

**Board of Health for  
Peterborough Public Health  
AGENDA  
Board of Health Meeting  
Wednesday, February 8, 2023 – 5:30 p.m.  
Multipurpose Rooms, 185 King Street, Peterborough**

1. **Call to Order & Welcome**
2. **Confirmation of the Agenda**
3. **Declaration of Pecuniary Interest**
4. **Consent Items to be Considered Separately**

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

5. **Delegations and Presentations**
6. **Board Chair Report**
7. **Confirmation of the Minutes of the Previous Meeting**

- Cover Report
- a. Minutes, January 11, 2023

8. **Business Arising From the Minutes**

9. **Staff Reports**

- 9.1. **Presentation: Opioid-Related Harms Update**

- Cover Report
- a. Opioid Harms Data Portal (*web link*)

- 9.2. **Presentation: COVID-19 and Respiratory Virus Update**

- Cover Report
- a. Risk Index (*web link*)

- 9.3. **Q4 2022 Status Reports**

- Cover Report
- a. Q4 2022 Program Report
- b. Q4 2022 Financial Report

## **10. Consent Items**

### **10.1. Correspondence for Direction**

### **10.2. Correspondence for Information**

- Cover Report
- a. MCCSS Response – HBHC/ITDP Funding
- b. alPHa e-newsletter
- c. alPHa Submission – Provincial Budget
- d. City Council – PPH Budget

### **10.3. Staff Reports**

#### **10.3.1. Summary of Complaints, 2022**

- Staff Report

#### **10.3.2. Summary of Donations, 2022**

- Staff Report

#### **10.3.3. Summary of Research Activities, 2022**

- Staff Report

### **10.4. Committee Reports**

## **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, March 8, 2023, 5:30 p.m.  
Multipurpose Rooms, 185 King Street, Peterborough

## **15. Adjournment**

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Approval of Meeting Minutes</b>
<b>DATE:</b>	<b>February 8, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on January 11, 2023.

**ATTACHMENTS**

- a. [Board of Health Minutes, January 11, 2023.](#)

**Board of Health for  
Peterborough Public Health  
DRAFT MEETING MINUTES  
Board of Health Meeting  
Wednesday, January 11, 2023 – 5:30 p.m.  
Multipurpose Rooms, 185 King Street, Peterborough**

**In Attendance:**

**Board Members:**

- Deputy Mayor Ron Black**
- Warden Bonnie Clark (virtual)**
- Mayor Matthew Graham**
- Councillor Dave Haacke (virtual)**
- Councillor Nodin Knott (virtual)**
- Councillor Joy Lachica**
- Mr. Dan Moloney (virtual)**
- Councillor Keith Riel (virtual)**
- Dr. Hans Stelzer**
- Councillor Kathryn Wilson, Chair**

**Staff:**

- Ms. Hallie Atter, Acting Director, Health Promotion**
- Mr. Keith Beecroft, Health Promoter (virtual)**
- Mr. Evan Brockest, Manager, Communications & I.T.**
- Ms. Alida Gorizzan, Executive Assistant (Recorder)**
- Ms. Julie Ingram, Manager, Environmental Health (virtual)**
- Dr. Thomas Piggott, Medical Officer of Health & CEO**
- Mr. Larry Stinson, Director of Operations**

---

**1. Call to Order**

Dr. Piggott called the meeting to order at 5:31 p.m., and introduced Evan Brockest, Manager of Communications and Information Technology as the newest member of the Peterborough Public Health Management Team.

**2. Elections and Appointments**

**2.1. Elections**

**MOTION:**

That the Board of Health for Peterborough Public Health approve the following leadership positions for the Board of Health for 2023:

- Board of Health Chairperson – Councillor Kathryn Wilson
- Board of Health Vice-Chairperson – Mr. Dan Moloney

Moved: Mayor Graham

Seconded: Dr. Stelzer

Carried. (M-2023-001)

## **2.2. Committee Appointments**

MOTION:

That the Board of Health for Peterborough Public Health appoint members to its Committees as follows for 2023:

- Indigenous Health Advisory Circle: Councillor Dave Haacke, Councillor Joy Lachica, Councillor Nodin Knott
- Governance Committee: Warden Bonnie Clark, Councillor Joy Lachica, Mr. Dan Moloney, Dr. Hans Stelzer
- Stewardship Committee: Deputy Mayor Ron Black, Mayor Matthew Graham, Councillor Keith Riel, Dr. Hans Stelzer

Moved: Councillor Haacke

Seconded: Deputy Mayor Black

Carried. (M-2023-002)

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

MOTION:

That the regular meetings for the Board of Health for Peterborough Public Health in 2023 be held on the following dates at 5:30 p.m., or at the call of the Chairperson:

- January 11, February 8, March 8, April 12, May 10, June 14, September 13, October 11, November 8, December 13.

Moved: Dr. Stelzer

Seconded: Warden Clark

Carried. (M-2023-003)

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

MOTION:

That the Board of Health for Peterborough Public Health approve a 1.5% increase in honourarium for its members, representing a total amount of \$159.93 per meeting in 2023.

Moved: Mayor Graham

Seconded: Mr. Moloney

Carried. (M-2023-004)

## **5. Confirmation of the Agenda**

The Chair requested the addition of item 14.1, 2023 PPH Budget & Provincial Advocacy.

MOTION:

That the agenda be approved as amended.

Moved: Deputy Mayor Black

Seconded: Dr. Stelzer

Carried. (M-2023-005)

**6. Declaration of Pecuniary Interest**

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

MOTION:

That the following items be passed as part of the Consent Agenda: *13.2a,b,c; 13.4.1a.*

Moved: Mayor Graham

Seconded: Mr. Moloney

Motion carried. (M-2023-006)

MOTION (13.2a,b,c)

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

- a. Joint letter dated November 21, 2022 from the PPH & FourCast to Ministers Jones and Tibollo regarding supervised inhalation services in Peterborough.
- b. Letter dated November 24, 2022 from the Acting Board Chair to Minister Fullerton regarding HBHC & ITDP funding.
- c. Association of Local Public Health Agencies e-newsletter dated December 16, 2022.

Moved: Mayor Graham

Seconded: Mr. Moloney

Motion carried. (M-2023-006)

MOTION (13.4.1a)

That the Board of Health for Peterborough Public Health receive meeting minutes of the Indigenous Health Advisory Circle (IHAC) from September 28, 2022 for information.

Moved: Mayor Graham

Seconded: Mr. Moloney

Motion carried. (M-2023-006)

**8. Delegations and Presentations**

**9. Board Chair Report**

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

**MOTION:**

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on November 9, 2022.

Moved: Warden Clark

Seconded: Mayor Graham

Motion carried. (M-2023-007)

**11. Business Arising From the Minutes**

**12. Staff Reports**

**12.1. Staff Report: Improving Indoor Air Quality (IAQ) in Indoor Public Settings**

**MOTION:**

That the Board of Health for Peterborough Public Health:

- receive the staff report, “Improving Indoor Air Quality (IAQ) in Indoor Public Settings”, for information;
- write to municipal and First Nations governments in our region to consider policy levers to improve indoor air quality and encourage the assessment and improvement of indoor air quality in their own public facilities;
- write a letter to the provincial Minister of Health and Minister of Municipal Affairs and Housing to advocate for changes to the Ontario Building Code that would outline the importance of improved IAQ for health reasons as it relates to the Ontario Building Code, with copies to local MPPs, MPs, Curve Lake & Hiawatha First Nations, and all Ontario Boards of Health;
- write to provincial Minister of Health and Minister of Municipal Affairs and Housing and federal Minister of Health, and Minister of Intergovernmental Affairs, Infrastructure and Communities to advocate for funding streams to be created at all levels of government that would help small businesses and other organizations upgrade their HVAC systems, and/or otherwise improve their indoor air quality by using best practices and implementing technological advancements so that clean air becomes the norm in these spaces, with copies to local MPPs, MPs, Curve Lake & Hiawatha First Nations, and all Ontario Boards of Health; and,
- direct staff to liaise with other sectors (e.g., environmental engineers, municipal building departments, the business community, etc.) to fully understand how changes could be implemented in indoor public and residential settings and explore opportunities for improvement.

Moved: Councillor Lachica

Seconded: Mayor Graham

Carried. (M-2023-008)

**12.2. Presentation: Opioid-Related Harms Update**

MOTION:

That the Board of Health for Peterborough Public Health receive the presentation, Opioid-Related Harms Update, for information.

Moved: Dr. Stelzer

Seconded: Deputy Mayor Black

Carried. (M-2023-009)

**12.3. Presentation: COVID-19 and Respiratory Virus Update**

MOTION:

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

Moved: Mr. Moloney

Seconded: Councillor Riel

Carried. (M-2023-010)

**13. Consent Items**

**14. New Business**

**14.1. 2023 PPH Budget & Provincial Advocacy**

MOTION:

That the Board of Health for Peterborough Public Health send a letter to the Association of Local Public Health Agencies regarding the 2023 provincial budget consultation, with copies to local funders recommending endorsement.

Moved: Mr. Moloney

Seconded: Councillor Riel

Carried. (M-2023-011)

*The Chair called for a break at 8:01 p.m. The meeting resumed at 8:10 p.m.*

**15. In Camera to Discuss Confidential Matters**

MOTION:

That the Board of Health for Peterborough Public Health go In Camera at 8:11 p.m. to discuss two items under the Municipal Act, 2001, Section 239(2)

(d), Labour relations or employee negotiations; and,

(e), Litigation or potential litigation, including matters before administrative tribunals affecting the Board).

Moved: Mayor Graham

Seconded: Councillor Riel

Carried. (M-2023-012)



MOTION:

That the Board of Health rise from the In Camera session at 8:28 p.m.

Moved: Dr. Stelzer

Seconded: Mayor Graham

Carried. (M-2023-013)

**16. Motions for Open Session**

MOTION:

That the Board of Health for Peterborough Public Health ratify the Collective Agreement with the Ontario Nurses Association.

Moved: Deputy Mayor Black

Seconded: Dr. Stelzer

Carried. (M-2023-014)

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

Wednesday, February 8, 2023, 5:30 p.m.

Multipurpose Rooms, 185 King Street, Peterborough

**18. Adjournment**

MOTION:

That the meeting be adjourned.

Moved by: Mayor Graham

Seconded by: Mr. Moloney

Motion carried. (M-2023-015)

The meeting was adjourned at 8:29 p.m.

---

Chairperson

---

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Opioid-Related Harms Update</b>
<b>DATE:</b>	<b>February 8, 2023</b>
<b>PREPARED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the presentation, Opioid-Related Harms Update, for information.

**ATTACHMENTS**

- a. [Opioid Harms Data Portal](#) (*web link*)

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>COVID-19 and Respiratory Virus Update</b>
<b>DATE:</b>	<b>February 8, 2023</b>
<b>PREPARED BY:</b>	<b>Donna Churipuy, Director, Health Protection Division</b>

**PROPOSED RECOMMENDATIONS:**

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

**ATTACHMENTS:**

- a. [Peterborough Region COVID-19 and Respiratory Virus Risk Index](#) (*web link*)

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

<b>TITLE:</b>	<b>Q4 2022 Program &amp; Financial Status Reports (October 1 – December 31, 2022)</b>
<b>DATE:</b>	<b>February 8, 2023</b>
<b>PREPARED BY:</b>	<b>Donna Churipuy, Director, Health Protection Division Hallie Atter, Acting Director, Health Promotion Division Larry Stinson, Director of Operations Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the Q4 2022 Program & Financial Status Reports (October 1 – December 31, 2022) for information.

**ATTACHMENTS**

- a. [Q4 2022 Program Status Report](#)
- b. [Q4 2022 Financial Report](#)

## Q4 2022 PROGRAM STATUS REPORT

### SUMMARY

*Summary of Key Issues from the Medical Officer of Health*

#### Accomplishments:

- PPH Strategic Plan (SP) was completed and teams for all of the SP goals were established; Champions (i.e., team leads) began to develop theories of change and action plans for each goal.
- Additional programs and services resumed as staff were returned to core Ontario Public Health Standard (OPHS) programs.
- An eCOVID research project in partnership with McMaster University garnered staff support funding.
- New Board of Health members were oriented to their roles and the mandate of local public health agencies.
- PPH staff attended a full-day orientation session for County Council members organized by the County of Peterborough.
- All staff participated in a half-day learning session on resiliency and wellbeing.

#### Challenges:

- Team wellbeing and management of staff burnout;
- Wave of COVID & other respiratory viruses adding to communicable disease control work burden and staff absenteeism;
- Recruitment of staff for ongoing critical vacancies;
- Turnover of contracted staff with temporary COVID funding leaving for permanent positions in other organizations;
- Ongoing resource limitations catching up on OPHS required programming with the existing staff complement.

### PROGRAM TRACKER

*Status of Mandated Programs and Requirements*

Ontario Public Health Standard Mandated Programs	# Requirements Compliant (Q4 2022)	# Requirements Compliant (Q4 2019)
<b>Program Standards</b>		
Chronic Disease Prevention and Well-Being	3/5	4/4
Food Safety	3/5	4/5
Healthy Environments	5/11	7/10
Healthy Growth and Development	1/3	3/3
Immunization	7/10	10/10
Infectious and Communicable Diseases Prevention and Control	20/21	21/21
Safe Water	7/8	8/8
School Health	1/10	6/10
Substance Use and Injury Prevention	1/4	3/4

Ontario Public Health Standard Mandated Programs	# Requirements Compliant (Q4 2022)	# Requirements Compliant (Q4 2019)
<b>Foundational Standards</b>		
Population Health Assessment	4/7	7/7
Health Equity	2/4	4/4
Effective Public Health Practice	5/9	8/9
Emergency Management	0/1	1/1
<b>Other Mandated Programs</b>	<b>Status</b>	<b>Status</b>
Infant and Toddler Development	ME	ME
Safe Sewage Disposal	ME	ME

ME: Meeting Expectations PME: Partially Meeting Expectations

Link to [Ontario Public Health Standards](#)

---

## PROGRAM SUMMARIES

### Chronic Disease Prevention and Well-Being

Requirements #2, 4:

- No interventions have been delivered around built environment, healthy sexuality, mental health promotion, physical activity and sedentary behavior and sleep. This may result in reduced knowledge about risks and protective factors associated with chronic diseases. Policy and supportive environments are not being furthered to support healthy behaviours that reduce risk of chronic disease.
- PPH is not compliant with *Enforcement of the Healthy Menu Choices Act, 2015*. These activities were deprioritized in 2022 due to inadequate human resources. Incomplete enforcement of the Act may result in food premises not posting caloric information as required under the Act and families making un-informed food choices when eating in a restaurant or purchasing takeout food. They may also not be aware of the calorie content of food and beverages eaten outside of the home.

### Food Safety

Requirements #3, 4:

- Public education efforts related to food safety have yet to be fully implemented. This may result in reduced knowledge about risks to food safety among the general population.
- General/Routine inspections of food premises continued in Q4, however, PPH did not achieve full compliance with food premises inspection requirements. A plan has been established to achieve 100% compliance for High-Risk and Moderate-Risk food premises in 2023. We anticipate continued capacity limitations to achieve compliance with Low-Risk food premise inspections, however, if this work takes less time than anticipated we will begin in late 2023.
- The lack of compliance leads to some risk that food premises do not comply with the food safety regulations which may result in food borne illness. Staff continue to respond to all food safety-related complaints that we receive.

## **Healthy Environments**

Requirements #2, 3, 4, 5, 6, 11:

- Full compliance with requirements for climate change work were not realized in 2022, however, a working group has been established and plans for 2023 were completed in conjunction with this work as a strategic plan priority.
- Due to limited staff capacity, PPH did not comply with requirements to engage in collaboration to promote healthy built and natural environments and to develop effective strategies to reduce exposure to health hazard. A program of public health interventions was not implemented to promote healthy built & natural environments and communications to the public to reduce exposure to health hazards were not completed. This may result in lack of public awareness of health hazards and increased public exposure to health hazards. It may also result in an increase in health inequities related to exposure to health hazards.
- An inspection of the local Consumption and Treatment Site (CTS) was completed and a report was provided to the Ministry however policies, procedures and disclosure process were not completed.

## **Healthy Growth and Development**

Requirement #2:

- PPH has not resumed public health interventions using a comprehensive health promotion approach to support healthy sexuality in the health unit population due to limited capacity.

## **Infectious and Communicable Diseases Prevention and Control**

Requirement #7, 8, 14, 15:

- Health promotion approaches to increase adoption of healthy behaviours among the population regarding sexual practices and injection drug use to prevent and reduce exposures to sexually transmitted have not yet been started in 2022 due to limited capacity. Sharp increases in Chlamydia positivity rates in 2021 and early 2022 indicate concern with under testing and diagnosis and demonstrate a need for improved awareness and access to testing.
- Updated Rabies internal policies and procedures, contingency plans and communication are pending. It is expected that these will be completed in 2023. Avian Influenza planning is still pending. Incomplete plans for zoonotic diseases may result in inadequate response to outbreaks of these diseases.

## **Immunization**

Requirement #1-3:

- Immunization of School Pupils Act enforcement activities were initiated with plans to continue in 2023. A Grade 3 early notification communication was shared directly with all parents/guardians of Grade 3 students in early Dec 2022 informing them of activities planned for early 2023.
- PPH continues to lack capacity to engage in activities to improve knowledge and confidence in immunization programs. This may result in reduced uptake of vaccines and thereby increase risk of outbreaks of vaccine preventable diseases.

## **Safe Water**

Requirement #4:

- In Q4, PPH increased communication related to partnerships for drop off locations with local municipalities, however, there is still minimal supplemental communications related to water borne illness and safe drinking water due to capacity. The limited communications may result

in limited awareness and knowledge of safe water testing especially among residents in rural areas and result in increased risk for waterborne illness.

### **School Health**

Requirements #2, 3:

- Resumption of some school activities happened in Q4, however, most schools are not yet meaningfully engaged with planning or implementation of programs that promote healthy living behaviours or healthy environments due to school capacity.

Requirement #4:

- PPH has not been able to support to school boards and schools to assist with the implementation of healthy sexuality-related curricula for the OPHS due to limited capacity. This may result in limited knowledge of healthy sexuality and skills among school children.

Requirement #5, 6:

- Resumption of in-school screening started in November 2022, however, not all schools were screen by end of Q4.

Requirement #7:

- Vision screening has been de-prioritized. The result is that parents/guardians may not be aware of visual health needs of their school-aged children.

Requirement #8:

- PPH has not participated in *Immunization of School Pupils Act (ISPA)* enforcement activities since the 2019-20 school year. PPH has offered catch-up clinics in area schools in advance of completing these activities in 2023/24. Unattached patients may also access routine immunization services at PPH. Low immunization rates due to lack of enforcement of the ISPA among school children puts the community at risk of outbreaks of vaccine preventable diseases.

### **Substance Use and Injury Prevention**

Requirement #1,2:

- No interventions have been delivered around injury prevention and violence. This may result in reduced knowledge about risks and protective factors associated with injuries. Policy and supportive environments are not being furthered to reduce risk and harm associated with injuries.

Requirement #4:

- Inspection of local CTS facility completed and report provided to the Ministry however completion of an internal policy and procedure and disclosure process is pending.
- Priority continues to be on activities related to the opioid crisis. Work on other substances and injury prevention have been de-prioritized.

### **Foundational Standards**

- Compliance is improving since Q3. The 2023 workplan of FS is still under development while planning by program areas of Health Promotion and Protection are being finalized. Still in process of reaching full staff complement with staff that can bring appropriate set of competencies for temporary (1) and regular positions (2) in the team.



## Communications

### Media Relations:

Activity	Quarterly Totals	
	Q4 2022	Q3 2022
News releases issued	26	29
Media interviews/statements provided	21	17

### Social Media:

Platform	Total Followers	Q4 2022 Followers Gained	Q4 2022 Followers Lost	Q4 2022 Net Change
Facebook	5,414	80	0	+80
Twitter	6,746	179	0	+176
Instagram	3,455	122	0	+122

### Social Media:

Age	Facebook Fans	Instagram Followers (Total)	Instagram Followers (Female)	Instagram Followers (Male)
13-17	3	20	16	4
18-24	150	205	155	50
25-34	1.1K	729	589	139
35-44	1.6K	730	583	147
45-54	1.1K	110	270	90
55-64	776	229	182	47
65+	599	100	83	17

### Select Webpages:

Webpage	Q4 2022 Pageviews	Q3 2022 Pageviews	Net Change
<a href="#">Homepage</a>	28,325	33,590	-15.67%
<a href="#">COVID Risk Index</a>	19,799	20,008	-1.04%
<a href="#">COVID Risk Guidance</a>	4,451	3,586	24.12%
<a href="#">COVID Vaccine Clinic</a>	12,817	12,190	5.14%
<a href="#">COVID Vaccine Info</a>	Removed. Content can now be found on COVID-19 Vaccine clinic page.	6,435	N/A
<a href="#">COVID-19 Vaccine Eligibility</a>	3,177	N/A (Launched Oct 6/22)	N/A
<a href="#">Opioids</a>	294	392	-25%
• <a href="#">Opioids Data</a>	342	331	3.32%
• <a href="#">Drug Reporting Tool</a>	36	53	-32.08%
<a href="#">Monkeypox</a>	183	2,096	-91.27%

<b>Webpage</b>	<b>Q4 2022 Pageviews</b>	<b>Q3 2022 Pageviews</b>	<b>Net Change</b>
<a href="#">Strategic Plan</a>	396	261 (Updated Sept 12/22)	51.72%
<a href="#">News (Not individual articles)</a>	854	633	34.91%
<a href="#">Flu Clinic</a>	6,026	Not reported.	N/A
<a href="#">Sexual Health Clinic</a>	2,557	Not reported.	N/A
<b>TOTAL</b>	<b>143,940</b>	<b>162,485</b>	<b>-11.41%</b>

## Financial Update Q4 2022 (Finance: Dale Bolton)

### Programs Funded January 1 to December 31, 2022

	Funding Type	2022 Budget Submission	YTD (Year to Date) Budget \$ Based on 2022 Submission (100%)	YTD Expenditures to Dec 31	YTD % of Budget Submission	YTD Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	Ministry of Health (MOH) Cost Shared (CS)	8,863,437	8,863,437	8,594,811	97.0%	268,626	Year-to-date underspending due to redeployment of staff to COVID response from January through April. Increase in expenditures for cost-shared program through the past two quarters as core program staff returned to regular programs and some additional temporary staff retained through end of year to support catch-up work. Expenditures related to the pandemic response have been reported separately below. Total funding includes MOH (Base, Mitigation and Indigenous Communities) and local partners.
COVID Response	MOH CS	858,599	858,599	1,165,302	135.7%	(306,703)	Covid response for the year for case and contact tracing and enforcement activity. The Annual Service Plan (ASP) included the budget allocation of \$858,599 from the cost-shared budget. Similar to the prior year, eligible expenditures in excess of the cost-shared underspending will be covered through the province at 100% based the Ministry approval through the quarterly report. Total COVID extraordinary expenses at December 31 are \$2,140,302. YTD expenditures of \$1,165,302, represents the portion of budgeted costs that will be covered through the cost-shared budget. The excess cost of \$975,000 will be funded through one-time funding, as approved by the MOH - see below.
	Funding Type	2022 Budget Submission	YTD Budget \$ Based on 2022 Submission (100%)	YTD Expenditures to Dec 31	YTD % of Budget Submission	YTD Under/(Over)	Comments
COVID Vaccination	MOH CS	464,391	464,391	426,314	91.8%	38,077	Covid vaccination for the year. The ASP included the budget allocation of \$464,391 from the cost-shared budget. Similar to the prior year, eligible expenditures in excess of the cost-shared underspending will be covered through the province at 100% based the Ministry approval through the quarterly report. The Ministry approved \$2,218,000 with the 3rd quarter submission. Total COVID extraordinary expenses at December 31 are \$2,851,363. Year-to-date expenditures of \$426,314 represents the portion of costs to date that will be covered through the cost-shared budget. The excess cost of \$2,425,049 will be funded through one-time funding - see below.
<b>Combined Cost-Shared</b>		<b>10,186,427</b>	<b>10,186,427</b>	<b>10,186,427</b>	<b>100.00%</b>	<b>-</b>	<b>See notes above.</b>

	Funding Type	2022 Budget Submission	2022 Approved MOH Budget (100%)	YTD Expenditures to Dec 31	YTD % of Budget	YTD Variance Under/(Over)	Comments
Ontario Seniors Dental	100%	898,100	848,600	848,600	100.0%	-	Ministry approved a pro-rated budget of \$848,600 as per the budget submission. Program operated within the approved allocation for the current year.
<b>Total - Ministry Funded - 2022</b>		<b>11,084,527</b>	<b>11,035,027</b>	<b>11,035,027</b>	<b>100.0%</b>	<b>-</b>	
	Funding Type	2022 Submission	2022 Approved MOH Budget (100%)	YTD Expenditures to Dec 31	YTD % of Budget Approval	YTD Variance Under/(Over)	Comments
<b>One-Time Funding funded January 1 to December 31, 2022</b>							
COVID Response	100% MOH	2,565,659	975,000	975,000	100.0%	-	Excess year-to-date COVID extraordinary expenditures, per notes above, not covered through underspending in cost-shared programs. The Annual Service Plan included the one-time request in the amount of \$2,565,659 for case and contact and enforcement. The Ministry approval \$975,000 and total expenditures of the same, due to additional costs being covered through cost-shared. Adjustments to approved funding or additional funding will be granted for eligible expenditures through submission of quarterly Ministry reports, as necessary.
COVID Vaccination	100% MOH	2,855,507	2,218,000	2,425,049	109.3%	(207,049)	Excess YTD COVID Vaccination expenditures, per notes above, not covered through underspending in cost-shared programs. The ASP included the one-time request in the amount of \$2,855,507 to support the vaccination clinic. The Ministry approved \$2,218,000 based on the Q3 In Year Financial Report Submission. The total expenditures of \$2,425,049 is just above below above the amended approval due to increased spending in core programs through the final quarter than anticipated resulting in reduced funds available to offset COVID Vaccination costs. The Ministry has communicated that COVID costs will be covered with adjustments granted for eligible expenditures through submission of quarterly Ministry reports. A request for an additional \$207,000 was made with the submission of the Q4 report.

One-Time Funding funded April 1, 2022 to December 31, 2022							
	Funding Type	2022 Approved Budget	2022 YTD Budget \$ (100%)	YTD Expenditures to Dec 31	YTD % of Budget Approval	YTD Variance Under/(Over)	Comments
Covid - School-Focused Nurses Initiative	100% MOH	448,000	448,000	448,000	100.0%	-	Public Health Nurses (PHNs) hired to provide rapid-response support to school boards and schools to facilitate public health and preventative measures relating to pandemic. Funding eligible to December 31/22.
One-Time Funding funded April 1, 2022 to March 31, 2023							
	Funding Type	2022 - 2023 Approved Budget	2022 /23 YTD Budget \$ (100%)	YTD Expenditures to Dec 31	YTD % of Budget Approval	YTD Variance Under/(Over)	Comments
Public Health Inspector (PHI) Practicum Student	100% MOH	20,000	15,000	20,000	100.0%	(5,000)	Funding for 2 PHI Practicum Students for 12 week period. One student hired end of May and second hired in the fall of 2022. Program will be expended by end of December.
Needle Exchange Program	100% MOH	19,000	14,250	-	0.0%	14,250	Funding for extraordinary costs associated with delivering the Needle Exchange Program. Eligible costs include purchase of needles/syringes, disposal costs, and other operating costs. Budget will be spent by March 2023.
Smoke Free Ontario Tablet Upgrades	100% MOH	4,400	3,300	3,521	106.7%	(221)	Purchased two tablets and peripheral equipment to support tobacco inspection system software mobile units. Balance of budget will be spent by March 2023.
Programs funded April 1, 2022 to March 31, 2023							
	Funding Type	2022 - 2023 Approved Budget	YTD Budget \$ (100%)	YTD Expenditures to Dec 31	YTD % of Budget Approval	YTD Variance Under/(Over)	Comments
Infant Toddler and Development Program	100% Ministry of Children, Community and Social Services (MCCSS)	242,423	181,817	160,568	66.2%	21,249	Program operating below budget due to Infant Educator position vacancy until mid-May. Through the final quarter of the year, some additional staff hours are planned as well as the acquisition of program resources to reduce current surplus.
Healthy Babies, Healthy Children	100% MCCSS	928,413	696,310	679,799	73.2%	16,511	Program operating just below budget due to redeployment of one PHN to COVID for the first quarter and underspending in travel. Through the final quarter of the year, some additional staff hours are planned as well as the acquisition of program resources to reduce current surplus.

Funded Entirely by User Fees January 1 to December 31, 2022							
	Funding Type	2022	YTD Revenue \$ (100%)	YTD Expenditures to Dec 31	YTD % of Budget Approval	YTD Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	402,775	321,122	375,593	93.3%	(54,471)	Program funded entirely by user fees. Expenditures are below budget and user fees below, resulting in a deficit of \$(54,471). Final review of program files to be completed over next month and updates to be made prior to the audit. Excess expenditures in program, if realized, may be offset through the sewage program reserve.
Mandatory and Non-Mandatory Re-inspection Program	Fee for Service	97,500	98,625	109,419	112.2%	(10,794)	Program funded entirely by fees. Program activity commenced in May and will continue through end of November to finalize property inspections. Final review of program files to be completed over next month and updates to be made prior to the audit.
<b>Total - All Programs</b>		<b>18,668,204</b>	<b>16,006,451</b>	<b>16,231,976</b>	<b>101.4%</b>	<b>(225,525)</b>	Variance primarily relates to excess expenditures in COVID Vaccination and Fee for Service Programs

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Information</b>
<b>DATE:</b>	<b>February 8, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

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

- a. Letter dated December 7, 2022 from the Ministry of Children, Community and Social Services (MCCSS), in response to the Board Chair’s original letter dated November 24, 2022, regarding HBHC & ITDP funding.
- b. E-newsletter dated January 18, 2023 from the Association of Local Public Health Agencies (alPha).
- c. Letter dated January 19, 2023 from the Board Chair to alPha regarding the Government of Ontario 2023 Budget consultation.
- d. Letter dated January 25, 2023 from the Board Chair to Peterborough City Council regarding the 2023 PPH Budget.

Ministry of Children,  
Community and Social  
Services

Ministère des Services à  
l'enfance et des Services  
sociaux et communautaires



Children with Special Needs  
Division

Division des services aux enfants  
ayant des besoins particuliers

Child Development and  
Specialized Services Branch

Direction du développement des  
enfants et des services spécialisés

101 Bloor Street West  
2nd Floor,  
Toronto ON M5S 2Z7  
Phone: (416) 892-6926

101 rue Bloor ouest  
2<sup>e</sup> étage  
Toronto (Ontario) M5S 2Z7  
Tél : (416) 892-6926

December 7, 2022

Councillor Kathryn Wilson  
Board of Health Chair  
Peterborough Public Health  
[agorizzan@peterboroughpublichealth.ca](mailto:agorizzan@peterboroughpublichealth.ca)

Dear Councillor Wilson:

Thank you for your letter on behalf of the Board of Health for Peterborough Public Health regarding the Healthy Babies Healthy Children (HBHC) and Infant Child and Development (ICDP) Programs. As the Director of the Child Development and Specialized Services Branch in the Ministry of Children, Community and Social Services (MCCSS), it is a pleasure to respond.

MCCSS delivers a range of services to support vulnerable children, youth and families in Ontario. We recognize the important role that both of these programs play in supporting healthy child development and helping children get the best start in life. We also acknowledge that the intensity of need for the programs have increased, especially due to the pandemic.

Delivering vital programs and services as efficiently and effectively as possible is a critical priority for us all. The ministry is continuing efforts to improve the quality and sustainability of both HBHC and ICDP to adapt to a changing community context. The motion passed by the Board of Health for Peterborough Public Health on November 9, 2022 provides us with insights that will assist in this process.

The ministry recognizes the important work that your health unit provides to its communities. Staff in our Division are available to discuss program delivery options further as needed. Please be in touch with Riffaat Mamdani, Manager, Child Development Unit, at [Riffaat.mamdani@ontario.ca](mailto:Riffaat.mamdani@ontario.ca).



Thank you for sharing the experiences of Peterborough Public Health and the Board of Health. I look forward to working with you and other partners to help support efficient and high-quality services for families and children.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ziyaad Vahed', with a long, sweeping flourish extending to the right.

Ziyaad Vahed  
Director

**PLEASE ROUTE TO:**

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

---

**January 18, 2023**

---

## January 2023 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](http://alphaweb.org).

---

### **2023 Winter Symposium and Section Meetings**

**alPHa is pleased to announce that registration is now open for the online alPHa Winter Symposium and Section meetings that are taking place on Friday, February 24, 2023.**

We have an exciting line-up for this event including speakers from alPHa, Public Health Ontario, Ontario Health, and the Ontario Provincial Police discussing issues of key importance to public health leaders. alPHa's President, Trudy Sachowski, is the Symposium Chair and members of alPHa's Board of Directors are moderating the sessions.

Registration information, the draft Symposium program, the draft agenda for the BOH Section meeting, and the event flyer can be accessed by going to the [alPHa website](#) and clicking on the Symposium Banner or by going to the [event page](#). This webpage is also where any updates will be posted. The closing date to register is Monday, February 20<sup>th</sup> at 5 pm. Please note that you must be an alPHa member to participate in the Symposium or Section meetings. All registrants will receive login information prior to the event.

If you are a BOH Section or Affiliate member and registered for the Symposium, you may also attend the [Pre-Symposium Workshop called Road 2 Mental](#)

[Readiness \(R2MR\)](#) on February 23, 2023! The workshop was developed in collaboration with the Canadian Armed Forces for public health leaders and is based on a cycle that entails preparation, performance, and recovery. Please note, if you are a BOH or Affiliate attendee, you do not need to separately register for this workshop. (COMOH members, this is the R2MR workshop you participated in on November 18, 2022. If you are a COMOH member, missed the original session, and want to participate, you can contact Melanie Dziengo at [communications@alphaweb.org](mailto:communications@alphaweb.org).)

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

**Hold the Date for the 2023 Conference and AGM!** The online Winter Symposium and Section meetings are not the only membership events in the works. The 2023 Conference and AGM is scheduled to take place from June 11<sup>th</sup>-13<sup>th</sup> and will be in person. Please stay tuned for further information!

---

## **Leader to Leader - A Message from alPHA's President - January 2023**

The foundation of alPHA and its success is built upon the support of its members and the existing network of relationships with its 34-member local public health agencies. An excellent example of this is alPHA's recent survey of Ontario's local public health units. The purpose was to identify the funding needs for local public health, as well as to collect the operating and base budgets, and one-time funding allocations for the province's public health agencies.

With a response rate of 100 per cent, the results continue to inform alPHA's discussions regarding Ontario's public health funding allocations and needs. More specifically it informs alPHA's response to the government's 2023 Budget Consultations and alPHA's latest [Public Health Matters Infographic](#) that celebrates local public health's vaccine successes.

While there were variations in the estimates provided by the province's local public health agencies across Ontario, which differ in geographic size and population densities served, the survey results decisively concluded the current base funding envelope for local public health units is not sufficient to meet the expected needs within Ontario's public health standards and related legislation. Investment in local public health is essential, as healthy individuals and healthy

communities create and maintain a strong, vibrant, and economically prosperous Ontario.

alPHA members Dr. Charles Gardner, Simcoe-Muskoka District Health Unit; Cynthia St. John, Southwestern Public Health; Dr. Hamidah Meghani, Halton Region Health Department; Wess Garrod, Kingston, Frontenac, Lennox & Addington Public Health; Trudy Sachowski, Northwestern Health Unit and Loretta Ryan, alPHA's Executive Director, were the team who spearheaded the project for the alPHA Board. The work was supported by several health units who worked with alPHA's Executive Director and her staff, on various components from developing the survey to collating the feedback. Thank you to everyone for their contributions and the numerous roles our members played across all 34 local public health agencies.

There is much optimism for 2023 and what is in store for further engagement opportunities for alPHA members. Anticipation is building around alPHA's Winter Symposium and Section meetings that are being held virtually on Friday, February 24th. All members are encouraged to participate in this important on-line learning event that furthers the conversation on public health's resilience and its demonstrated role for the health of all Ontarians. A workshop called, Road to Mental Readiness, will be delivered to the Boards of Health Section and Affiliates on Thursday, February 23rd as part of a pre-symposium workshop, included with registration.

In June, the 2023 alPHA AGM, Conference and Section meetings will be another key opportunity for member engagement. Highlights include a review of alPHA's current Strategic Plan that takes us to the end of 2023. At the event, as an association, we will begin to define the strategy, direction, and allocation of resources to attain strategic goals moving beyond 2023. As well, there will be updates on alPHA's by-law review to ensure legal compliance with the Ontario Not for Profit Corporation Act (ONCA) prior to the deadline of October 2024.

alPHA highly values its members across Ontario's 34 local public health agencies. The association endeavours to engage you proactively and meaningfully through regular updates via email and opportunities in Information Break, on Twitter, at member-driven symposiums and events and with time-sensitive updates and opportunities for consultations such as the survey on Ontario's 2023 Budget Consultations.

In 2023, alPHA's dedicated governance Board of Directors and Executive Committee, supported by alPHA's Executive Director and staff, *will continue to provide strategic leadership with one, unified voice representing the public health*

system across its member constituents. aPHa provides on-going and valued resources and services to you, its members, leading in the ever-changing public health sector. aPHa is committed to influencing Ontario's decision-makers to ensure a robust local public health system with ample resources to protect the entire population's health.

Trudy Sachowski,  
President

~ Leadership is not a position or a title, it is an action and an example ~

## Public Health Matters Infographic

**PUBLIC HEALTH MATTERS**  
PUBLIC HEALTH FALL VACCINE SUCCESS WINTER 2023

Local public health units increased vaccine coverage and provided vital protection against disease for residents across Ontario. The leadership provided by Ontario's local public health agencies on an unprecedented number of vaccine campaigns aimed at increasing vaccine uptake. This fall, dedicated staff in Ontario's 34 local public health units intensified vaccine activities to combat the fall respiratory virus surge and other emerging public health issues.

**LOCAL PUBLIC HEALTH PREPARED FOR, COORDINATED, AND DELIVERED 7 VACCINE CAMPAIGNS**

- COVID-19, pediatric, 5-17 booster, and bivalent
- Routine: influenza and student immunization and catch-up program
- Outbreak response: mpox & meningococcal C
- Promoted routine vaccines

**COMMUNICATION AND PUBLIC EDUCATION ABOUT VACCINE CAMPAIGNS**

- 3,300+ Social media posts
- 4,500,000+ Social media engagement and impressions
- 700+ Media releases, responses, and interviews

**MORE CLINICS, INCREASED CAPACITY, BROADER OUTREACH, EXTRAORDINARY RESULTS**

Ontario's 34 public health units led Ontario's vaccination campaigns with a focus on increased access, data-driven action, integrated services, and amplified messages.

**FALL 2022 VACCINATION BY THE NUMBERS**

- 1,100+ Fixed site clinics\*
- 2,000+ Mobile clinics\*
- 700+ Influenza clinics
- 1,000+ Student Immunization and catch-up clinics
- 400+ Mpox clinics
- 3,000+ Homebound vaccinations

\* co-administration of multiple vaccines

Population Health Assessment, Health Equity, Effective Public Health Practice, Emergency Management, Chronic Disease Prevention and Well-Being, Food Safety, Healthy Environments

**UNE QUESTION DE SANTÉ PUBLIQUE**  
SANTÉ PUBLIQUE - LA VACCINATION D'AUTOMNE EST UN SUCCÈS HIVER 2023

**ACCÈS ACCRU**

- Les dirigeants des unités de santé publique locales collaborent avec les municipalités à l'exploitation d'autobus de vaccination mobile. Les autobus visent à éliminer les obstacles à la vaccination et offrir des services dans les endroits que les gens fréquentent régulièrement (comme les centres d'épicerie, les événements locaux et les parcs), dans les endroits éloignés, dans les collectivités à risque et dans d'autres régions mal desservies.
- Les dirigeants des unités de santé publique locales ont travaillé en étroite collaboration avec les communautés autochtones. Par exemple, une unité de santé publique a créé et partagé des trousseaux de communication bilingues avec les Premières Nations de la région, les groupes communautaires autochtones urbains et les partenaires misés pour favoriser une communication ouverte, la dissémination rapide des directives de santé publique et des mises à jour sur les vaccins.

**ACTIVITÉS FONDÉES SUR DES DONNÉES**

- Le personnel des 34 unités de santé publique de l'Ontario a utilisé des données pour optimiser la couverture vaccinale. L'unité de santé publique qui s'est servie des indicateurs d'équité pour identifier les voisinages prioritaires où livrer ses services d'approche et son soutien en est un exemple. Cette information recueillie selon les secteurs géographiques a été publiée via un tableau de bord de la COVID-19 et utilisée à l'intérieur pour planifier le système de la santé. Des stratégies de vaccination, des cliniques mobiles, des sites fixes et des partenariats d'organismes tels les Équipes Santé Ontario et les cliniques communautaires ont été utilisés afin d'accroître la vaccination.

**SERVICES INTÉGRÉS ET SENSIBILISATION COMMUNAUTAIRE**

- La santé publique locale a intégré ses services afin d'en maximiser l'impact. Par exemple, une unité de santé publique locale a établi 15 centres dans sa communauté, offrant des services comme le dépistage dentaire, la santé mentale, des supports à la toxicomanie et l'usage de substances, et les immunisations anti-COVID-19, antigrippales et tétaniques.
- La santé publique locale a créé des partenariats avec les agences communautaires pour sensibiliser davantage sur les vaccins et a travaillé dans le but de faire vacciner les résidents contre la COVID-19. Une unité de santé publique locale a exploité des équipes de mobilisation pour la vaccination comprenant plus de 150 organismes de la santé, communautaires et confessionnels et plus de 700 ambassadeurs reflétant la diversité de la communauté.

**MESSAGES AMPLIFIÉS**

- La santé publique locale a utilisé des stratégies médiatiques traditionnelles (communiqués de presse, événements médiatiques et médias sociaux) en plus de tactiques ciblées particulières. Un exemple de ce travail est illustré par une unité de santé publique locale qui a collaboré avec des partenaires du milieu hospitalier à la création d'un clip publicitaire qui mettait en évidence les actions nécessaires pour réduire la pression causée par les maladies respiratoires sur le système hospitalier. Le clip est présenté avant chaque long métrage au cinéma local, aux parties d'hockey à domicile ainsi que sur les ondes de la télévision locale.

Évaluation de la santé de la population, Équité en matière de santé, Pratiques efficaces liées à la santé publique, Gestion des urgences, Prévention des maladies chroniques et bien-être, Sécurité des aliments, Environnements sains

aPHa is pleased to share our new [Public Health Matters Infographic](#) that highlights the important public health programs and services that promote well-being, prevent disease, and protect population health throughout the Province of Ontario. The French version of the Infographic can be found [here](#).

This builds upon the earlier [Public Health Matters infographic \(A Public Health Primer\)](#), and focuses on the success of recent local public health campaigns to increase coverage against a range of vaccine preventable diseases, including

COVID-19, mPox, influenza, and those included in routine childhood immunizations.

We anticipate these infographics will be useful resources in your various engagements with decision-makers and community partners, including local councillors and MPPs. Please continue to demonstrate the value of local public health and celebrate the accomplishments by using and sharing these resources widely.

alPHa would like to thank the many volunteers who contributed to the infographic and to send a special shout out and thanks to the staff at Toronto Public Health. A big thank you also goes out to Eastern Ontario Health Unit for translating the Infographic.

---

## 2023 Budget Consultations

The Government of Ontario is seeking public input on the 2023 Budget via an online survey, an invitation for written submissions, and a series of public hearings.

**Public Survey:** The government's online survey launched on January 11th. Respondents are invited to choose their top two or three priorities from a list of options under each of nine topic areas. Please note that under the fourth item (*When you think about your community, what services or resources could use more government support?*), "Public health resources for businesses, schools and other community groups" is one of the options. There are no open-ended questions. [Click here to complete the survey.](#)

**Written Submissions:** alPHa will be providing a written submission and invites input from its members. To contribute, please send an e-mail to [loretta@alphaweb.org](mailto:loretta@alphaweb.org) by January 20, 2023. We also encourage our members to provide submissions of their own to ensure local perspectives are considered.

**Public Hearings:** Please note these hearings are already underway and we have provided a link to the news release below, which includes opportunities around the province.

Please note the consultation closes on **February 10th**, notwithstanding the public hearings that occur after this date.

[Please click here for the 2023 Budget Consultation page.](#)

[Please click here for the Standing Committee on Economic Affairs News Release.](#)

---

## **2023 EA/AA Conference**

Prior to this year's Winter Symposium, on February 22<sup>nd</sup>, the EA/AA Conference will take place. This is an opportunity to virtually gather EAs/AAs to provide additional tools and knowledge to help them support alPHa members across the province. The registration page can be found [here](#). Tickets are \$149.00+HST.

---

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

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

Resources available on the alPHa website include:

- [Orientation Manual for Boards of Health \(Revised 2022\)](#)
  - [Review of Board of Health Liability, 2018 \(PowerPoint presentation, Feb. 21, 2019\)](#)
  - [Legal Matters: Updates for Boards of Health \(Video, June 8, 2021\)](#)
  - [Obligations of a Board of Health under the Municipal Act, 2001 \(Revised 2021\)](#)
  - [Governance Toolkit \(Revised 2022\)](#)
  - [Risk Management for Health Units](#)
  - [Healthy Rural Communities Toolkit](#)
  - [The Ontario Public Health Standards](#)
  - [Public Appointee Role and Governance Overview \(for Provincial Appointees to BOH\)](#)
  - [Ontario Boards of Health By Region](#)
  - [List of Health Units sorted by Municipality](#)
  - [List of Municipalities sorted by Health Unit](#)
  - [Map: Boards of Health Types](#)
  - [NCCHPP Report: Profile of Ontario's Public Health System \(2021\)](#)
  - [The Municipal Role of Public Health \(2022 U of T Report\)](#)
- 

## **Affiliates Update**

## **Association of Public Health Business Administrators**

Picking up where the fall conference left off, the Association of Ontario Public Health Business Administrators' Executive is reviewing its current strategic priorities for the coming 12-18 months. This will be important work given the provincial intention of strengthening the public health sector now that the first 2+ years of the pandemic are behind us. The entire field is also working fast and furiously through one of its busiest times – year end, quarterly reporting, budget development, and ASP readiness.

---

## **Association of Municipalities of Ontario (AMO) New Head of Council and New Councillor Training**

AMO is offering training for New Heads of Councillors and New Councillors. The training will feature subject matter experts, helping participants “managing diverse aspects and expectations on issues you will find before your term.” You can register for the New Head of Councillor Training [here](#) and register for New Councillor training [here](#).

---

## **ROMA 2023: Breaking New Ground**

The [2023 ROMA Annual General Meeting and Conference](#) is taking place January 22 to 24. The event focuses on critical rural municipal issues. alPHa wishes our members who are attending all the best as they engage, learn, network about their communities and discuss the important role of local public health in Ontario.

---

## **Thank you to everyone who submitted Abstracts!**

For 2023, TOPHC is hosting a two-day convention that will include one day of virtual presentations and interactive activities and a second day of in-person workshops and networking.

### **Important dates**

- January 30: Registration opens
- March 27: Virtual convention

#TOPHC2023 is created by and for public health professionals and will deliver workshops, presentations, and keynotes focused on the unique experiences,



challenges and opportunities in public health today. TOPHC events offer a chance for public health professionals to learn from each other, get inspired, provoke thought and move forward to make a difference in their careers and communities. TOPHC is co-hosted by PHO, alpha, and OPHA. Further information can be found [here](#).

---

## Public Health Ontario

### COVID-19 Epidemiological Surveillance Report

- [SARS-CoV-2 Genomic Surveillance in Ontario, December 23, 2022](#)
- [COVID-19 Wastewater Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario from December 25, 2022 to December 31, 2022 \(Week 52\)](#)
- [COVID-19 in Ontario Weekly Epidemiological Summary](#)

#### **Vaccination and Vaccine-Preventable Diseases**

- [Recommendations: Management of Age-Related COVID-19 Vaccine Administration Errors](#)
- [Socio-Demographic Data Collection For COVID-19 Vaccination](#)
- [Public Health Management Considerations for Pertussis](#)

#### **Additional Resources – New**

- [Invasive Group A Streptococcal \(iGAS\) Disease in Children 0 to 17 Years of Age in Ontario: October 1, 2016 to December 19, 2022](#)
  - [Orientation for Infection Prevention and Control Leads in Long-Term Care](#)
- 

## PHO Events

- **January 19:** [PHO Rounds: A Comprehensive Look at Youth Vaping in Ontario/Canada](#)
- **January 24:** [PHO Rounds: Tuberculosis De-isolation](#)
- **January 30:** [PHO Webinar: Implementing Smoking Rooms in Supervised Consumption Sites: Key lessons](#)

Interested in the upcoming events? Check out the [Events](#) page to stay up-to-date with all PHO events.

## New Members Appointed to Ontario Public Health Emergencies Science Advisory Committee

New members with diverse expertise in public health threats and emergencies, including areas of epidemiology and surveillance, public health, health equity and social justice, emergency planning and occupational health have been appointed to the [Ontario Public Health Emergencies Science Advisory Committee \(OPHESAC\)](#). Read the full announcement on PHO's [News page](#).

## **Request to Participate in the Ontario Public Health Information Database Study**

All public health units are invited to participate in the CIHR funded, Ontario Public Health Information Database (OPHID) Study. The OPHID Study objective is to examine the impacts of funding changes in Ontario's public health system on population health and health equity. For more details, you can read the briefing note that was provided to the alPHa Board about the OPHID Study at this [link](#).

In collaboration with the alPHa Board, the OPHID Advisory Council has been formed to guide the collection, use and reporting of public health system indicators, and their impact on public health in the OPHID study. The OPHID database now includes information from 26 of Ontario's public health units related to their funding, workforce and program delivery.

To participate, your public health unit will be asked to share information on your public health unit's funding and budgets and complete topic area surveys to examine disruptions to public health programs during the COVID-19 pandemic. Stay tuned for more information.

---

## **Public Health Workforce Study: Mental Health and Intention to Leave During COVID-19**

The Canadian Institutes of Health Research and McMaster University are conducting a research study to understand the nature and extent of mental health impacts and intention to leave among the public health workforce in Canada during COVID-19. They are seeking public health professionals and workers who have worked in a public health unit or regional health authority in Canada prior to March 2020 and during the COVID-19 pandemic in full or part-time positions. Participation will include [completion of a one-time anonymous online survey](#).

---

## **alPHa welcomes Centennial College student, Franger Jimenez!**

Franger Jimenez is a [Workplace Wellness and Health Promotion](#) student at Centennial College. There, he is learning about how to improve the wellbeing of people, with a holistic approach, in and out of the workplace. Franger is also the new placement student at alPHa for the next four months. Previously, Franger trained as a physician, and he worked on health promotion in Colombia as a medical leader for cardiovascular and metabolic diseases. He also treated chronic patients and created health campaigns to promote healthy lifestyles. alPHa staff and volunteers look forward to working with Franger as he develops health and wellness products for our members.

---

## Upcoming DLSPH Events and Webinars

- [HealthcareLCA Launch: The new home of healthcare environmental impact assessments](#) (Jan. 18)
  - [Industry interactions in the context of the interprofessional clinic](#) (Jan. 19)
  - [Building a Leading Digital Healthcare Platform with Data and AI](#) (Jan. 19)
  - [Treating Patients with C.A.R.E.](#) (Jan. 20)
  - [Maternal vaccination against COVID-19: insights from Canadian data](#) (Jan. 23)
  - [Tackling Bias in Health AI Systems from a Human Rights Lens](#) (Jan. 25)
  - [2023 Global Health Conference](#) (Jan. 26)
- 

## RRFSS Update

RRFSS 2023 has a variety of survey options and costs! Data collection is available for 2023 in a variety of modes: telephone (dual-frame landline and cell phone samples) and online (panel and convenience samples). Costs vary by data collection method, number of completed interviews and survey length. For example, 720 completed telephone interviews (50 per cent landline/50 per cent cell) with ten minutes of interview questions would cost approximately \$35,000. A panel sample with 600 completed interviews and a ten-minute survey would cost approximately \$20,000.

By participating in RRFSS, costs are reduced by sharing administrative costs associated with CATI setup, data collection and data file preparation by ISR. RRFSS also allows for custom surveys based on specific budgets.

In addition, benefits of RRFSS Partnership with ISR include:

- ISR has over 50 years of excellence in conducting applied and academic social research.
- ISR is a non-profit academic research centre that operates the RRFSS (compared to many profit based private research companies).
- ISR has full time dedicated RRFSS project staff with continuous years' experience and close to 100 trained onsite interviewers.
- All ISR interviewers are local Ontario residents and there is no out-sourcing.
- All calls are by live ISR interviewers and there are no 'robo-calls' or automated messages.

**To collect 2023 RRFSS data and create a survey package and customizable budget contact: Lynne Russell, RRFSS Coordinator:**  
[lynnerrussell@rrfss.ca](mailto:lynnerrussell@rrfss.ca)

---

### **COVID-19 Update**

The Ministry of Health COVID-19 resource pages:  
<https://www.ontario.ca/page/covid-19-coronavirus> (English)  
[Ministry of Health - guidance for the health sector](#)

[Public Health Ontario's COVID-19 landing page](#)  
[Public Health Agency of Canada's COVID-19 landing page](#)  
[alPHa's recent COVID-19 related submissions can be found here.](#)

As part of the ongoing response to COVID-19, alPHa continues to represent the public health system and work with key stakeholders.

---

### **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 - Public Health Matters \(Partners\)](#)

January 13, 2023 letter from the President of the Association of Local Public Health Agencies (alPHa) to alPHa's partners presenting a copy of the infographic. The infographic highlights important public health programs and services that

promote well-being, prevent disease, and protect population health throughout the Province of Ontario.

[aPHa Letter - Public Health Matters \(Minister\)](#)

January 13, 2023 letter from the President of the Association of Local Public Health Agencies (aPHa) to the Minister of Health presenting a copy of the infographic. The infographic highlights important public health programs and services that promote well-being, prevent disease, and protect population health throughout the Province of Ontario.

---

## **News Releases**

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

January 19, 2023

Ms. Loretta Ryan  
Executive Director  
Association of Local Public Health Agencies (alPHA)  
[loretta@alphaweb.org](mailto:loretta@alphaweb.org)

Dear Ms. Ryan,

In response to your email communication on January 11, 2023 requesting input on alPHA's submission to the Government of Ontario regarding the 2023 Budget, please accept the following comments on behalf of the Board of Health for Peterborough Public Health (PPH).

To begin, we believe it's important for budget decisions by the Province to address two key issues: adequate funding to deliver the Requirements articulated in the Ontario Public Health Standards 2018 (OPHS), including catch up and recovery from COVID-related gaps; and, addressing challenges faced by local funders to address the uncertainty and ability to provide the obligated funding to local public health agencies (LPHAs).

The Ontario public health system is a critical investment. Indeed, every dollar invested in public health returns 10 to 40-fold over time. This has the potential to prevent future health care and related costs, which have a significant impact on the provincial budget. The importance of reaching under-served populations has never been more evident than during the COVID-19 pandemic, and this work, focused on equity is core to the work of public health. Therefore, investments in achieving the goals of public health stated in the OPHS have great potential for return.

Unfortunately, even prior to COVID-19, many LPHAs, PPH included, were unable to be fully compliant with these Standards, compromising the ability to achieve these returns. **Adequate and predictable base funding for public health, and annual increases to accommodate increased costs of operations needs to be a priority.** In the past decade provincial increases to the grants received by LPHAs have stagnated, with no annual increases in most years, or adjustments not meeting even cost of living increases. At PPH, we recently estimated that this translates to an ingrained deficit of \$929,000 due to staff salary increases over the past decade that have not been matched by funding increases.

Programs funded 100% by the Province, such as Healthy Babies, Healthy Children, have not seen increases in nearly 15 years. This has led to a service reduction in a program area that affects the health of families and children in our community for generations to come.

We appreciate the governments commitment to protecting our communities from COVID and the funding to support public health's role, already promised for 2023. **Integrating this ongoing work into the core mandate of public health along with adequate levels of funding needs to be a priority in the months ahead, not just for COVID but for all potential respiratory and infectious disease threats.**

As public health stepped up to protect communities from COVID, other public health work was forced to be abandoned or minimized. **Funding is required for catch-up on core activities including child immunizations, inspections, and other core work, and to re-establish important public health programs.**

Adequate funding with regular increases requires clarity on funding requirements and the ability of funders to plan for and meet their funding obligations. The continued provision of “mitigation funding”, and the delay of funding formula changes, through COVID-19 has been truly appreciated. The uncertainty of the future of mitigation funding and the unpredictability of provincial grants to public health creates vulnerability for local funders and tension between these funders and local boards of health. **Decisions on future funding models are needed and require consideration toward ability to pay.**

The Ontario public health system and LPHAs are committed to health equity, health protection and health promotion. Together with our provincial and community partners, we can contribute significantly to building a healthier Ontario. The mandate established, if adequately resourced, is critical to future wellbeing of communities across Ontario and the Province is urged to make public health a priority at this critical time.

Sincerely,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

cc: Local Governments  
Local MPPs

January 25, 2023

Mayor Jeff Leal and Council Members  
City of Peterborough  
c/o Mr. John Kennedy, Clerk  
[jkennedy@peterborough.ca](mailto:jkennedy@peterborough.ca)

Dear Mayor Leal and Council:

**Re: Board of Health response to Peterborough Public Health budget request**

On behalf of the Board of Health, I would like to address this Council's rejection of the Peterborough Public Health (PPH) levy for maintenance-level funding for the 2023 fiscal year. Several pressures are currently impacting PPH's operating budget.

Chronic underfunding of public health is the most significant factor driving the increase in the levy. For five out of the last seven years, contributions towards public health have flatlined at zero percent. Against the backdrop of inflation and conservative annual salary increases for unionized staff, this translates to a relative funding cut.

To manage these non-discretionary expenses, our Board has continuously pursued measures to maximize efficiency without sacrificing provision of mandatory services for the health of our communities. Our management to staff ratio is low compared to neighbouring health units, and our per capita cost of service delivery is 16% lower than the average of our regional counterparts. Prior to the pandemic, we struggled to meet mandatory minimum standards and we have now exhausted all avenues to address chronic underfunding through internal cost-saving measures.

As a Board of Health, we proactively initiated discussions in 2018 to establish a transition plan to phase in increases in local funding levels. In 2019, this plan was paused amidst provincial discussions on modernization of the public health system and then the COVID-19 pandemic. Between 2020 and 2022, provincial mitigation funding and COVID-19 funding shielded local funders from the full cost of delivering public health services as our core operations were paused or reduced. Prudent use of provincial resources allowed PPH to focus our efforts towards fighting the pandemic, while limiting financial risk to local funders. Despite the significant downloading of costs to local funders in the PPH Board of Health approved budget for 2023, it represents only a 1.94% increase in expenditures - reflecting the true, minimum cost required to protect and promote health in our region.

In other instances of municipal concerns with public health unit budgets, the matter has been reviewed by the courts, which have upheld the municipal obligation to follow the provisions outlined in the Health Protection and Promotion Act. This is of course not a desired trajectory for either of us. In 2023, we are seeing the consequences of underinvestment in public health in our hospitals and on our streets. If the last fifteen years



have taught us anything, it is that delaying efforts towards prevention only makes future problems worse. As such, I hope this letter provides much-needed clarity and context regarding PPH's immediate financial needs as we work together to continue to address urgent public health challenges in our community.

Sincerely,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

cc: Ms. Sandra Clancy, Chief Administrative Officer, City of Peterborough  
Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer

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

<b>TITLE:</b>	<b>Summary of Complaints, 2022</b>
<b>DATE:</b>	<b>February 8, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the staff report, *Summary of Complaints, 2022*, for information.

**FINANCIAL IMPLICATIONS AND IMPACT**

There are no financial implications arising from this report.

**DECISION HISTORY**

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

**BACKGROUND**

During the 2022 calendar year, the organization handled two formal complaints. In comparison, there were two in 2021, and three in 2020.

Please note that general complaints regarding public health measures and restrictions related to the COVID-19 pandemic have not been reported as part of this policy.

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

No.	Nature of Complaint	Comments
1	Complaint regarding a tweet posted by Dr. Piggott on a COVID comparison.	The Chair reviewed and responded, noting the less formal nature of social media communication, and further discussed this matter with Dr. Piggott in order to strike a balance with sharing public health messaging.
2	Complaint regarding septic installation.	Actions of PPH staff relating to the installation issue were reviewed by the Director of Health Protection. One deficiency was identified and rectified.

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

<b>TITLE:</b>	<b>Summary of Donations, 2022</b>
<b>DATE:</b>	<b>February 8, 2023</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance and Property</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the staff report, Summary of Donations, 2022, for information.

**FINANCIAL IMPLICATIONS AND IMPACT**

For the year ending December 31, 2022, Peterborough Public Health (PPH) received a total of \$28,725 charitable donations for programs.

**DECISION HISTORY**

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

**BACKGROUND**

PPH received its charitable status in 2010 and is able to issue charitable receipts. Charitable donations to PPH support non-core funded activities or work by community partners.

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

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

Internal charitable donations from our employees are received through payroll deduction, which are receipted through their T4. In 2022, 55 employees made charitable donations through payroll deductions, with donations being directed to the public health programs and/or the United Way. A total of \$12,520 was donated by PPH employees through payroll contributions to the United Way and PPH programs.

In 2022, Peterborough Public Health received \$1,444 after transactions fees through the donation web site *Canada Helps*. The funds are reflected below under individual donations.

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

Year	2021	2022
Total Cheques/Cash Received	\$9,500 (15 donors)	\$22,369 (14 donors)
Total On-Line Canada Helps	\$1,977 (25 donors)	\$1,444 (26 donors)
Total Payroll Deductions	\$4,192 (25 donors)	\$4,912 (21 donors)
<b>Total Donations</b>	<b>\$15,669</b>	<b>\$28,725</b>

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

Program	2021	2022
Collective Kitchens	\$ -	\$10
Community Kitchen/Come Cook With Us	\$1,134	\$1,922
Contraceptive Assistance Fund	\$373	\$172
Dental Treatment Assistance Fund (DTAF)	\$1,344	\$4,082
Food for Kids (FFK)	\$10,606	\$21,691
Food Security/Gleaning	\$ 192	\$192
Healthy Babies, Health Children (HBHC) Equipment and Supply Fund	\$1,733	\$409
Prenatal Classes for Young Parents	\$17	\$112
Infant Toddler Equipment Fund	\$ -	\$10
Undesignated	\$270	\$125

**Table 3: Donations by Donor Type**

Donor Type	2021	2022
Business	\$2,550	\$12,599
Church	\$1,500	\$1,800
Individual	\$2,427	\$2,224
Payroll Deduction	\$4,192	\$4,912
Service Clubs/ Foundations	\$5,000	\$7,190

The Dental Treatment Assistance Fund and Community Kitchens activities rely upon donations for the delivery of programs. Food For Kids (FFK) continues to receive some larger donations from a local service club and food supply businesses to support ongoing school breakfast program activities. PPH is a flow-through for FFK funding not direct delivery of service. Program donations increased by 83.3% in 2022 compared to the prior year after experiencing some reductions in contributions during the pandemic. The donations provide the much-needed funding to support PPH in delivering these programs and services to our community members throughout 2022 and in the upcoming year.

## **RATIONALE**

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

Peterborough Public Health will continue to:

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

## **STRATEGIC DIRECTION**

This report supports the 'Our Community' strategic direction in PPH's 2022-2025 Strategic Plan by enhancing program resources; improving access to programs, services and resources for those individuals and families in the community; and, prioritizing health issues affecting underserved populations.

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

<b>TITLE:</b>	<b>Summary of Research Activities, 2022</b>
<b>DATE:</b>	<b>February 8, 2023</b>
<b>PREPARED BY:</b>	<b>Jane Hoffmeyer, Manager, Foundational Standards</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the staff report, Summary of Research Activities, 2022, for information.

**FINANCIAL IMPLICATIONS AND IMPACT**

There are no financial implications arising from this report. Research activities are either revenue generating or neutral activities important to contributing to the overall advancement of the public health field.

**DECISION HISTORY**

The provision of an annual report to the Board of Health which summarizes research activities undertaken in the previous calendar year has been in practice since 2016.

**BACKGROUND**

The positive role of research is recognized within the Ontario Public Health Standards (OPHS). These standards view research as being fundamental to effective public health practice. Certain projects may provide financial support through grants or research collaborations may be available to support PPH functions, other projects do not add cost or take away from other core programming.

Annual reporting was initiated to ensure Board of Health members are kept apprised of this aspect of PPH operations which reflects a range of public health topics. The summary table (Attachment A) is comprised of research projects that PPH has been directly involved with in a leadership or developmental role between January 1 - December 31, 2022.

This year the summary has been expanded to include the submission of manuscripts to public health journals or public health knowledge forums. The manuscripts, when accepted, will offer local practice-based knowledge objectively judged to be valuable to public health practitioners.

## **RATIONALE**

The purpose of this staff report is to ensure the Board is effectively and efficiently informed about PPH activities related to research and knowledge sharing.

## **MANDATE**

### **Ontario Public Health Standards**

This report applies to the following standard or requirement:

#### *Foundational Standards*

“5. The board of health shall engage in knowledge exchange activities with public health practitioners across the province, policy-makers, academic and community partners, health care providers, and the public regarding factors that determine the health of the population as informed by population health assessment, surveillance, research, and program evaluation.

6. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange activities, which may include those conducted by the board of health alone or in partnership or collaboration with other organizations.” (OPHS, 2021: pg. 26)

## **STRATEGIC PLAN**

Research reported here preceded the 2022-25 Strategic Plan.

## **ATTACHMENTS**

- a. [Summary Table of Peterborough Public Health Research Activities in 2022](#)

## Attachment A - Summary Table of Peterborough Public Health Research Activities in 2022

### General Overview

Across 2022, Peterborough Public Health (PPH) participated in a number of different research projects in collaboration with Ontario research institutions and/or other local public health agencies. The list includes projects that were delayed by the COVID-19 pandemic, those more recently launched in response to the pandemic or emerging new practices (e.g., local risk indices). Ten (10) projects are described in the table below with current status information. PPH’s role across the set of research activities is varied and involves contributions by our staff in roles including lead investigator, collaborator or identified knowledge user (e.g., Locally Driven Collaborative Program (LDCP) research).

For the first time, this table also includes manuscripts submitted to peer-reviewed public health journals or public health knowledge sharing forums.

<b>Principle Investigator Organization(s)</b>	<b>Project Title</b>	<b>Purpose Statement</b>	<b>Status</b>
Trent University, Dr. Terry Humphreys	Sexual Health Survey	To examine the sexual health-related behavioural practices of the local community. This information is intended to assist in the design and delivery of sexual health services and programming for local residents and students.	Final report expected April 2023.
University of Waterloo, Dr. Sharon Kirkpatrick; HKPR District Health Unit; Middlesex London Health Unit	Measuring Food Literacy	To develop a food literacy measurement tool for use with youth (aged 16-19 years), and young parents and pregnant women (aged 16-25 years) at risk for poorer health.	Delayed by pandemic. In progress.
St. Michael’s Centre for Urban Health Solutions/ University of Waterloo,	Strengthening the Implementation of “Health in All Policies” (HiAP) at the local level in	To engage six knowledge user sites from Ontario (including Peterborough) and Quebec with 3 main objectives: (1) Conduct six explanatory case studies of HiAP implementation in local governments of ON and QC;	Delayed by pandemic. In progress - knowledge mobilization workshops



<b>Principle Investigator Organization(s)</b>	<b>Project Title</b>	<b>Purpose Statement</b>	<b>Status</b>
Dr. Ketan Shankardass	Ontario (ON) and Quebec (QC)	(2) Directly mobilize knowledge; and (3) Evaluate the impacts of the knowledge management activities on HiAP implementation.	are pending.
Trent University School of Nursing, Anne MacLeod	Project Social Isolation to Social Connection: Responses of Community-Dwelling Frail Seniors and their Caregivers to COVID-19	To prevent and mitigate the negative impacts of social isolation of community-dwelling frail seniors and their familial and formal carers during and post COVID-19 pandemic.	Complete – report available.
University of Alberta School of Public Health, Dr. Roman Pabayo; Public Health Ontario, Dr. Brendan Smith; Ontario Public Health Association, Pegeen Walsh	Disinvestment in Public Health Study	To establish an open access system and measures for tracking public health expenditures, governance and delivery over time. Findings from this project will highlight the important role of public health, particularly during the current COVID-19 pandemic, and will help improve population health and decrease health inequities in Ontario.	In progress – findings pending.
Memorial University, Dr. Rachel Prowse; Public Health Ontario, Dr. Sarah Orr; Ontario Dietitians in Public Health	Updating of the Ontario Nutritious Food Basket Protocol and Tools	To update provincial protocols and tools for Nutritious Food Basket costing, which is integral for healthy equity and income advocacy.	In progress. Validity and pilot testing completed in 2022. Updates to integrate learnings will take place in 2023.
Trent University, Dr. Lynne Davis	PPH and the Urban Indigenous Peoples Working	To understand the experiences of collaboration between Indigenous peoples and PPH, including successes and	Completed 2022 – report available.

<b>Principle Investigator Organization(s)</b>	<b>Project Title</b>	<b>Purpose Statement</b>	<b>Status</b>
	Group Collaboration for COVID-19 Vaccination Clinics	challenges in planning and implementing the vaccination clinic campaign for Indigenous peoples.	
Trent University, Dr. Paul Schaffer, Sebastien Nicolle, Morgan Carl	The Ethical and Equitable Application of the Local COVID-19 Vaccination Timeline and Milestones	To assess PPH’s sequencing of Phase-1 of the COVID-19 vaccination campaign, and to draw out lessons learned to inform emergency planning for future pandemics.	Completed 2022 – report available.
University of Toronto, Dr. David Poon; Public Health Ontario, Dr. Jessica Hopkins	Public Health Workforce Burnout: A Canadian Cross-sectional Study	To assess burnout of the public health workforce in Canada. Burnout is defined as “a state of emotional, physical and mental exhaustion caused by excessive and prolonged stress.”	Initiated 2022 – in progress.
Co-applicants for LDCP funding: KFL&A Public Health & Toronto Public Health; Co-applicant Academic Dr. Tara Gomes, Ontario Drug Policy Resource Network (ODPRN)	How do we get to harm reductions in the middle of multiple crises?	To understand changes in harm reduction services in Ontario over the pandemic and describe regional needs to address the ongoing overdose crisis	Initiated 2022 – in progress.
Trent University, Drs. Christopher Kyle and Michael Donaldson; McMaster University/PPH, Dr. Piggott	Wastewater Surveillance for Earlier Detection of Congregate Living COVID-19 Outbreaks in Peterborough, Ontario	Manuscript submitted to the Canadian Communicable Disease Report journal.	In progress – publication pending.

<b>Principle Investigator Organization(s)</b>	<b>Project Title</b>	<b>Purpose Statement</b>	<b>Status</b>
McMaster University/PPH, Dr. Piggott	Utility of the PPH COVID-19 Rapid Antigen Test Self-Report Tool: Implications for COVID-19 Surveillance	Manuscript submitted to <a href="#">medRxiv</a> – preprints of manuscripts undergoing peer review.  Manuscript submitted to Canadian Communicable Disease Report journal	<a href="#">medRxiv preprint published here</a>  In progress – publication pending.
McMaster University/PPH, Dr. Piggott	COVID-19 Risk Index in the Peterborough Public Health Region: A Qualitative User Experience Study	Manuscript submitted to the Canadian Medical Association Open Journal.	In progress – publication pending.
McMaster University/PPH, Dr. Piggott	Mobilizing the eCOVID RecMap for Public Health	Workshop and manuscript in development relating to use of evidence from the eCOVID RecMap for Public Health, including financial support through CIHR grant for research assistant who has been working to incorporate evidence into the COVID-19 Risk Index at PPH.	In progress.