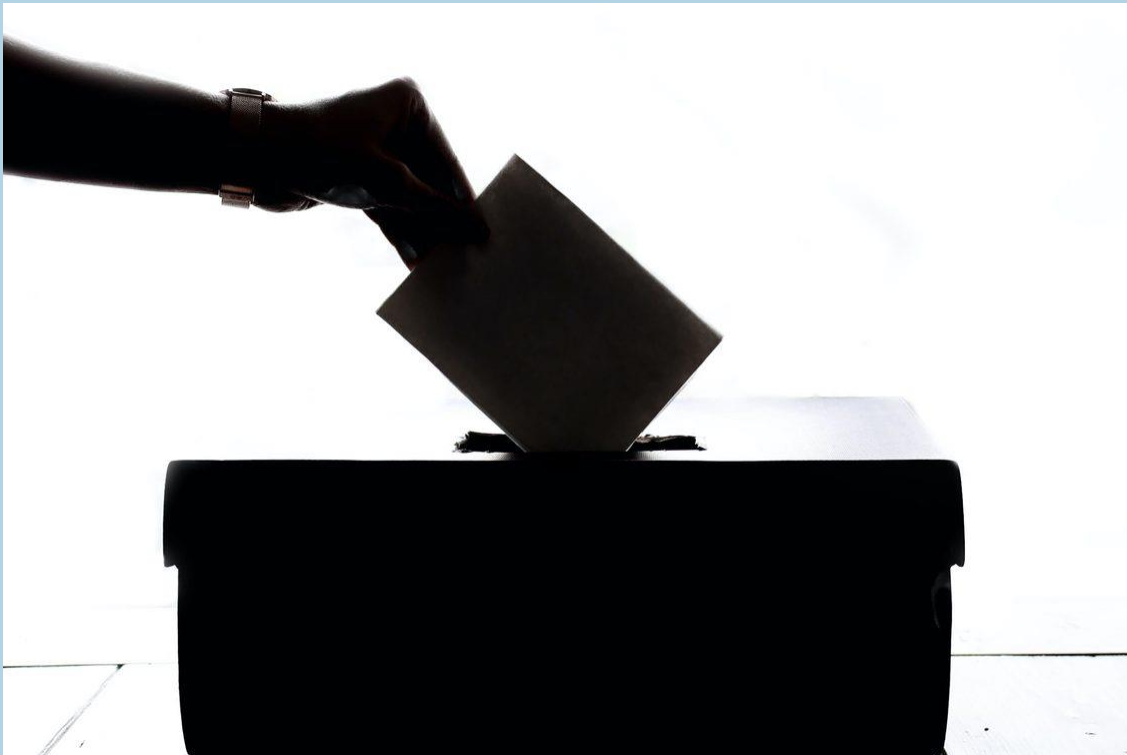
"The quality of a leader is reflected in the standards they set for themselves."

AMO - Strengthening Public Health in Ontario: Now and for the Future



The Association of Municipalities of Ontario (AMO) has submitted to the government, "[Strengthening Public Health in Ontario: Now and for the Future](#)." The submission notes that 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, and employers. AMO states their goal is to work with the Province of Ontario to strengthen public health, help end hallway health care, and reduce overall health care costs while strengthening the public health system in Ontario now and in the future.

The municipal elections are fast approaching!



Many alPHA members are using the following resources to help prepare their key messages on local public health:

1. The Future of Public Health in Ontario
[alPHA Letter PH Restructuring 180722.pdf \(ymaws.com\)](#) (Includes alPHA Resolution: Public Health Restructuring/Modernization & COVID-19 :[A22-2 PH Restructuring.pdf \(ymaws.com\)](#))
2. alPHA's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response*. [report](#) and [executive summary](#)
3. [Pre-Budget Consultations](#)
4. [alPHA 2022 Elections Primer](#)
5. alPHA's [submissions on PH Modernization](#), including the [Statement of Principles](#)
6. ["What is Public Health?"](#)
7. alPHA [Resource Page](#) on Public Health Modernization
8. [Public Health Matters](#) video

9.

Thank you to PHUs

Public Health Sudbury & Districts
Northwestern Health Unit
Halton Region Health Department
Eastern Ontario Health Unit
Public Health
Toronto Public Health
Haliburton Kawartha Pine Ridge District Health Unit
Simcoe /Muskoka District Health Unit

As we head into the fall season, I would like to give a shout out to alPHa's many volunteers, particularly our Board members and those who participate on our many committees and working groups. If you have not yet had a chance to see who is on the 2022-2023 alPHa Board, you can view a list with their bios on the [alPHa website](#). Thank you to all of these public health leaders who are taking time out of their busy schedules to represent the public health system and to contribute to the work of the association.

On behalf of alPHa, I would also like to thank the Public Health Units who have directly partnered with us to support alPHa during the pandemic response. We quite literally could not have done what we did over the past two and a half years without the dedicated efforts of staff from the PHUs who assisted with public policy reports, communication products, alPHa educational events, and other association activities. In particular, I would like to thank the following:

- Eastern Ontario Health Unit
- Halton Region Health Department
- Haliburton, Kawartha, Pine Ridge District Health Unit
- Northwestern Health Unit
- Public Health Sudbury & Districts
- Simcoe Muskoka District Health Unit
- Toronto Public Health

Thank you again to all of alPha's volunteers! #PublicHealthLeaders

Loretta
Executive Director

Ryan

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](#).

[MMAH Response - Resolution A22-3 - Cooling Towers](#)

August 24, 2022 letter from the Minister of Municipal Affairs and Housing to the President of the Association of Local Public Health Agencies.

[alPha Letter - Chief of Nursing/ADM](#)

September 6, 2022 letter from the Association of Local Public Health Agencies congratulating the new Chief of Nursing & Professional Practice & Assistant Deputy Minister of Health.

[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.

Boards of Health: Shared Resources



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

Resources available on the alPHa website include:

- [Orientation Manual for Board of Health](#)
- [Review of Board of Health Liability \(PowerPoint presentation\)](#)
- [Governance Toolkit](#)
- [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



PHO offers online educational courses in a variety of topics – from health promotion to infection prevention and control. They're convenient, too - you can [access](#) these courses anytime, anywhere. Visit the course catalogue, where you'll find enrolment information and a list of courses along with their descriptions and system requirements, as well as information for downloading courses.

- **Variants of Concern**
COVID-19 in Ontario: Focus on August 28, 2022 to September 3, 2022
- Estimates of Omicron BA.2 Lineage Severity in an Ontario-based Matched Cohort Study of Cases: March 1-April 30, 2022

Check out PHO's Variants of Concern web page for the most up-to-date resources.

Immunizations

- Management of Anaphylaxis Following Immunization in the Community

Infection Prevention and Control

- Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19

Check out PHO's COVID-19 webpage for a comprehensive list of all COVID-19 resources.

Additional Resources - New

- Monkeypox Resources
- Public Health Actions from Wastewater Surveillance on Poliovirus
- Hepatitis B Vaccines and Schedules
- Activities to Support Infection Prevention and Control Practices in Congregate Living Settings

Open Call for Members | Ontario Public Health Emergencies Science Advisory Committee

The Ontario Public Health Emergencies Science Advisory Committee (OPHESAC) is currently recruiting members. Check out the [full call for members](#) for more details and requirements. Interested candidates should send their expression of interest, with a curriculum vitae and complete contact details to secretariat@oahpp.ca by **Friday, September 23, 2022 at 11:59 p.m. ET.**

PHO Events

In case you missed these sessions last month, here are the Presentations PHO posted on their website:

- [PHO Rounds: Opioid Toxicity Among Ontarians Who Worked in the Construction Industry](#)
 - [PHO Rounds: Building Climate Resilient Health Systems: Lessons from Health of Canadians in a Changing Climate - Science Assessment 2022](#)
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Upcoming DLSPH Events and Webinars

Dalla Lana

School of Public Health

- [CVPD Fall Symposium: Healthy Aging and Immunization](#) (Sept. 16)
 - [One on One with Steini Brown: Towards a Sustainable Recovery](#) (Sept. 21)
 - [Indigenizing Health Symposium: Rethinking with Spirit](#) (Sept. 28-29)
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COVID-19 Update

The digital team at the Ministry of Health has launched a new landing page and new streamlined content pages for COVID-19 content.

The new landing page, which replaces covid-19.ontario.ca, can now be found at:

<https://www.ontario.ca/page/covid-19-coronavirus> (English)

<https://www.ontario.ca/fr/page/covid-19-le-coronavirus> (French)

As well, the ministry has overhauled the previous versions of the public health measures pages, six vaccine pages, and testing and treatment pages, which can now be found at:

<https://www.ontario.ca/page/public-health-measures-and-advice>

<https://www.ontario.ca/page/covid-19-vaccines>

<https://www.ontario.ca/page/covid-19-testing-and-treatment>

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](#)

Hold the date for the Winter Symposium and Annual Conference & AGM



alPHA's Winter Symposium is being held on February 24, 2023.

The Annual Conference and AGM is being held from June 11-13, 2023. Please stay tuned for further information.

News Releases

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



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Our mailing address is:
|480 University Ave. Suite 300 Toronto, Ont. M5G 1V2|

October 4, 2022

Hon. Sylvia Jones
Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Dear Minister Jones,

Re: AMO Submission - Strengthening Public Health In Ontario: Now and For the Future

At its meeting on September 14, 2022, the Board of Health for Peterborough Public Health (PPH) received and endorsed the submission from the Association of Municipalities to the Ministry of Health, dated August 26, 2022, entitled [*Strengthening Public Health In Ontario: Now and For the Future*](#).

Peterborough Public Health supports the recommendations outlined in the submission which include:

- The government must not make significant structural changes to public health during the COVID-19 pandemic, but rather promote stability in the system.
- 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.
- 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.
- 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.
- 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.
- The government must provide new funding, starting in 2022, as required to address the backlog of non-pandemic related public health services.

These recommendations complement those [recently supported](#) by the Association of Local Public Health Agencies (ALPHA) which call for a continuation of the consultation process on the future of the public health system, as well as outline principles ALPHA sees as critical to proceeding with changes to the public health system.

Local public health collaboration with the Province, municipalities, First Nations, and other partners has been the backbone of Ontario's successful response to the pandemic. Continuing this collaboration, while stabilizing and strengthening the public health system and structures, is essential to the health and economic recovery of the Province, our communities and residents.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag

cc: Association of Municipalities of Ontario
Association of Local Public Health Agencies
Local MPPs
Local Councils
Ontario Boards of Health

October 4, 2022

Hon. Sylvia Jones
Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Hon. Monte McNaughton
Minister of Labour, Immigration, Training and Skills Development
Government of Ontario
Minister.MLTSD@ontario.ca

Hon. Victor Fedeli
Minister of Economic Development, Job Creation and Trade
MEDJCT.Minister@ontario.ca

Dear Honourable Ministers:

Re: Niagara Region Public Health – Paid Sick Leave

At its meeting on September 14, 2022, the Board of Health for Peterborough Public Health (PPH) considered correspondence from Niagara Region Public Health and passed the following motion:

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.*

PPH has a long supported healthy workplaces with advocacy focusing on, amongst other issues, paid sick days for all working Ontarians. 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.

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

The Board of Health supports the need to provide paid sick leave, a measure that will significantly assist in our health promotion and prevention mandate. We urge the Provincial government to examine models to introduce and fund this important initiative.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Association of Municipalities of Ontario
Association of Local Public Health Agencies
Ontario Public Health Association
Local MPs and MPPs
Ontario Boards of Health

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/>.

PETERBOROUGH PUBLIC HEALTH

BOARD OF HEALTH – STAFF REPORT

TITLE:	Health Care Worker Influenza Immunization: 2021-2022
DATE:	October 12, 2022
PREPARED BY:	Patti Fitzgerald, Manager, Immunization
APPROVED BY:	Donna Churipuy, Director of Health Protection Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Health Care Worker Influenza Immunization: 2021-2022*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications for the Board of Health arising from this report.

BACKGROUND

Influenza is a respiratory illness caused by the influenza virus. Symptoms of influenza include sudden onset of fever or chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, and in some people vomiting and diarrhea (which is more common in young people than adults). Influenza is contagious and is transmitted by droplets spread by coughing or sneezing either directly or indirectly (e.g., touching surfaces such as doorknobs contaminated with the virus). Once infected, individuals can spread the virus to others from one day before they know they are ill.¹

Most people recover from the flu in 7 – 10 days, however complications can include ear infections, pneumonia, worsening of chronic medical conditions, and in some cases death. Health Canada estimates 12,200 hospitalizations and 3,500 deaths in Canada from influenza each year. Individuals more likely to experience influenza-related complications and hospitalization include:

- all pregnant women
- people with chronic health conditions, such as cancer, diabetes, heart or lung disease, neurologic or neurodevelopment conditions, and obesity
- people who live in nursing homes or other chronic care facilities
- people 65 years and older
- children under 5 years of age
- Indigenous peoples¹

Annual vaccination for influenza is recognized as the most effective way to prevent influenza, and is recommended for all individuals aged six months and older. Influenza vaccination is “particularly recommended” for the groups at risk of complications (listed above), as well as individuals capable of transmitting influenza to high risk groups, including health care workers (HCWs) in both community and acute care settings.¹

Influenza Transmission in Health Care Settings

Influenza transmission and outbreaks in hospitals and long-term care homes are well documented and can result in significant patient, resident and staff morbidity and mortality.² These outbreaks can affect staffing and bed availability, thereby interfering with patient care and patient flow.³ The increased risk of influenza to residents and patients in these facilities is related to their advanced age and underlying health problems, as well as the settings in which they are cared for in close proximity to a range of HCWs. HCWs can acquire influenza from patients/residents, and the community, and then may readily transmit infection to other patients/residents, other HCWs and their family members.

Influenza immunization is identified as the most effective way to prevent the spread of the virus, and immunization of HCWs protects patients/residents. The Provincial Infectious Diseases Advisory Committee (PIDAC) report that in a number of randomized controlled trials “large-scale immunization of health care providers reduces nosocomial infections, including a decrease in mortality rates in residents of long-term care homes”. In contrast, lower rates of HCW immunization have been associated with increased rates of hospital-acquired influenza.³ Influenza immunization of health care workers protects the patients/residents they care for as well as themselves, who may be at greater risk due to the settings in which they work.

Mandatory Influenza Immunization of HCWs

The Association of Medical Microbiology and Infectious Disease (AMMI), Canada, position paper, 2012 on mandatory influenza immunization of health care workers notes poor response rates to voluntary immunization programs, yet greater than 90% influenza immunization rates in settings where influenza immunization was made a condition of employment.⁴ Numerous public health agencies and professional associations, such as the PIDAC³, the National Advisory Committee on Immunization (NACI)¹, the Canadian Nurses Association (CNA)⁵, AMMI⁴ recommend that influenza immunization of HCWs be a condition of service or appointment.

The PIDAC states that:

“Annual influenza vaccination should be a condition of continued employment in, or appointment to, health care organizations” and further states that HCWs “with medical contraindications to influenza vaccination should be accommodated by reassignment, or other methods used to protect patients and staff (e.g., health care worker wearing mask in client/patient/resident care areas) during influenza season”.³

Similarly, the NACI states:

“NACI considers the provision of influenza vaccination to be an essential component of the standard of care for all HCWs for the protection of their patients. Transmission of influenza between infected HCWs and their vulnerable patients results in significant morbidity and mortality. Randomized controlled trials conducted in geriatric long-term care settings have demonstrated that vaccination of HCWs is associated with substantial decreases in morbidity and all-cause mortality in the residents. Therefore, HCWs should consider annual influenza vaccination included in their responsibility to provide the highest standard of care. In the absence of contraindications, refusal of HCWs to be immunized against influenza implies failure in their duty of care to patients.”¹

The CNA supports condition of service policies for immunization in situations where HCW influenza immunization coverage levels are “not protective of patients, and reasonable efforts have been undertaken with education and enhancing accessibility to immunization”. CNA considers mandatory immunization policies by employers to be congruent with the *Code of Ethics for Registered Nurses* in Canada and the obligation to act in the public interest.⁵

The position of the AMMI is that annual influenza immunization should be required for “new and ongoing employment or appointment for all workers who spend time in areas where patient care is provided and /or patients are present”.⁴ The AMMI further states that:

“Three criteria have been proposed that must be met to justify mandating compliance with a preventive intervention. First, there should be clear medical value from the intervention to the individual. Second, the public health benefit of the intervention must be clear. Third, a requirement must be considered the only option. It is the position of AMMI Canada that these three criteria have been met in relation to health care workers and influenza immunization. Health care workers and their employers have an ethical obligation to act in the best interest of the patients for whom they provide care. Influenza immunization should be required annually for all workers who spend time in areas where patient care is provided and/or patients are present”.⁴

PIDAC notes that HCW immunization is an important component of occupational health and safety programs.³ Programs which provide immunizations to health care providers against a number of infectious diseases, including annual influenza immunization, protect not only patients but the workers themselves.⁶

In the United States, the Centre for Disease Control, the Advisory Committee on Immunization Practices, and the Healthcare Infection Control Practices Advisory Committee recommend that all U.S. health care personnel get vaccinated annually against influenza.⁷ Similar to recommendations by PIDAC and AMMI, this recommendation expands beyond HCWs and includes staff “not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from health care workers and patients”.

Immunization of Health Care Workers in Peterborough County and City

The Board of Health has required annual immunization against influenza for all of its employees since 2002. Unfortunately, the influenza vaccination coverage rate for eligible active staff at Peterborough Public Health for the 2021-2022 influenza season is unavailable due to a data input error. The influenza vaccination coverage rate for eligible active staff (excluding those with medical exemptions for the 2020-2021, and 2019-2020 coverage rate was 92.6% and 92.2% respectively.

While local long-term care facilities (LTCFs) have their own policies for staff influenza immunization, the Ministry of Health outlines that only immunized staff should be working in a LTCF during a laboratory-confirmed influenza outbreak, and unimmunized staff may resume work at the affected home as soon as they are taking antiviral prophylaxis.⁸

The 2021-2022 Influenza Season in Peterborough County and City

A total of five (5) lab-confirmed influenza cases were reported for the 2021-2022 surveillance season. Zero influenza outbreaks were reported in LTCFs, retirement residences, and the local hospital for the same period.

The Ministry of Health requires reporting of influenza vaccine coverage rates for staff from hospitals and LTCFs to Boards of Health. The staff immunization coverage rates were collected as of February 01, 2022 and are reflected in Table 1.

Table 1: Health Care Worker Influenza Immunization Feedback Report

Peterborough Health Unit	Median		% Change
	2020-2021	2021-2022	
Peterborough Regional Health Centre	84.5%	63.9%	-20.6 %
Long-Term Care Homes	87.2%	89.3%	2.1%
Long-Term Care Homes	Staff Immunization Rate		% Change
	2020-2021	2021/2022	
Centennial Place Long-Term Care Home	91.3%	92.9%	1.0%
Extendicare Lakefield	92.2%	91.9%	-0.3%
Extendicare Peterborough	92.4%	81.0%	-11.4%
Fairhaven	73.6%	Not reported	n/a
Pleasant Meadow Manor	87.6%	87.6%	6.50%
Riverview Manor Nursing Home	90.5%	91.0%	0.5%
Springdale Country Manor	66.7%	Not reported	n/a
St. Joseph's at Fleming	85.8%	48.8%	-37.0%

(Source: Ministry of Health)

Given that outbreaks also occur in retirement residences, Peterborough Public Health actively requests immunization coverage rates from these facilities, however this was not completed for the 2021-2022 influenza season due to reduced staff capacity.

Facilities with a significant decrease in uptake from previous years attribute this to immunization fatigue and the inability to receive other vaccines fourteen (14) days before or after the receiving the COVID vaccine as per the guidance at that time. As well that there was very little influenza circulating in the region which may have also influenced staff decisions not to pursue the influenza immunization.

REFERENCES:

1. Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2019–2020; An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI). <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2019-2020.html>
2. Toronto Public Health, 2015 Influenza Update. <http://www.toronto.ca/legdocs/mmis/2015/hl/bgrd/backgroundfile-85948.pdf>
3. Best Practices for Prevention of Transmission of Acute Respiratory Infection In All Health Care Settings Provincial Infectious Diseases Advisory Committee (PIDAC), March 2013 ([http://www.publi Best Practices for Prevention of Transmission of Acute Respiratory Infection In All Health Care Settings Provincial Infectious Diseases Advisory Committee \(PIDAC\), March 2013 \(http://www.publichealthontario.ca/en/eRepository/PIDAC-IPC Annex B Prevention Transmission ARI 2013.pdf\)](http://www.publi Best Practices for Prevention of Transmission of Acute Respiratory Infection In All Health Care Settings Provincial Infectious Diseases Advisory Committee (PIDAC), March 2013 (http://www.publichealthontario.ca/en/eRepository/PIDAC-IPC Annex B Prevention Transmission ARI 2013.pdf)
4. Bryce E, Embree J, Evans G, Johnston L, Katz K, McGeer A, et al. AMMI Canada position paper: 2012 mandatory influenza immunization of health care workers. Canadian Journal of Infectious Disease and Medical Microbiology 2012; 23(4):e93-5. (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3597405/>)
5. Influenza Immunization of Registered Nurses Position Statement: Canadian Nurses Association, November 2012. http://cna-aiic.ca/~media/cna/page-content/pdf-en/ps_influenza_immunization_for_rns_e.pdf
6. Infection Prevention and Control for Clinical Office Practice, Provincial Infectious Diseases Advisory Committee (PIDAC) revised April 2015. http://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf
7. Centers for Disease Prevention and Control: Influenza Vaccination Information for Health Care Workers.

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8. Ministry of Health and Long Term Care: Control of Respiratory Infection Outbreaks in Long-Term Care Homes (November 2018).
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/RESP_Infectn_ctrl_guide_LTC_2018_en.pdf

PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT

TITLE:	Public Health Impacts Related to the Expansion and Advertising of Online Gaming
DATE:	October 12, 2022
PREPARED BY:	Carolyn Doris, Manager, Family & Community Health
APPROVED BY:	Hallie Atter, Acting Director, Health Promotion Division Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Public Health Impacts Related to the Expansion and Advertising of Online Gaming*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

At the February 2022 Board of Health (BOH) meeting, Councillor Clarke requested a report from staff on the public health impacts given the expansion and advertising of online gaming. The BOH has not previously made a decision regarding online gambling and advertising.

The BOH has previously received staff and technical reports addressing “The Potential Health Impacts of a Casino in Peterborough”. Updates to the 2013 technical report were shared with the BOH in May 2016. The health impacts of online gambling were not included at the time.

In January 2017, the BOH received correspondence dated December 5, 2016 from Dr. James Chirico, Medical Officer of Health, North Bay Parry Sound District Health Unit to all Ontario Boards of Health regarding the health hazards of gambling with the following actions:

- endorse the resolution and communicate this support to the Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care, with copies to local MPPs, local municipalities, the Ontario Chief Medical Officer of Health, the Association of Local Public Health Agencies, and Ontario Boards of Health; and,
- specify in correspondence to local municipalities that the BOH recommends that municipalities:
 - collaborate with Peterborough Public Health to develop and employ strategies as outlined that prevent or mitigate gambling-related harm and protect vulnerable populations at risk of gambling addiction, those least able to recover from the consequences of problem gambling, and
 - to set aside an adequate portion of gambling revenues to:

- undertake a baseline study to determine the prevalence of problem gambling within our community;
- undertake a future study to determine the impact of a local casino on problem gambling; and,
- establish a responsible and problem gambling program to help prevent and reduce the harmful impacts of excessive or uncontrolled gambling and which provides education, free support and treatment services.

BACKGROUND

In 2016, PPH staff released a technical report entitled [The Potential Health Impacts of a Casino in Peterborough](#).¹ The report focused on research related to on-site gaming operations and highlighted the health impacts of gambling including general health, mental health including depression, anxiety, co-dependencies and substance use, suicide as well as family and community impacts.¹ At the time, the report also recognized that gambling activities can lead to addiction and other health and social consequences on both individual gamblers and the community as a whole.

In 2019 the Ontario government announced it would be establishing a market for online gaming. This work was included in the November 2020 Provincial Budget and in early 2021, the province introduced a discussion paper and held consultations seeking feedback on the development of an internet gaming model (iGaming) that “ensures internet gaming is legal, competitive and safe”.² The Alcohol and Gaming Commission of Ontario (AGCO) was tasked to manage Ontario’s on-line gaming through [iGaming Ontario](#) and also acts as regulator.³

News articles in early 2022 noted that prior to the launch of iGaming Ontario it was estimated that Ontarians spend about \$500 million a year on internet gambling almost entirely with companies that operate outside of Ontario.⁴

The Ontario Medical Association’s (OMA) Health Policy Submission to the province’s iGaming consultation identified that while the majority of individuals who gamble do not cause harm to themselves or others, approximately 2.5% of Ontarians do suffer from “problem gambling or gambling addiction” which can be a serious health issue with significant implications” including crime, dysfunctional relationships and bankruptcy resulting in social, economic and health costs.³

The Responsible Gambling Council in partnership with the Ontario Gambling Research Society (OGRS) implemented a three-wave provincial survey in 2020 to examine the impacts of COVID-19 on Ontario’s gambling behaviours, financial stability and mental health and well-being. Adult gamblers were recruited to participate.⁵ The second wave of this survey included questions about changes in on-line gambling while land-based gambling was closed. It is important to note that this survey was prior to the introduction of regulated online gambling market in Ontario.

The study report noted the following findings:

- during the COVID-19 pandemic, “more Ontarian gamblers migrated to online gambling, including those who primarily gambled in-person before COVID-19” (p. 20);
- rates of online gambling rose to 87% from 54% throughout the pandemic including lotto or raffle ticket draws followed by instant lottery, electronic gambling machines, casino table games, and sports betting (p. 20);
- those at greatest risk of experiencing gambling harms (both online and land-based) were men, younger adults (aged 18-44 years) and Ontarians of East Asian and South Asian descent (p. 25);
- online gamblers who were at higher risk for gambling harms also reported experiencing greater levels of severe anxiety (17% to 24%) and depression (16% to 21%) (pg 30);
- online gambling while intoxicated was also prevalent through the pandemic with “almost half of online gamblers reporting gambling under the influence of alcohol (46%) or cannabis (12%)” (p. 30); and,
- two particularly risky motives identified were people choosing to gamble online “because it helps when feeling nervous or depressed”(p. 38).⁵

RATIONALE

The Responsible Gambling Council (RCG) predicts that the introduction of iGaming “means new and increased ways for the public to gamble with more options and opportunities than ever before” and “will undoubtedly translate to an influx of gambling advertising previously unseen in the province”.⁶ The OMA noted that “multiple studies have found that an increase in accessibility (for example, playing online) is positively associated with gambling prevalence and gambling addiction and that online gambling has greater addictive potential than physical-venue gambling”.³ For public health, there are potential public health impacts as a result of access to online gambling including that there may be “increased enticement to vulnerable populations and certain ethno-cultural groups who may consider gambling as a form of income or a way to escape pre-existing mental health conditions”.⁶ This is particularly concerning based on the 24-hours-a-day/7-days-a-week access to online gambling coupled with increased marketing through television, social media, etc.

With the province’s introduction of iGaming, increased supports for harm reduction, mental health, addictions and treatment must be considered both provincially and locally to support those facing harms related to online gambling. Public policy options that can prevent or reduce gambling-related harms as well as protecting populations vulnerable to online gambling harms should be considered. This is connected to past advocacy of the BOH connected to on-site gambling operations.

REFERENCES:

¹ Beneteau, M. (2016). *Technical Report: The Potential Health Impacts of a Casino in Peterborough*. Peterborough: Peterborough Public Health. Retrieved from Content for Board Report: www.peterboroughpublichealth.ca

² Ontario, G. o. (2021, March 3). *Discussion paper: A model for internet gaming in Ontario*. Retrieved from Government of Ontario: <https://www.ontario.ca/page/discussion-paper-model-internet-gaming-ontario>

³ Ontario Medical Association. (2021, April 15). *Responding to: A Model for Internet Gaming in Ontario Discussion Paper*. Retrieved from Ontario Medical Association: <https://www.oma.org/uploadedfiles/oma/media/public/discussion-paper-model-for-igaming-in-ontario.pdf>

⁴ CBC. (2022, April 4). *CBC News*. Retrieved from: <https://www.cbc.ca/news/canada/toronto/ontario-igaming-online-gambling-launch-1.6404314>

⁵ Centre for the Advancement of Best Practices, Responsible Gambling Council. (2022, March). *Gambling During COVID-19 In Ontario*. Retrieved from Responsible Gambling Council: <https://www.responsiblegambling.org/wp-content/uploads/RGC-Gambling-During-COVID-19-in-Ontario-March-2022-compressed-1-compressed.pdf>

⁶ Responsible Gambling Council. (2022). *Ontario's New Regulated Online Market*. Retrieved from Responsible Gambling Council: <https://www.responsiblegambling.org/ontarios-new-regulated-online-market/>

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Indigenous Health Advisory Circle Report
DATE:	October 12, 2022
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Councillor Kathryn Wilson, Circle 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 Indigenous Health Advisory Circle (IHAC) from June 22, 2022 for information;
- b. approve policy 2-50, Land Acknowledgement and Recognition of Indigenous Cultures (revised)
- c. approve policy, 2-401, Jordan's Principle (revised)
- d. send a letter to local MPPs and to the Minister of Health (via the Public Appointments Unit), to express support for the provincial appointment of Professor David Newhouse, IHAC member.

BACKGROUND

The Committee met last on September 28, 2022. At those meetings, members requested that these items come forward to the Board at its next meeting.

With respect to item 'd', while provincial appointments are normally vetted through Governance, this request is being made from IHAC with the full support of all members, and relates to goals within the Board of Health's new 2022-25 Strategic Plan, specifically to *"amplify Indigenous and Indigenous government voices relating to health issues, with particular attention to addressing health system experiences with anti-Indigenous racism"* and *"support increased representation of Indigenous peoples on important committees related to our work scope"*.

David Newhouse is Onondaga from the Six Nations of the Grand River community near Brantford, Ontario. He is a Professor of Indigenous Studies and Chair of the Chanie Wenjack School for Indigenous Studies, was the first Principal of the new Peter Gzowski College at Trent University and has been Chair of the Department of Indigenous Studies (now Chanie Wenjack School for Indigenous Studies) since 1993. He is also a Professor in the School of Business. In 2016, he received the Trent Award for Education Leadership and Innovation. He has been a member of the Executive Committee of the Trent University Faculty Association for the past

decade serving for three years as President and currently serving as Grievance Officer. Further information about Professor Newhouse can be found [here](#).

An additional item that was supported at the meeting was mandatory training for current and new Board of Health Members related to Indigenous Cultural Safety. PPH staff have piloted modules developed by the University of Toronto which features contributions from local Indigenous and First Nations community members. Given that Board's Orientation policy was scheduled for a more comprehensive review by Governance at their next meeting, and may require further updates, this revision will come forward as part of that process.

ATTACHMENTS

- a. [June 22, 2022 IHAC Minutes](#)
- b. [2-50, Land Acknowledgement and Recognition of Indigenous Cultures \(revised\)](#)
- c. [2-401, Jordan's Principle \(revised\)](#)

**Indigenous Health Advisory Circle
MINUTES
Wednesday, June 22, 2022 – 3:30 – 5:00 p.m.
Dr. J.K. Edwards Board Room, 3rd Floor, Peterborough Public Health**

Present: Ms. Barbara Card (via phone)
Councillor Henry Clarke
Councillor Nodin Knott
Mayor Andy Mitchell
Professor David Newhouse
Councillor Kathryn Wilson, Chair

Regrets: Ms. Angela Connors
Ms. Liz Stone
Ms. Rebecca Watts

Staff: Mrs. Hallie Atter, Director of Health Promotion
Ms. Alida Gorizzan, Executive Assistant, Recorder
Dr. Thomas Piggott, Medical Officer of Health & CEO

1. Call to Order and Welcome

Councillor Wilson, Chair, called the Indigenous Health Advisory Circle meeting to order at 3:35 p.m.

2. Confirmation of the Agenda

The agenda was confirmed by the members in attendance.

3. PPH Strategic Plan Discussion

As part of the PPH Strategic Plan consultation process, an open discussion on the proposed draft strategic directions occurred with IHAC members. Feedback will be considered and incorporated into the final plan, expected to be approved by the Board of Health in August.

Our Community

- In terms of where we go, it is helpful to understand where we are at. In this respect, it would be useful to get a baseline health status for First Nations (FN), Métis and Urban Indigenous residents to determine needs.

- A recent CIHR study noted that for Indigenous peoples, poverty is not only felt in terms of material deprivation, but loss of culture, language, etc.
- Other local areas of focus as identified by the Friendship Centre include housing, food security and income security.
- An integrated/comprehensive approach that includes both Urban Indigenous and First Nations members (off and on reserve) will be important. The creation of the Urban Indigenous Working Group during the pandemic was a strength in this respect.
- In the ongoing response to COVID, the medical needs of Indigenous peoples will continue to be important.
- It would be helpful to have a directory for new members living off reserve who are new to the area. Hiawatha First Nation (HFN) has developed an orientation package for new citizens, their Health Centre could work with PPH to further develop this to connect their members with local health resources.

Our Change

- Need to be thoughtful of income level in the area.
- What do we mean by fair and equitable? Access to services or the way we provide information?
- There is a role for PPH to be an advocate for fair and equitable access to health services for Indigenous peoples in the community.
- Important to understand how information is communicated/received in FN communities. Members experiencing income security do not have computers, they rely on free community newspapers or flyers for information.
- Suggestion for PPH to have an in-house staff person/advocate, and host a cultural event to build trust and further strengthen relationships with the Indigenous community.

Our People

- Discussion about what PPH does currently - Guarding Minds at Work committee, psychological wellbeing work, training and support for leadership team to help staff restart work; open and trying to learn how best to support our staff.
- How do supervisors do check-ins? The Chair related her experience at DBCFS:
 - Annual review with quarterly check-ins, employee reports on progress re: goals.
 - Part of that review involves the medicine wheel, employee is asked how they are doing in each of the four quadrants, e.g. How do you take care of yourself physically, emotionally, mentally, spiritually? You may see trends based on departments/roles.
 - Promoting and advocating workplace wellness, suggestion to post signage around the workspace with positive messaging and other wellness initiatives, e.g. "Have you taken a moment to reflect on something positive today?"

- Disconnect from work policy another important component to staff wellness.

Our System

- Climate change should be a priority.
 - Have discussions about how to improve wellness and adapt aging buildings with increasing temperature.
 - Noted that in B.C., building code now requires air conditioning in all multi-unit dwellings.
- It was recognized that PPH is a leader in terms of its relationship with FNs. At recent AIAI meetings, it was confirmed that no other FN has this type of working relationship with a health unit.
- Lack of understanding of FN governance structure by non-Indigenous communities is problematic.
- If we continue to work on access to services, specifically those required for Indigenous peoples, this will in turn help build a better system for the future.
- Involve elders where possible to benefit from their experiences and knowledge to build a better system.

4. Minutes of the Previous Meeting

• April 20, 2022

The minutes were provided for information, and will be circulated to the Board of Health.

5. Items Arising From the Minutes

5.1. Committee Appointments

This item was completed, appointments were approved by the Board on May 11, 2022.

5.2. Land Acknowledgement Policy (Original Policy / Proposed Draft Guideline)

The Chair previously circulated a request to the group for a list of local Indigenous elders and/or knowledge keepers for consideration regarding invitation to relevant events, IHAC membership. Members suggested the following individuals for consideration: Jack Hoggarth, Lorenzo Whetung, Dorothy Taylor, Debbie Jacobs, Shirley Williams, Elissa Johnson, Sandra Moore, Kim Muskrat, Tom Cowie, Vern Douglas.

With respect to the land acknowledgement policy, the previous recommendation was for a shortened, less prescriptive policy, similar to one used by Trent University which was circulated.

Ultimately it was noted that this should be framed as an educational opportunity for staff. **ACTION: The Chair offered to attend a future staff meeting to explain the process, and then revisions can be made to the policy accordingly.**

5.3. O'de Piitaanemaan Pledge

As previously requested, the Chair circulated the Seven Grandfathers Teachings to IHAC members via email.

The Pledge, along with the Seven Grandfather Teachings, was shared with PPH staff on June 21st with messaging on National Indigenous Peoples Day.

5.4. Work Plan / Anti-Indigenous Racism and Local Health Care System

The previous request to bring forward intake questions utilized by PPH programs for review/recommendations will come forward to a future meeting.

6. New Business

6.1. Board of Health Indigenous Health Orientation Content - Discussion

With an influx of new Board members expected this fall, staff sought feedback from IHAC members regarding potential content for orientation:

- Governance structure of First Nations (potentially ask Chiefs to present)
- Urban indigenous education: Understanding population and organizations (e.g. Nogojiwanong Friendship Centre, Nijkiwendidaa Anishnaabekwewag Services Circle, Métis Nation of Ontario).

Some PPH staff are currently enrolled in a pilot project led by Dr. Angela Mashford Pringle from the University of Toronto. The Indigenous Cultural Safety Micro Credential is a nine-module course comprised of videos and readings, followed by a quiz at the end of each module. A certificate is issued upon successful completion.

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

September 28, 2022, 3:30 – 5:00 p.m., PPH

8. **Adjournment**

The meeting ended at 5:00 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-50	Title: Land Acknowledgement and Recognition of Indigenous Cultures
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2019-04-10
Signature: _____		Author: Indigenous Health Advisory Circle
Date (YYYY-MM-DD): 2020-09-08		
References: Inaakonigewin Andaadad Akid: Michi Saagiig Treaties: Defining Relationships Between Peoples (Accessible to staff on the HUB (PPH Intranet) > Staff Orientation)		
Forms:		

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POLICY:

Definition:

The tradition of recognizing the land and territory where we are situated dates back centuries for Indigenous peoples. Currently, a territorial or land acknowledgement is an act of reconciliation that involves making a statement recognizing the traditional territory of the Indigenous people who called the land home before the arrival of settlers, and in many cases still do call it home.

Objective:

For non-Indigenous people living in Peterborough (Nogojiwanong), acknowledging the Indigenous history of this land and its treaty signatories can be a first step in a reconciliation journey. It represents an opportunity to pay our respects to the original inhabitants and owners of the lands within our health unit boundaries, and to acknowledge their ongoing custodial role. As a daily practice for those of us who identify as settlers, it provides an opportunity for self-reflection and growth in our roles as allies and advocates. For those of us who self-identify as Indigenous, it reminds us of our connection to this land, and can strengthen our belonging and self-worth.

In addition to First Nations peoples, there are other Indigenous peoples who contribute their cultures and ways of knowing including the Inuit and Métis. Since the late 20th century, the Métis in Canada are included as a distinct Indigenous peoples under the Constitution Act of 1982. ~~It is now possible to be registered as Métis, in much the same way that First Nations are registered as Indians in the Indian Registry.~~ Recognition of the varied cultures of the many Indigenous peoples is an important way to further relations to all Indigenous peoples.

Policy Statement:

Peterborough Public Health will incorporate a land acknowledgement as a regular practice at all meetings that are hosted by the organization. Staff are encouraged to incorporate a land acknowledgement as part of their meeting agendas.

Staff may also recognize the contributions of Indigenous cultures by adding a separate statement after the land acknowledgement.

PROCEDURE:

Starting out with good intentions, a good heart and saying your words and thoughts in kindness, is what matters most.

Peterborough Public Health staff and board members should be encouraged to research and personalize the land acknowledgement they use in their practice so that it is meaningful and relevant to any meeting they are beginning. This may for example reference strategic plan priorities relating to Indigenous allyship and health equity as it relates to the current meeting.

The ~~are three parts for the~~ land acknowledgement may involve these elements and an additional statement to recognize Indigenous cultures:

1. **Read the land acknowledgement:** The land acknowledgement takes place at the beginning of your event, before any other business. ~~Use either the one that has been created and endorsed by Curve Lake First Nation, found in Appendix A, or if choosing to use a different one, c~~Check with local Indigenous partners to ensure you are acknowledging the correct nations or peoples, using the correct pronunciation and spelling. Acknowledge the traditional caretakers of the land you occupy, as well as the Treaty and its signatories. current or more recent Indigenous peoples who have lived there.
2. **Acknowledge your commitment to working to improve relationships with Indigenous people.** This is not a chance to brag, but a reminder of the work still to be done. Consider specific references in relation to the topic of the event to be more meaningful.
3. **If you have invited guests or Elders from an Indigenous community to your event, you can ask them to welcome the meeting attendees to their territory.** A non-Indigenous person ~~can~~ should acknowledge territory. ~~but o~~Only a member of the Indigenous community can welcome others to their land.
4. **~~Read t~~The Recognition of Indigenous Cultures:** This is an optional opportunity to reflect on and express gratitude for the contributions of the cultures and ways of knowing of the varied Indigenous people in Ontario. This wording may recognize the unique history, culture and traditions of the many Indigenous Peoples with whom we share this time and space. This may give thanks to First Nations, Métis, Inuit, and the many other Indigenous people for their contributions as we strengthen ties, serve their communities and responsibly honour all our relations.

APPENDIX A — PPH LAND ACKNOWLEDGEMENT EXAMPLE:w

We respectfully acknowledge that we are on the Treaty 20 and traditional territory of the Mississauga Anishnaabeg. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honour those teachings.

~~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.~~

APPENDIX B — 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.~~

Review/Revisions

On (YYYY-MM-DD): 2019-04-10

On (YYYY-MM-DD): 2020-09-08

On (YYYY-MM-DD):

On (YYYY-MM-DD):

PETERBOROUGH PUBLIC HEALTH

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-401	Title: Jordan's Principle
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2017-03-08
Signature: <i>Original signed by Board Chair</i>		Author: First Nations Committee
Date (YYYY-MM-DD): 2020-03-11		
References: Convention on the Rights of the Child (CRC, 1989) Canadian Charter of Rights and Freedoms (1982) Truth and Reconciliation Commission of Canada: Calls to Action (2015)		

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PURPOSE

The Jordan's Principle policy ensures that First Nations and Indigenous children do not experience denials, delays or disruptions of public services that would ordinarily be available to other children due to jurisdictional disputes. This policy is fundamental in achieving equitable treatment of First Nations children relative to other Canadian children.

POLICY

Jordan's Principle is an essential mechanism for protecting the human, constitutional and treaty rights of First Nations children. This policy helps to redress the legacy of residential schools and advance the process of Canadian reconciliation as outlined in the Truth and Reconciliation Commission's Call to Action. Peterborough Public Health (PPH) shall ensure a child-first approach to jurisdictional funding disputes so as to not prevent or delay First Nations children from accessing available public health services.

All Board of Health Members and staff should be familiar with Jordan's Principle and must keep it in mind whenever dealing with Indigenous clients. By doing so, we can be more aware of the need for Jordan's Principle and the potential challenges that First Nations and Indigenous families face in accessing care for their children.

PROCEDURE

1. When PPH programs and services are requested or required by First Nations and Indigenous children, the organization shall pay for services for a Status Indian child where that service is available to other children. This service shall be provided without delay or disruption.

2. Matters that involve Jordan's Principle should be referred to the Medical Officer of Health or Directors for appropriate follow-up, reporting and resolution.
3. The organization has the option to refer the matter of payment to a relevant jurisdictional dispute resolution table, where appropriate.
- 3.4. Executive will report, on a confidential anonymous basis, back to the Indigenous Health Advisory Circle when referrals have been made, including the results of those applications.

Review/Revisions

On (YYYY-MM-DD): 2017-03-08

On (YYYY-MM-DD): 2020-03-11 (Board reviewed, no changes)

On (YYYY-MM-DD):

On (YYYY-MM-DD):