

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

**1. Call to Order**

**Land Acknowledgement (Example)**

*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.*

**2. Confirmation of the Agenda**

**3. Declaration of Pecuniary Interest**

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

**Board Members:** Please identify which items you wish to consider separately from section 10 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 10.2 a b c d e 10.4.1 a b 10.4.2 a b c d e f g h 10.4.3 a b c d e

**5. Delegations and Presentations**

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

- [Cover Report](#)
- a. [Minutes, February 8, 2023](#)

**7. Business Arising From the Minutes**

**8. Staff Reports**

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

- [Cover Report](#)
- a. [Opioid Harms Data Portal \(web link\)](#)

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

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

**8.3. Presentation: Informational Review of Mandatory Standards and Program Delivery: Health Protection Division**

- Cover Report
- a. Presentation

**8.4. alPHa Conference Oral Update**

- Cover Report

**9. Consent Items**

**9.1. Correspondence for Direction**

**9.2. Correspondence for Information**

- Cover Report
- a. alPHa newsletter
- b. IAQ – Federal Letter
- c. IAQ – Provincial Letter
- d. IAQ – Local Governments
- e. IAQ – School Boards

**9.3. Staff Reports**

**9.4. Committee Reports**

**9.4.1. Indigenous Health Advisory Circle**

- Cover Report
- a. Minutes, Dec. 12/22
- b. Committee Appointments

**9.4.2. Governance**

- Cover Report
- a. Minutes, Nov. 1/22
- b. 2-80 Accessibility (*web hyperlink*)
- c. 2-120 By-Law Number 3
- d. 2-261 Appointments, Provincial Representatives (*web hyperlink*)
- e. 2-280 Complaints (revised)

- f. 2-340 Medical Officer of Health Performance Appraisal (revised)
- g. Provincial Appointment – Dr. Hans Stelzer
- h. Provincial Appointment – Professor Newhouse

**9.4.3. Stewardship**

- Cover Report
- a. Minutes, Nov. 1/22
- b. 2022 Audit Letter of Engagement
- c. HBHC Budget Approval
- d. ITDP Budget Approval
- e. 2024 Budget Considerations

**10. New Business**

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

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

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

Wednesday, April 12, 2023, 5:30 p.m.  
Multipurpose Rooms, 185 King Street, Peterborough

**14. Adjournment**

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Approval of Meeting Minutes</b>
<b>DATE:</b>	<b>March 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 February 8, 2023.

**ATTACHMENTS**

- a. [Board of Health Minutes, February 8, 2023.](#)

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

**In Attendance:**

**Board Members:** Deputy Mayor Ron Black  
Warden Bonnie Clark  
Mayor Matthew Graham (virtual, joined at 5:41 p.m.)  
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:** Mr. Evan Brockest, Manager, Communications & I.T.  
Ms. Alida Gorizzan, Executive Assistant (Recorder)  
Dr. Thomas Piggott, Medical Officer of Health & CEO  
Mr. Larry Stinson, Director of Operations

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**1. Call to Order & Welcome**

Councillor Wilson, Board Chair, called the meeting to order at 5:32 p.m.

**2. Confirmation of the Agenda**

MOTION:

That the agenda be approved as amended.

Moved: Warden Clark

Seconded: Deputy Mayor Black

Carried. (M-2023-016)

**3. Declaration of Pecuniary Interest**

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

MOTION:

That the following items be passed as part of the Consent Agenda: *10.2 a,b; 10.3.2; 10.3.3*

Moved: Councillor Lachica

Seconded: Dr. Stelzer

Motion carried. (M-2023-017)

MOTION (10.2 a,b)

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).

Moved: Councillor Lachica

Seconded: Dr. Stelzer

Motion carried. (M-2023-017)

MOTION (10.3.2)

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

Moved: Councillor Lachica

Seconded: Dr. Stelzer

Motion carried. (M-2023-017)

MOTION (10.3.3)

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

Moved: Councillor Lachica

Seconded: Dr. Stelzer

Motion carried. (M-2023-017)

**5. Delegations and Presentations**

**6. Board Chair Report**

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

MOTION:

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

Moved: Councillor Haacke

Seconded: Mr. Moloney

Motion carried. (M-2023-018)

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

## **9. Staff Reports**

### **9.1. 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: Warden Clark

Seconded: Dr. Stelzer

Carried. (M-2023-019)

*The Chair called for a break at 5:50 p.m. The meeting resumed at 6:12 p.m.*

### **9.2. 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: Deputy Mayor Black

Seconded: Mayor Graham

Carried. (M-2023-020)

### **9.3. Q4 2022 Status Reports**

**MOTION:**

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

Moved: Warden Clark

Seconded: Deputy Mayor Graham

Carried. (M-2023-021)

## **10. Consent Items**

**MOTION (10.2 c,d):**

That the Board of Health for Peterborough Public Health:

- receive the following for information:
  - 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.; and,

- extend an invitation after the March 8, 2023 Board of Health meeting to Local MPPs, Mayor Leal, Warden Clark, Chief Knott and Chief Carr to meet with the Board Chair and Dr. Piggott regarding public health funding; and, subsequent to that meeting, invite Local MPPs to delegate to the Board of Health at a future public meeting.

Moved: Warden Clark

Seconded: Deputy Mayor Black

Motion carried. (M-2023-022)

MOTION (10.3.1):

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

Moved: Warden Clark

Seconded: Deputy Mayor Black

Motion carried. (M-2023-022)

## **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**

MOTION:

That the meeting be adjourned.

Moved by: Dr. Stelzer

Seconded by: Warden Clark

Motion carried. (M-2023-023)

The meeting was adjourned at 7:26 p.m.

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Chairperson

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Medical Officer of Health



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Opioid-Related Harms Update</b>
<b>DATE:</b>	<b>March 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**

<b>TITLE:</b>	<b>Informational Review of Mandatory Standards and Program Delivery: Health Protection Division</b>
<b>DATE:</b>	<b>March 8, 2023</b>
<b>PREPARED BY:</b>	<b>Donna Churipuy, Director, Health Protection Division &amp; Chief Nursing Officer</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

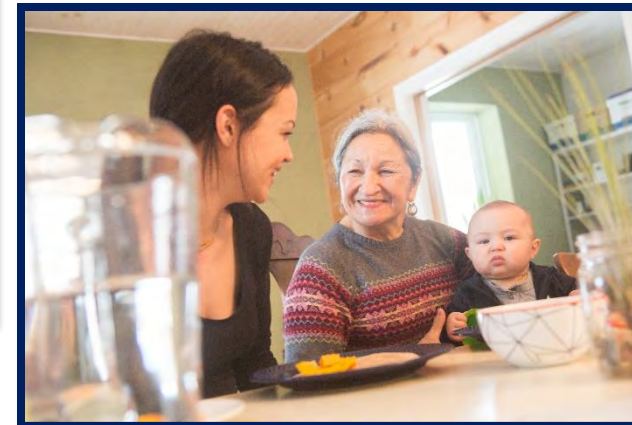
**PROPOSED RECOMMENDATIONS:**

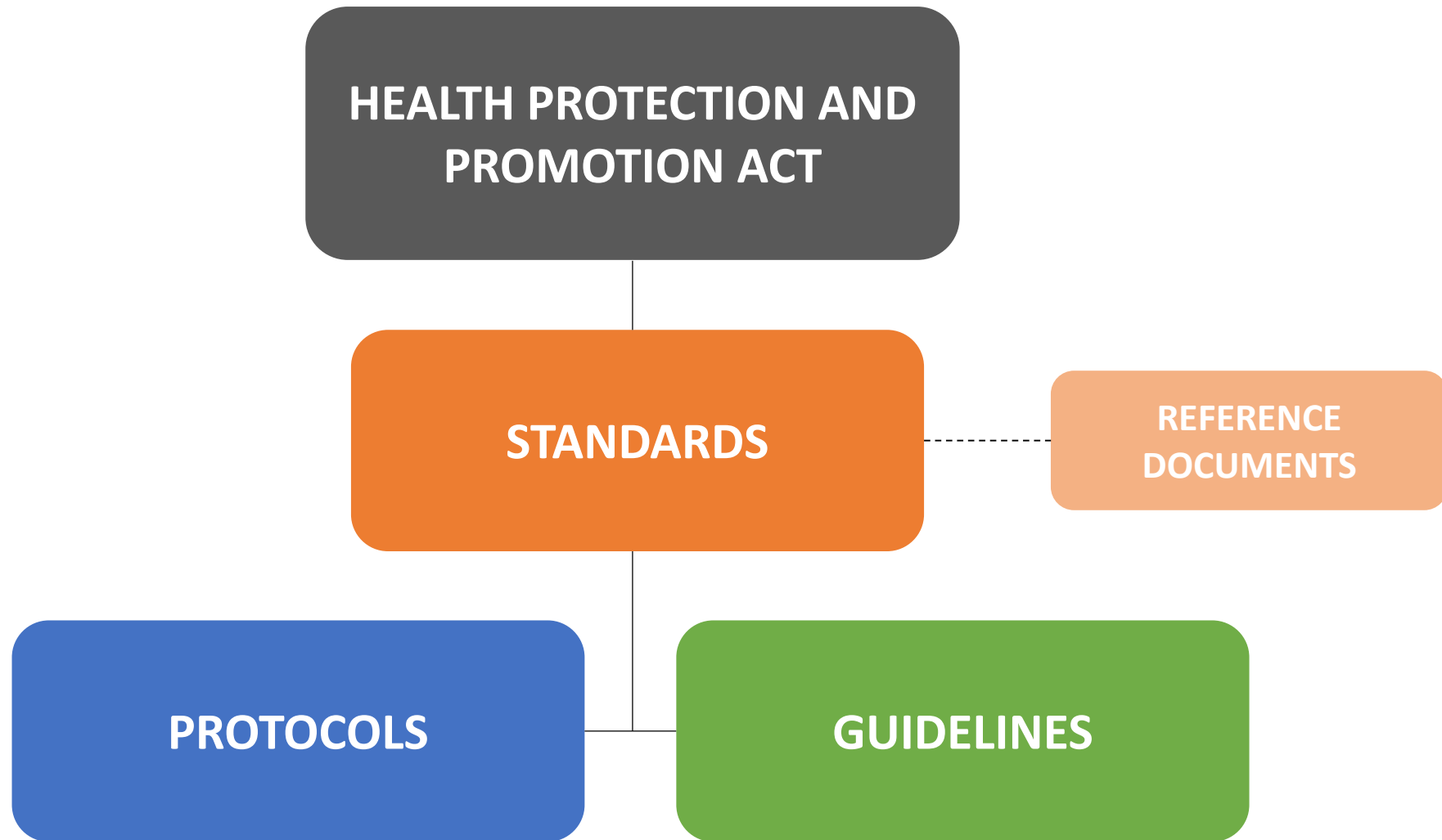
That the Board of Health for Peterborough Public Health receive the presentation, Informational Review of Mandatory Standards and Program Delivery: Health Protection Division, for information.

**ATTACHMENTS:**

- a. [Presentation](#)

# Informational Review of Mandatory Standards and Program Delivery: Health Protection Division





## STANDARDS

### Foundational Standards

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Program Planning, Evaluation, & Evidence-Informed Decision-Making
- Research, Knowledge Exchange, & Communication
- Quality & Transparency
- Emergency Management

### Program Standards

- Chronic Disease Prevention & Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth & Development
- Immunization
- Infectious & Communicable Diseases Prevention & Control
- Safe Water
- School Health
- Substance Use & Injury Prevention

### Organizational Requirements

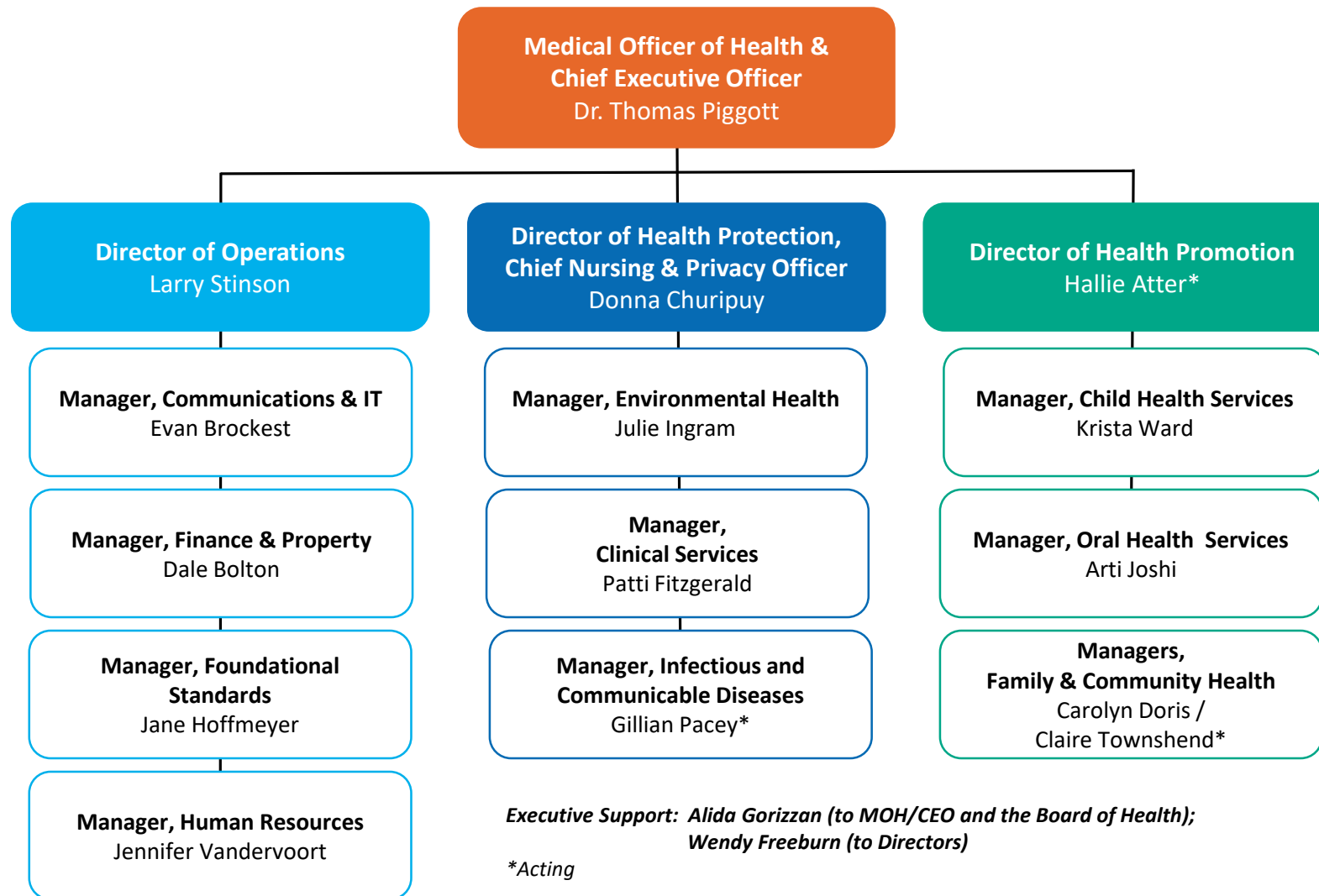
- Delivery of Programs & Services Domain
- Fiduciary Requirements Domain
- Good Governance & Management Practices Domain
- Public Health Practice Domain
- Common to All Domains

## PROTOCOLS

- Child Visual Health & Vision Screening
- Consumption & Treatment Services Compliance & Enforcement
- Food Safety
- Health Hazard Response
- Healthy Babies, Healthy Children Program
- Immunization for Children in Schools & Licensed Child Care Settings
- Infection Prevention & Control Complaint
- Infection Prevention & Control Disclosure
- Infection Prevention & Control
- Infectious Diseases Institutional/Facility Outbreak Management
- Menu Labelling
- Oral Health
- Population Health Assessment & Surveillance
- Qualifications for Public Health Professionals
- Rabies Prevention & Control
- Recreational Water
- Safe Drinking Water & Fluoride Monitoring
- Sexual Health & Sexually Transmitted/Blood-Borne Infections Prevention & Control
- Tanning Beds
- Tobacco, Vapour & Smoke
- Tuberculosis Prevention & Control
- Vaccine Storage & Handling

## GUIDELINES

- Chronic Disease Prevention
- Emergency Management
- Health Equity
- Healthy Environments & Climate Change
- Healthy Growth & Development
- Injury Prevention
- Management of Avian Chlamydiosis in Birds Management of Avian Influenza or Novel Influenza in Birds or Animals
- Management of Echinococcus Multilocularis Infections in Animals
- Management of Potential Rabies Exposures
- Mental Health Promotion
- Operational Approaches for Food Safety
- Operational Approaches for Recreational Water Personal Service Settings
- Relationship with Indigenous Communities
- School Health
- Small Drinking Water Systems Risk Assessment
- Substance Use Prevention & Harm Reduction Tobacco, Vapour & Smoke
- Tuberculosis Program



*Executive Support: Alida Gorizzan (to MOH/CEO and the Board of Health);  
Wendy Freeburn (to Directors)*

*\*Acting*

Jackson Square, 185 King Street, Peterborough, ON K9J 2R8  
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Email: [info@peterboroughpublichealth.ca](mailto:info@peterboroughpublichealth.ca)

# Ontario Public Health Standards

## Foundational Standards

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management





# Ontario Public Health Standards

## Program Standards

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



# Ontario Public Health Standards

## Organizational Requirements

- Delivery of Programs and Services
- Fiduciary Requirements
- Good Governance and Management Practices
- Public Health Practice
- Common to All



# Infectious Diseases

## Standards

- Infectious and Communicable Diseases Prevention and Control
  - 12 requirements – cost-shared
  - This team also provides COVID response which is 100% funded (Outbreak Management, Liaison with congregate living settings, testing, Infection Prevention and Control)
  - Expect that COVID response activities will need to be integrated into cost shared budget in 2024

# Context

- 418 of reported Diseases of Public Health Significance (DOPHS) in 2018 (excludes Sexually Transmitted and Bloodborne Infections (STBBIs))
- 52 outbreaks in 2019
- 249 Personal Service Settings
- 78 Food premises: High 58, Moderate: 8, Low: 12
- 83 Adult care settings
- 74 Child care settings

# Scope and Objectives

## **Programs and Services**

- Health Assessment and Surveillance
- Outbreak Management
- Investigations of Diseases of Public Health Significance
- Inspections (personal service settings, food premises in congregate living settings)
- Enforcement of the Health Protection and Promotion Act
- Infection Prevention and Control (IPAC)
- Directly observed therapy (Tuberculosis)
- Investigations of adverse events following immunization (AEFIs)
- Public education
- 24/7 on-call
- Participation on committees, advisory bodies and networks

# Staffing

## Regular Staffing – Cost-shared

- Manager
  - 1 FTE
- Administrative Assistants
  - 2 FTEs
- PHIs
  - 2 FTEs
- Public Health Nurses
  - 5 FTEs

## Temporary Staffing for COVID Response (100% funded)

- 10 FTE (RNs, RPNs, Health Promoter)



# Clinical Services

## Standards

### School Health

- 1 requirement

### Immunization

- 10 requirements

### Infectious and Communicable Diseases Prevention and Control

- 6 requirements

### Healthy Growth and Development

- 1 requirement

### Chronic Disease and Well-being

- 1 requirement

# Context

- 789 reports of STBBIs received in 2018
- Provide immunization at 31 schools with grade 7 classes
- 2,574 doses of vaccine administered in Routine Immunization and evening clinic school based catch-up clinics in 2019
- 2,314 Public Health Nurse and physician assessments completed in SHC in 2019
- 135 cold chain inspections completed in 2019



# Scope and Objectives

## **Program Activities**

- Surveillance and monitoring (core activity to all standards)
- Health promotion activities (partnerships and engagement; education; reorienting health services; etc.,)
- Investigations of STBBIs
- Enforcement of Immunization of School Pupils Act (ISPA)

## **Examples of Services**

- Sexual Health Clinic
- Routine Immunization Clinic
- School-based Immunization Clinic
- Outreach
- COVID immunization
- Cold chain inspections

# Staffing

## Regular Staffing - Cost-shared

- Manager – 1 FTE
- PHNs/RN – 2.75 Immunization and 3.6 FTE SHC
- RPNs – 1 FTE Immunization
- Administrative Assistants 4.6 FTE

## Temporary Staffing for COVID Response (100% funded)

- 11.5 FTE



# Environmental Health

## Standards

### Infectious and Communicable Diseases

- 4 requirements

### Chronic Disease Prevention and Well-being

- 2 requirements

### Healthy Environments

- 6 requirements

### Food Safety

- 5 requirements

### Safe Water

- 8 requirements

### Substance Use and Injury Prevention

- 2 requirements

### Safe Sewage (Cost Recovery)

- New installations and renovations
- Mandatory and Discretionary inspection programs

# Context

- 351 Small Drinking Water Systems
- 1195 food premises
  - [Value for Money Audit](#) (2019, Food Safety)
    - Peterborough had the second highest ratio of food premises per food safety FTE (see attached spreadsheet)
    - The ratio was 227.52 (highest was 231.08, lowest was 46.77)
      - Number of food premises has increased since 2019
      - Numbers do not reflect number of inspections based on risk, only the total number of premises
- 488 animal bites in 2019
- 98 health hazards inspections and re-inspections in 2019
- 98 vape vendors
- 116 tobacco vendors

# Scope and Objectives

## **Programs and Services**

- Inspections (food premises, small drinking water systems, tobacco and vaping, menu labelling, facilities, etc)
- Complaint response (food, water, health hazards, Smoke Free Ontario Act, Skin Cancer Prevention Act)
- 24/7 on call
- Investigations (Animal bites, health hazards, food recalls, food borne and waterborne illness)
- Food handler courses
- Enforcement
- Climate change vulnerability assessment and adaptation
- COVID (100% funded)
  - Education, IAQ, workplaces

# Staffing

## Regular Staffing – Cost-shared

- Manager – 1 FTE (portion of which is paid for by Safe Sewage program)
- Administrative Assistants - 2 FTE (+ 1 FTE for Safe Sewage which is cost recovery)
- PHIs – 8 FTE (+ 2.9 FTE for Safe Sewage which is cost recovery)
- Tobacco Enforcement Officers – 2 FTE
- Seasonal/Practicum students – 3 temporary, full time
- Test Shoppers - 2 part time

## Temporary Staffing for COVID Response (100% funded)

- 3 FTE (2 PHIs and 1 Health Promoter)



*Thank  
you*

**Questions?**



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Oral Report: aPHa 2023 Winter Symposium</b>
<b>DATE:</b>	<b>March 8, 2023</b>
<b>PREPARED BY:</b>	<b>Councillor Joy Lachica</b>

**PROPOSED RECOMMENDATIONS:**

That the Board of Health for Peterborough Public Health receive the oral report, aPHa 2023 Winter Symposium, for information.

**BACKGROUND:**

Councillor Lachica attended the Association of Local Public Health Agencies (aPHa) virtual Winter Symposium on February 24, 2023. Materials were circulated to the Board previously, and can be found on the [aPHa website](#).



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Information</b>
<b>DATE:</b>	<b>March 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. E-newsletter dated February 14, 2023 from the Association of Local Public Health Agencies (alPHA).
- b. Letter dated March 3, 2023 from the Board Chair to Federal Ministers Duclos and LeBlanc regarding indoor air quality.
- c. Letter dated March 3, 2023 from the Board Chair to Provincial Ministers Jones and Clark regarding indoor air quality.
- d. Letter dated March 3, 2023 from the Board Chair to local governments regarding indoor air quality.
- e. Letter dated March 3, 2023 from the Board Chair to local school boards and private schools regarding indoor air quality.

**Sent:** February 14, 2023 3:14 PM  
**To:** All Health Units  
**Subject:** [allhealthunits] February 2023 InfoBreak

[View this email in your browser](#)

PLEASE ROUTE TO:

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

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February 14, 2023

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## February 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).*

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### 2023 Winter Symposium and Section Meetings

Registration for the online alPHA Winter Symposium and Section meetings is available until Tuesday, February 21st at 5 p.m.

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 Tuesday, February 21st at 5 p.m. 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 12th-14th and will be in person. Please stay tuned for further information!

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## Leader to Leader – A Message from the alPHA President - February 2023

The alPHA Board and the alPHA staff have been working diligently and strategically on **behalf of its members across Ontario's 34 local public health units. As a governance board and as an Association, the [Strategic Plan](#) guides and directs alPHA's focus.** Key amongst recent activities is alPHA's response to Ontario's 2023 Budget Consultations, the latest [Public Health Matters Infographic](#) that celebrates local public health's vaccine successes and the alPHA 2023 Winter Symposium and Section Meetings.

**Thank you to those members who responded to alPHA's call for contributions towards the [alPHA Pre-Budget Consultations 2023](#) submission. alPHA members' feedback, the results of the alPHA budget survey of all health units, along with alPHA's standing positions, and resolutions - all contributed to informing this important submission. alPHA advised the Hon. Peter Bethlenfalvy, Minister of Finance, that the current base funding envelope for Ontario's local public health units is not sufficient to meet the expected needs within Ontario's public health standards and related legislation for public health including public health protection and promotion. alPHA made several recommendations and advised the Minister that 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 are encouraged to read the submission and to share it with stakeholders.

On behalf of the Boards of Health Section, alPHA wrote to the Premier regarding delays in [Order-in-Council appointments](#) to local boards of health under Section 49 of the HPPA. **Ontario's boards of health are at the forefront of the important decisions that are** aimed at keeping people healthy throughout the province, and their success depends on stability and consistency within their membership. This is especially important in the immediate aftermath of municipal elections. 24 out of 34 Ontario Boards of Health depend on provincial appointees to maintain their necessary complement, and the delays they are already reporting in securing these appointments are having a detrimental effect on their governance and accountability roles, as well as their engagements with their respective public health units, local councils, and community partners. This is not the first time this issue has been faced. alPHA also raised this concern in June of 2020. At that time, several boards reported that their requests for appointments were not responded to, not approved, or approved for only a limited time. The uncertainty, interruption of continuity, and simple depletion of the ranks compromised the capacity for sound decision-making on local public health matters in many areas, and there is concern that this is being repeated. alPHA is hopeful that provincial appointments will soon be announced.

**At alPHA's upcoming Winter Symposium 2023 the conversation will continue on public health's resilience and its demonstrated role for the public health of all Ontarians.** You will hear greetings from the Hon. Doug Ford, Premier of Ontario, the Hon. Sylvia Jones, **Ontario's Deputy Premier and Minister of Health, Dr. Teresa Tam, Chief Public Health Officer of Canada,** and others. It promises to be an engaging and informative on-line event with a line-up of speakers that include the Hon. Steven Lecce, Minister of **Education, Dr. Kieran Moore, Ontario's Chief Medical Officer of Health, Michael Sherar,** President and CEO of Public Health Ontario and Dr. Christopher Simpson, Executive Vice-President of Ontario Health. Ontario Provincial Police Constable Wendi Hughes will give alPHA members tips for managing harassment and to ensure optimum protection. Attendees are welcome and encouraged to submit advance questions by Friday, February 17, 2023, to alPHA's Executive Director, Loretta Ryan, [loretta@alphaweb.org](mailto:loretta@alphaweb.org).

On February 24th, Section meetings will follow the morning Symposium. BOH Section and Affiliates members who are registered may also attend a [Pre-Symposium Workshop: Road 2 Mental Readiness \(R2MR\)](#) on Thursday, February 23rd, 2023. All alPHA members are encouraged to register at [www.alphaweb.org](http://www.alphaweb.org). Registrations close on Tuesday, February 21<sup>st</sup> at 5:00 p.m.

May 2023 will see the launch of alPHa's new Workplace Health and Wellness program. Centennial College placement student, Franger Jimenez has been working with the alPHa staff in the development of this initiative and its accompanying resources.

June will be alPHa's first in-person event in over three years! The 2023 alPHa AGM and Conference will be held in Toronto June 12th-14th. In early March, members will be notified of details, which will also be available on the alPHa website at that time. Stay tuned for further details!

alPHa highly values you, its members, and 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. alPHa 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  
President

Sachowski

***"Ultimately, leadership is not about glorious crowning acts. It's about keeping your team focused on a goal and motivated to do their best to achieve it, especially when the stakes are high, and the consequences really matter."*** - Chris Hadfield

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## 2023 EA/AA Conference

On February 22, 2023, public health unit Executive and Administrative Assistants will come together for a [virtual conference](#). The work of these administrative professionals in health units across the province is instrumental to the success of public health programming, and these opportunities for connection and professional development serve to enhance the skills and knowledge needed to carry out the day-to-day and ongoing work with Medical Officers of Health, Boards of Health, and public health leadership. **We're thrilled to engage public health professionals as speakers and facilitators of conference sessions, who offer relevant context to the content being explored:** *How to Have the Hard Conversations; Public Health: The Big Picture; Communication Tips & Tools; Workplace Health and Wellness.*

Registration closes at 5 p.m. on February 17th and is open to all Executive Assistants and Administrative Assistants working in public health units in Ontario. Please note, you will receive the meeting link on Tuesday, February 21st.

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## 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 Feb. 2023)
- [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](#)
- [NCHPP Report: Profile of Ontario's Public Health System](#) (2021)
- [The Municipal Role of Public Health](#) (2022 U of T Report)

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## 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](#).

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## TOPHC Update

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

- March 27th: Virtual convention
- March 30th: In-person workshops

#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](#).

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## Public Health Ontario

### COVID-19 Variants of Concern

- [Risk Assessment for Omicron Sub-lineage XBB\\* \(including XBB.1 and XBB.1.5\) \(as of January 25, 2023\)](#)
- [Risk Assessment for Omicron Sub-Lineage CH.1.1 \(February 1, 2023\)](#)
- [COVID-19 Omicron Variant of Concern and Communicability – What We Know So Far](#)

### COVID-19 Epidemiological Surveillance Report

- [SARS-CoV-2 Genomic Surveillance in Ontario, February 3, 2023](#)
- [COVID-19 Wastewater Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario from January 29, 2023 to February 4, 2023 \(Week 5\)](#)
- [COVID-19 in Ontario Weekly Epidemiological Summary](#)

### IPAC Resources

- [Best Practices for Managing COVID-19 Outbreaks in Acute Care Settings. 2nd ed.](#)
- [Infection Prevention and Control Tips for Visiting All Health Care Settings](#)

### Vaccination and Vaccine-Preventable Diseases

- [Immunization Coverage Report for School-Based Programs: 2019-20, 2020-21 and 2021-22 School Years with Impact of Catch-up Programs](#)

#### Additional Resources — New

- [Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario](#)
- 

### PHO Events

- February 15: [PHO Webinar: The Incredible Power of Gratitude](#)
- February 23: [PHO Rounds: Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario](#)

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

Missed an event? Check out our [Presentations](#) page for full recordings our events.

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### Upcoming DLSPH Events and Webinars

- [Black Health Leaders Recognition Ceremony](#) (Feb. 16)
  - [Environments and Health Webinar: Urban Form and Health](#) (Feb. 27)
  - [Data Sciences Speaker Series: Prof. Miguel Hernan](#) (Feb. 28)
- 

### RRFSS Update

There are still two more opportunities to join RRFSS this year and the next cycle of data collection starts in May. 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 percent landline/50 percent 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. RRFSS also allows for custom surveys based on specific budgets. Please visit the RRFSS website to see available survey questions and further information about joining RRFSS: <https://www.rfss.ca/>

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### COVID-19 Update



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

[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.

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## alPHA Correspondence

Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#).

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## News Releases

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

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\*|480 University Ave. Suite 300 Toronto, Ont. M5G 1V2|\*

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You can [update your preferences](#) or [unsubscribe](#)

March 3, 2023

## **Peterborough Public Health Urges Government of Canada to Explore Improvements to Funding Streams to Supporting Small Businesses and Other Organizations to Improve Indoor Air Quality**

The Honourable Jean-Yves Duclos, MP  
Minister of Health, Canada  
[jean-yves.duclos@parl.gc.ca](mailto:jean-yves.duclos@parl.gc.ca)

The Honourable Dominic LeBlanc, MP  
Minister of Intergovernmental Affairs, Infrastructure  
and Communities, Canada  
[dominic.leblanc@parl.gc.ca](mailto:dominic.leblanc@parl.gc.ca)

Dear Honourable Ministers:

Re: Improved Indoor Air Quality in Public Settings

We've learned a great deal about COVID-19 since the pandemic began, most notably, is that **COVID-19 is an airborne virus**,<sup>[1]</sup> and does not spread as easily as we once thought by touching contaminated surfaces.<sup>[2]</sup> The Canadian Centre for Occupational Health and Safety states that "the virus that causes COVID-19 spreads from a person that is infected through the air, by respiratory droplets and aerosols."<sup>[3]</sup> Additionally, the Ontario Science Table noted that "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas."<sup>[4]</sup>

While provincially legislated 'lockdowns', mask mandates, and gathering limits may be behind us, the COVID-19 pandemic is not over. With all that we have learned, **improvements to indoor air quality of the spaces we occupy are necessary and life-saving** to truly control how the SARS-CoV2 virus and other respiratory/airborne pathogens spread. One important strategy to support this change would be through tax credits, grants, or other incentives to support small businesses in improving the indoor air quality of their spaces.

Canada's Chief Science Advisor recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention interventions, such as improving ventilation in schools, workplaces and public places as part of a first line of prevention of SARS-CoV2 infection and other respiratory/airborne pathogens."<sup>[5]</sup> These sentiments are echoed by the Ontario Society of Professional Engineers (OSPE) Indoor Air Quality group who have created many tools and resources to help Ontarians. [Recommendations](#) OSPE have developed, include:

- increasing the minimum number of air exchanges to at least 6 per hour in any indoor occupied space;
- improving ventilation requirements to follow the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) and the Canadian Standards Association;
- ensuring that HVAC systems and portable units use at least MERV 13 rated filters, and that portable filters with HEPA filters are in occupied spaces where air quality is a concern;

- having certified technicians install upper room ultraviolet germicidal systems; and
- committing to public transparency about the air quality of a space.<sup>[6]</sup>

To this end, there are many examples of improved indoor air quality being prioritized around the world. Last year for example, Belgium legislated an indoor air quality framework<sup>[7]</sup>, as did France<sup>[8]</sup>, while Australia earmarked over \$270 million AUD for classroom upgrades alone to further “provide their students with improved learning facilities in a COVID-19 safe environment”.<sup>[9]</sup>

In an effort to make public indoor spaces safer, and recognizing that COVID-19 is airborne, Peterborough Public Health (PPH) is urging the Government of Canada and its provincial and territorial partners to consider similar initiatives as these other global leaders, and explore a variety of options that support businesses and organizations in protecting their staff and patrons – most notably through improvements to their HVAC and ventilation systems, as detailed above.

PPH recently identified that because of local and provincial protections, 265-291 lives were saved in the area served by our Health Unit<sup>[10]</sup>, while the CD HOWE Institute found that vaccines alone contributed to a “cost/benefit of -\$0.4 billion to \$2.1 billion without considering mortality.”<sup>[11]</sup> Including the value of reduced mortality, this figure balloons to “\$27.6 billion, dwarfing the costs of the vaccines and savings associated with averting more minor cases.”<sup>[12]</sup> Given that a multilayer approach – including improved ventilation - is needed when preventing the transmission of COVID-19, **it is clear that the costs of inaction with the toll of COVID-19 transmission and other respiratory viruses is significant.**

As the Chair of our Board of Health I am writing to you today, to urge that the Federal government, in partnership with all provincial and territorial governments, identify, fund, and implement strategies such as through grants, tax breaks, and other incentives, to improve indoor air quality in public settings.

The staff at PPH and I are ready to support your teams in moving this forward; please don’t hesitate to reach out if we can be of assistance.

Respectfully,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

/ag

cc: Local MPs  
Local MPPs  
Curve Lake First Nation  
Hiawatha First Nation  
Association of Local Public Health Agencies  
Ontario Boards of Health

- [1] Public Health Agency of Canada. (2022). COVID-19: Main modes of transmission. Retrieved October 18, 2022 from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>
- [2] Chen T. (2021) Fomites and the COVID-19 pandemic: An evidence review on its role in viral transmission. Vancouver, BC: National Collaborating Centre for Environmental Health. Retrieved October 12, 2022 from <https://ncceh.ca/documents/evidence-review/fomites-and-covid-19-pandemic-evidence-review-its-role-viral-transmission>
- [3] Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). COVID-19 transmission through short and long-range respiratory particles. Toronto, ON: Queen's Printer for Ontario. Retrieved October 11, 2022 from [https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc_lang=en)
- [4] Science M, Thampi N, Bitnun A, et al. (2022). Infection prevention and control considerations for schools during the 2022- 2023 academic year. Science Briefs of the Ontario COVID-19 Science Advisory Table. Retrieved October 11, 2022 from [https://covid19-sciencetable.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year\\_20220825\\_published.pdf](https://covid19-sciencetable.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year_20220825_published.pdf)
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- [6] Ontario Society of Professional Engineers. (2022). Indoor Air Quality Reports. Retrieved December 8, 2022 from <https://ospe.on.ca/indoor-air-quality/>.
- [7] Vandenbroucke, F. Deputy Prime Minister and Minister of Social Affairs and Health. Chancellery of the Prime Minister. (2022). Indoor air quality: future policy and legislative framework. Retrieved February 13, 2023 from <https://vandenbroucke.belgium.be/nl/binnenluchtkwaliteit-beleid-van-de-toekomst-en-wetgevend-kader>
- [8] Sub-section 3: Indoor air quality monitoring in certain establishments open to the public (Articles R221-30 to D221-38). Retrieved February 13, 2023 from [https://www.legifrance.gouv.fr/codes/section\\_lc/LEGITEXT000006074220/LEGISCTA000024912670/](https://www.legifrance.gouv.fr/codes/section_lc/LEGITEXT000006074220/LEGISCTA000024912670/)
- [9] Australian Government. (2022). Schools Upgrade Fund. Retrieved, February 13, 2023 from <https://www.education.gov.au/schools-upgrade-fund>
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- [12] Ibid.

March 3, 2023

## **Medical Officer of Health Urges Province to Explore Improvements to Ontario Building Code to Improve Indoor Air Quality**

The Honourable Sylvia Jones, MPP  
Minister of Health, Ontario  
[sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

The Honourable Steve Clark, MPP  
Minister of Municipal Affairs and Housing, Ontario  
[minister.mah@ontario.ca](mailto:minister.mah@ontario.ca)

Dear Honourable Ministers:

Re: Improved Indoor Air Quality in Public Settings

We've learned a great deal about COVID-19 since the pandemic began, most notably, is that **COVID-19 is an airborne virus**,<sup>1</sup> and does not spread as easily as we once thought by touching contaminated surfaces.<sup>2</sup> The Canadian Centre for Occupational Health and Safety states that "the virus that causes COVID-19 spreads from a person that is infected through the air, by respiratory droplets and aerosols."<sup>3</sup> Additionally, the Ontario Science Table noted that "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas."<sup>4</sup>

While provincially legislated 'lockdowns', mask mandates, and gathering limits may be behind us, the COVID-19 pandemic is not over. With all that we have learned, **improvements to indoor air quality of the spaces we occupy are necessary and life-saving** to truly control how the SARS-CoV2 virus and other respiratory/airborne pathogens spread. One important strategy to support this change would be through consideration of simple amendments to the Ontario Building Code (OBC).

Canada's Chief Science Advisor recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention interventions, such as improving ventilation in schools, workplaces and public places as part of a first line of prevention of SARS-CoV2 infection and other respiratory/airborne pathogens."<sup>5</sup> These sentiments are echoed by the Ontario Society of Professional Engineers (OSPE) Indoor Air Quality group who have created many tools and resources to help Ontarians. [Recommendations](#) OSPE have developed, include:

- increasing the minimum number of air exchanges to at least 6 per hour in any indoor occupied space;
- improving ventilation requirements to follow the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) and the Canadian Standards Association;
- ensuring that HVAC systems and portable units use at least MERV 13 rated filters, and that portable filters with HEPA filters are in occupied spaces where air quality is a concern;
- having certified technicians install upper room ultraviolet germicidal systems; and
- committing to public transparency about the air quality of a space.<sup>6</sup>

Plainly, we need to action these evidence-based approaches and apply science to the laws that protect the residents of Ontario. O. Reg. 332/12: Building Code, Part 9 (Housing and Small Buildings), subsection 9.32.1.3 (3) speaks to the ventilation of rooms and spaces, however, falls short of OSPE recommendations of at least 6 air exchanges per hour and the use of HEPA filters or filters with a MERV 13 rating in HVAC systems.<sup>7</sup>

**Amending the OBC to include these requirements would bolster the defined purpose of the Building Code,** which includes standards for public health and safety.

We must start including the quality of the air we breathe when we think of and refer to the safety of indoor settings. The OBC, like other building and construction codes in Canada, emphasizes air tightness and energy efficiency to cope with winter cold and summer heat, and while these too are important objectives, this may unintentionally result in poorly or under-ventilated public and private settings, creating additional threats to public health and safety.<sup>8</sup>

While we recognize the cost-implications of these changes, they could be operationalized in a way to minimally impact builders. Building housing supply is also a critical priority and so, economic considerations should factor in to changes to OBC. However, low to no cost solutions exist to improve indoor air quality.

Peterborough Public Health (PPH) recently identified that because of local and provincial protections, 265-291 lives were saved in the area served by our Health Unit<sup>9</sup>, while the CD HOWE Institute found that vaccines alone contributed to a “cost/benefit of -\$0.4 billion to \$2.1 billion without considering mortality.”<sup>10</sup> Including the value of reduced mortality, this figure balloons to “\$27.6 billion, dwarfing the costs of the vaccines and savings associated with averting more minor cases.”<sup>11</sup> Given that a multilayer approach – including improved ventilation - is needed when preventing the transmission of COVID-19, **it is clear that the costs of inaction with the toll of COVID-19 transmission and other respiratory viruses is significant.**

As the Chair of our Board of Health, I am writing to you today, imploring you to thoroughly examine the OBC, and to identify opportunities to make changes to the Code that can be implemented to improve indoor air quality and provide increased protection for residents of Ontario.

The staff at PPH and I are ready to support your teams in moving this forward; please don't hesitate to reach out if we can be of assistance.

Respectfully,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

/ag

cc: Local MPPs  
Curve Lake First Nation  
Hiawatha First Nation  
Association of Local Public Health Agencies  
Ontario Boards of Health

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- <sup>1</sup> Public Health Agency of Canada. (2022). COVID-19: Main modes of transmission. Retrieved October 18, 2022 from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>
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- <sup>3</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). COVID-19 transmission through short and long-range respiratory particles. Toronto, ON: Queen's Printer for Ontario. Retrieved October 11, 2022 from [https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc_lang=en)
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- <sup>5</sup> Chief Science Advisor of Canada. (2022). Post-COVID-19 Condition in Canada: What We Know, What We Don't Know and a Framework for Action. Retrieved December 15, 2022 from, [https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report\\_PCC\\_Dec2022.pdf](https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report_PCC_Dec2022.pdf)
- <sup>6</sup> Ontario Society of Professional Engineers. (2022). Indoor Air Quality Reports. Retrieved December 8, 2022 from <https://ospe.on.ca/indoor-air-quality/>.
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- <sup>8</sup> Eykelbosh A. Public health and public libraries in partnership to promote healthy indoor air quality [blog]. Vancouver, BC: National Collaborating Centre for Environmental Health; 2022 Sep 14. Retrieved October 18, 2022 from: <https://ncceh.ca/content/blog/public-health-and-public-libraries-partnership-promote-healthy-indoor-air-quality>
- <sup>9</sup> Peterborough Public Health. (2022). Peterborough Public Health Thanks Community for Efforts in Response to the COVID-19 Pandemic to Date. Retrieved March 2, 2023 from <https://www.peterboroughpublichealth.ca/peterborough-public-health-thanks-community-for-efforts-in-response-to-the-covid-19-pandemic-to-date/>
- <sup>10</sup> Wyonch, Rosalie, and Tingting Zhang. 2022. Damage Averted: Estimating the Effects of COVID-19 Vaccines on Hospitalizations, Mortality and Costs in Canada. Commentary 634. Toronto: C.D. Howe Institute. Retrieved March 3, 2023 from [https://www.cdhowe.org/sites/default/files/2023-01/Commentary\\_634.pdf](https://www.cdhowe.org/sites/default/files/2023-01/Commentary_634.pdf)
- <sup>11</sup> Ibid.



March 3, 2023

## **Medical Officer of Health Urges Local Governments to Explore Improvements to Heating Ventilation and Air Conditioning (HVAC) Systems to Improve Indoor Air Quality**

TO: Local Governments (Curve Lake First Nation, Hiawatha First Nation, City of Peterborough, County of Peterborough and Townships)

Dear Local Councils:

Re: Improved Indoor Air Quality in public settings

We've learned a great deal about COVID-19 since the pandemic began, most notably, is that **COVID-19 is an airborne virus**,<sup>1</sup> and does not spread as easily as we once thought by touching contaminated surfaces.<sup>2</sup> The Canadian Centre for Occupational Health and Safety states that "the virus that causes COVID-19 spreads from a person that is infected through the air, by respiratory droplets and aerosols."<sup>3</sup> Additionally, the Ontario Science Table noted that "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas."<sup>4</sup>

While provincially legislated 'lockdowns', mask mandates, and gathering limits may be behind us, the COVID-19 pandemic is not over. With all that we have learned, **improvements to indoor air quality of the spaces we occupy are necessary and life-saving** to truly control how the SARS-CoV2 virus and other respiratory/airborne pathogens spread. One important strategy to support this change would be to thoroughly examine your HVAC systems, and implement the strategies detailed below and consider these strategies when undertaking new builds (i.e., the new fire hall and twin pad arena) which would reduce the need for retrofits.

Canada's Chief Science Advisor recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention interventions, such as improving ventilation in schools, workplaces and public places as part of a first line of prevention of SARS-CoV2 infection and other respiratory/airborne pathogens."<sup>5</sup> These sentiments are echoed by the Ontario Society of Professional Engineers (OSPE) Indoor Air Quality group who have created many tools and resources to help Ontarians. [Recommendations](#) OSPE have developed, include:

- increasing the minimum number of air exchanges to at least 6 per hour in any indoor occupied space;
- improving ventilation requirements to follow the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) and the Canadian Standards Association;
- ensuring that HVAC systems and portable units use at least MERV 13 rated filters, and that portable filters with HEPA filters are in occupied spaces where air quality is a concern;
- having certified technicians install upper room ultraviolet germicidal systems; and
- committing to public transparency about the air quality of a space.<sup>6</sup>

There are clear links between increased ventilation, good IAQ, and the reduction of broad negative health impacts – including staff absenteeism<sup>7</sup> - from both communicable and noncommunicable diseases. This has been known and promoted by public health professionals for an exceptionally long time. More than twenty



years ago, the World Health Organization European Centre for Environment and Health published a comprehensive report related to IAQ and policy making, noting that IAQ is an important determinant of health and IAQ policy can be developed and strengthened to “protect and promote health in the indoor environment”.<sup>8</sup>

Peterborough Public Health (PPH) recently identified that because of local and provincial protections, 265-291 lives were saved in the area served by our Health Unit<sup>9</sup>, while the CD HOWE Institute found that vaccines alone contributed to a “cost/benefit of -\$0.4 billion to \$2.1 billion without considering mortality.”<sup>10</sup> Including the value of reduced mortality, this figure balloons to “\$27.6 billion, dwarfing the costs of the vaccines and savings associated with averting more minor cases.”<sup>11</sup> Given that a multilayer approach – including improved ventilation - is needed when preventing the transmission of COVID-19, **it is clear that the costs of inaction with the toll of COVID-19 transmission and other respiratory viruses is significant.**

As the Chair of our Board of Health, I am writing to you today, imploring you to thoroughly examine municipal/government HVAC operations, and to identify opportunities to make changes to your systems that can be implemented to improve indoor air quality and provide increased protection for the residents of the City and County of Peterborough, and of Curve Lake and Hiawatha First Nations.

The staff at PPH and I are ready to support your teams in moving this forward; please don’t hesitate to reach out if we can be of assistance.

Respectfully,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

/ag

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<sup>1</sup> Public Health Agency of Canada. (2022). COVID-19: Main modes of transmission. Retrieved October 18, 2022 from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>

<sup>2</sup> Chen T. (2021) Fomites and the COVID-19 pandemic: An evidence review on its role in viral transmission. Vancouver, BC: National Collaborating Centre for Environmental Health. Retrieved October 12, 2022 from <https://ncceh.ca/documents/evidence-review/fomites-and-covid-19-pandemic-evidence-review-its-role-viral-transmission>

<sup>3</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). COVID-19 transmission through short and long-range respiratory particles. Toronto, ON: Queen’s Printer for Ontario. Retrieved October 11, 2022 from [https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc_lang=en)

<sup>4</sup> Science M, Thampi N, Bitnun A, et al. (2022). Infection prevention and control considerations for schools during the 2022- 2023 academic year. Science Briefs of the Ontario COVID-19 Science Advisory Table. Retrieved October 11, 2022 from [https://covid19-sciencetable.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year\\_20220825\\_published.pdf](https://covid19-sciencetable.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year_20220825_published.pdf)

<sup>5</sup> Chief Science Advisor of Canada. (2022). Post-COVID-19 Condition in Canada: What We Know, What We Don’t Know and a Framework for Action. Retrieved December 15, 2022 from, [https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report\\_PCC\\_Dec2022.pdf](https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report_PCC_Dec2022.pdf)

<sup>6</sup> Ontario Society of Professional Engineers. (2022). Indoor Air Quality Reports. Retrieved December 8, 2022 from <https://ospe.on.ca/indoor-air-quality/>.

<sup>7</sup> United States Environmental Protection Agency. (2022) Evidence from Scientific Literature about Improved Academic Performance. Retrieved February 7, 2023 from <https://www.epa.gov/iaq-schools/evidence-scientific-literature-about-improved-academic-performance>

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<sup>8</sup> WHO European Centre for Environment and Health Bilthoven. (1999). Strategic approaches to indoor air policy-making. Retrieved October 18, 2022 from: <https://apps.who.int/iris/bitstream/handle/10665/108169/E65523.pdf?sequence=1>

<sup>9</sup> Peterborough Public Health. (2022). Peterborough Public Health Thanks Community for Efforts in Response to the COVID-19 Pandemic to Date. Retrieved March 2, 2023 from <https://www.peterboroughpublichealth.ca/peterborough-public-health-thanks-community-for-efforts-in-response-to-the-covid-19-pandemic-to-date/>

<sup>10</sup> Wyonch, Rosalie, and Tingting Zhang. 2022. Damage Averted: Estimating the Effects of COVID-19 Vaccines on Hospitalizations, Mortality and Costs in Canada. Commentary 634. Toronto: C.D. Howe Institute. Retrieved March 3, 2023 from [https://www.cdhowe.org/sites/default/files/2023-01/Commentary\\_634.pdf](https://www.cdhowe.org/sites/default/files/2023-01/Commentary_634.pdf)

<sup>11</sup> Ibid.

March 3, 2023

## **Peterborough Public Health Urges Local Schools and School Boards to Explore Improvements to Improve Indoor Air Quality**

TO: Local District School Boards and Private Schools

Dear Directors / School Administrators:

Re: Improved Indoor Air Quality in Education Settings

We've learned a great deal about COVID-19 since the pandemic began, most notably, is that **COVID-19 is an airborne virus**,<sup>1</sup> and does not spread as easily as we once thought by touching contaminated surfaces.<sup>2</sup> The Canadian Centre for Occupational Health and Safety states that "the virus that causes COVID-19 spreads from a person that is infected through the air, by respiratory droplets and aerosols."<sup>3</sup> Additionally, the Ontario Science Table noted that "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas."<sup>4</sup>

While provincially legislated 'lockdowns', mask mandates, and gathering limits may be behind us, the COVID-19 pandemic is not over. With all that we have learned, **improvements to indoor air quality of the spaces we occupy are necessary and life-saving** to truly control how the SARS-CoV2 virus and other respiratory/airborne pathogens spread. One important strategy to support this change would be to thoroughly examine your HVAC systems, and implement the strategies detailed below.

Canada's Chief Science Advisor recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention interventions, such as improving ventilation in schools, workplaces and public places as part of a first line of prevention of SARS-CoV2 infection and other respiratory/airborne pathogens."<sup>5</sup> These sentiments are echoed by the Ontario Society of Professional Engineers (OSPE) Indoor Air Quality group who have created many tools and resources to help Ontarians. [Recommendations](#) OSPE have developed, include:

- increasing the minimum number of air exchanges to at least 6 per hour in any indoor occupied space;
- improving ventilation requirements to follow the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) and the Canadian Standards Association;
- ensuring that HVAC systems and portable units use at least MERV 13 rated filters, and that portable filters with HEPA filters are in occupied spaces where air quality is a concern;
- having certified technicians install upper room ultraviolet germicidal systems; and
- committing to public transparency about the air quality of a space.<sup>6</sup>

Additionally, there are demonstrable links between increased ventilation, good IAQ *and* many positive outcomes that benefit school communities. Most notably, the Environmental Protection Agency (EPA) notes that "studies demonstrate a connection between improvements in IAQ — either from increased outdoor air ventilation rates or from the removal of pollution sources — and improved performance of children and adults".<sup>7</sup> According to the EPA, "children in classrooms with higher outdoor air ventilation rates tend to

achieve higher scores on standardized tests in math and reading than children in poorly ventilated classrooms.”<sup>8</sup> It should come as no surprise that the EPA also states that “poor IAQ causes illness and increases school absenteeism.”<sup>9</sup>

We know that local school boards have already started to implement and monitor improvements to IAQ and report on upgrades as they happen, but we can’t stress enough how important sustaining improved IAQ is for staff and students alike.

Improving IAQ can be as simple as adding affordable and effective “[DIY Air Cleaners](#)” in each classroom and learning spaces. Also known as [Corsi Rosenthal Boxes](#), the National Collaborating Centre for Environmental Health<sup>10</sup> and the Ontario Society of Professional Engineers<sup>11</sup> recommends installing these air cleaners, when indoor air quality is a concern, *in addition* to an overall ventilation strategy. What’s more is that building these boxes has numerous connections to the Ontario Curriculum, and the Foundations for a Healthy School approach, with the potential to include parent councils and other community partners in this endeavor.

As the Chair of our Board of Health, I am writing to you today, imploring you to thoroughly examine the HVAC systems in your schools and offices, and to identify opportunities to implement some of these strategies to improve indoor air quality and provide increased protection for the staff, students, and volunteers in local schools.

The staff at PPH and I are ready to support your teams in moving this forward; please don’t hesitate to reach out if we can be of assistance.

Respectfully,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

/ag

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<sup>1</sup> Public Health Agency of Canada. (2022). COVID-19: Main modes of transmission. Retrieved October 18, 2022 from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>

<sup>2</sup> Chen T. (2021) Fomites and the COVID-19 pandemic: An evidence review on its role in viral transmission. Vancouver, BC: National Collaborating Centre for Environmental Health. Retrieved October 12, 2022 from <https://ncceh.ca/documents/evidence-review/fomites-and-covid-19-pandemic-evidence-review-its-role-viral-transmission>

<sup>3</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). COVID-19 transmission through short and long-range respiratory particles. Toronto, ON: Queen’s Printer for Ontario. Retrieved October 11, 2022 from [https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc_lang=en)

<sup>4</sup> Science M, Thampi N, Bitnun A, et al. (2022). Infection prevention and control considerations for schools during the 2022- 2023 academic year. Science Briefs of the Ontario COVID-19 Science Advisory Table. Retrieved October 11, 2022 from [https://covid19-sciencebriefs.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year\\_20220825\\_published.pdf](https://covid19-sciencebriefs.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year_20220825_published.pdf)

<sup>5</sup> Chief Science Advisor of Canada. (2022). Post-COVID-19 Condition in Canada: What We Know, What We Don’t Know and a Framework for Action. Retrieved December 15, 2022 from, [https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report\\_PCC\\_Dec2022.pdf](https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report_PCC_Dec2022.pdf)

<sup>6</sup> Ontario Society of Professional Engineers. (2022). Indoor Air Quality Reports. Retrieved December 8, 2022 from <https://ospe.on.ca/indoor-air-quality/>.

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<sup>7</sup> United States Environmental Protection Agency. (2022) Evidence from Scientific Literature about Improved Academic Performance. Retrieved February 7, 2023 from <https://www.epa.gov/iaq-schools/evidence-scientific-literature-about-improved-academic-performance>

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> National Collaborating Centre for Environmental Health. (2023). Do-it-yourself (DIY) air cleaners: Evidence on effectiveness and considerations for safe operation. Retrieved, February 8, 2023 from <https://ncceh.ca/documents/evidence-review/do-it-yourself-diy-air-cleaners-evidence-effectiveness-and-considerations>

<sup>11</sup> Ontario Society of Professional Engineers. (2022). Core Recommendations for Safer Indoor Air. Retrieved, February 8, 2023 from [https://ospe.on.ca/wp-content/uploads/2022/11/IAQ\\_Checklist-copy.pdf](https://ospe.on.ca/wp-content/uploads/2022/11/IAQ_Checklist-copy.pdf)

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Indigenous Health Advisory Circle Report</b>
<b>DATE:</b>	<b>March 8, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant, on behalf of Elizabeth Stone, Circle Chair</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:

- a. receive meeting minutes of the Indigenous Health Advisory Circle (IHAC) from December 12, 2022 for information; and,
- b. recommend the following community member appointments to the Board of Health at its next meeting for 2023:
  - Barbara Card, Métis Nation of Ontario, Peterborough & District Wapiti Métis Council
  - David Newhouse, Trent University
  - Angela Connors, Executive Director, Nijkiwendidaa Anishnaabekwewag Services Circle
  - Ashley Safar, Executive Director, Nogojiwanong Friendship Centre
  - Elizabeth Stone, Fleming College
  - Rebecca Watts, Lovesick Lake Native Women's Association

**BACKGROUND**

IHAC held its last meeting on February 28, 2023. At that meeting, these items were requested to come forward the Board of Health.

For the Board's information, Elizabeth Stone and David Newhouse were elected as IHAC Chair and Vice Chair, respectively, by Circle members.

**ATTACHMENTS**

- a. [December 12, 2022 IHAC Minutes](#)

**Indigenous Health Advisory Circle**  
**MEETING MINUTES**  
**Monday, December 12, 2022 – 3:00 – 4:30 p.m.**  
**Virtual**

**Present:** Professor David Newhouse  
Councillor Kathryn Wilson, Chair  
Ms. Rebecca Watts  
Ms. Elizabeth Stone

**Regrets:** Councillor Nodin Knott  
Ms. Barbara Card  
Ms. Angela Connors

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

**Guests:** Ms. Vivian Welch, Editor in Chief, Campbell Collaboration  
Ms. Margret Lo, MPH Student, McMaster University  
Ms. Erin Smith, MPH Student, McMaster University  
Ms. Jane Mark, Patient Relations Consultant, PRHC

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**1. Call to Order and Welcome**

Councillor Wilson, Chair, called the Indigenous Health Advisory Circle meeting to order at 3:00 p.m.

**2. Confirmation of the Agenda**

The agenda was confirmed by the members in attendance.

**3. Minutes of the Previous Meeting**

The minutes from September 28, 2022 were approved, and will be circulated to the Board of Health.

**4. Items Arising From the Minutes**

- Indigenous Cultural Safety Micro-Credential Course – Mandatory completion for all Board members was approved, Board Orientation policy updated.
- Professor Newhouse Provincial Appointment Letter of Support – Approved by the Board of Health, sent on November 3/22.

- Land Acknowledgement & Jordan's Principle Policies – Policy updates approved by the Board of Health; Councillor Wilson attended a staff meeting on October 25/22 to review both policies.
- Jordan's Principle Training for PPH Staff – Item to be parked.

## 5. **New Business**

### 5.1. **COVID-19 Risk Index Feedback / eCOVID Recmap Project**

- Erin Smith and Margret Lo reviewed the [PPH COVID-19 Risk Index](#) and provided background on the [eCOVID Recmap Project](#).
- The students were seeking feedback from IHAC members to ensure clarity of the index, opinion of risk guidance, and cultural appropriateness of the index.
- Feedback:
  - If possible, it would be helpful to be able to filter certain results according to various factors (e.g., elderly, Indigenous, etc.).
  - A way for a user to assess their own risk by answering a few questions related to age, chronic conditions, vaccination status, etc. which would then produce a result specific to their situation.
  - Accessibility of the site is not ideal, need to click through two-levels to reach it.
- Vivian Welch sought feedback on the eCOVID Recmap and how to make this information more useful for Indigenous Health Authorities. It was recommended that Vivian reach out to the National Collaborating Centre for Indigenous Health, Ontario Federation of Indigenous Friendship Centres and Chiefs of Ontario.

### 5.2. **PRHC Client Relations Process / Equity Committee**

- Jane Mark joined the meeting to discuss her role in the client relations at PRHC and expressed a desire to improve receiving feedback from Indigenous community members who have had difficult experiences while accessing services from PRHC.
- PRHC has hired an additional Client Relations Coordinator, and has recently established a Health Equity Diversity and Inclusion Committee, made up of staff from all levels at PRHC. This Committee is planning on establishing a number of subcommittees, including one specific to Indigenous peoples. She noted that participation on these subcommittees will be opened up to community members as well.
- It was recommended that considering Indigenous representation (both First Nations and Urban Indigenous members) would be helpful at the Steering Committee level versus just at the subcommittee level.
- Having an external Indigenous patient navigator would be helpful, however



capacity is a concern. It may be ideal to invite individuals to established committee meetings.

- Dr. Newhouse noted a Trent University student project completed in 2017, [Exploring Indigenous Perspectives and Experiences of the Healthcare System at PRHC: A Quality Assessment Initiative](#), which would be of interest.

### **5.3. PPH Strategic Plan**

- Members were asked to review IHAC-related goals and consider what the Circle should do in 2023.
- Various areas of concern expressed included: Opioids, climate change, housing/homelessness, gender violence and racism.
- A potential long-term goal could be to review of every PPH policy and procedure using an Indigenous lens.
- It was suggested that the PPH experience/relationship with Indigenous communities be shared with other health units and organizations as a model.
- Additional conversation on this item, and development of a work plan for the year will occur at the first meeting in 2023.

### **5.4. Meeting Location – Offsite / First Nation / Outdoors**

- A meeting is being planned for PPH Management in 2023 to experience on the land learning.

### **5.5. Confirming Interest in Committee Appointment for 2023**

- Alida will follow up with members to confirm interest in continuing with IHAC for 2023.

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

To be scheduled for 2023, or at the call of the Chair.

## **7. Adjournment**

The meeting was adjourned at 4:35 p.m.

### **Parked Item:**

- **Anti-Indigenous Racism and Local Health Care System** - *Bring forward intake questions utilized by PPH programs for review/recommendations. Will come forward to a future meeting.*
- **Jordan's Principle Training for PPH Staff** - *Executive will pursue training opportunities for*

*staff on Jordan's Principle.*

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Governance Committee Report</b>
<b>DATE:</b>	<b>March 8, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant, on behalf of Warden Bonnie Clark, Committee Chair</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:

- a. receive meeting minutes of the Governance Committee from November 1, 2022 for information;
- b. approve 2-80 Accessibility (no changes)
- c. approve 2-120 By-Law Number 3 Calling of and Proceedings at Meetings (revised)
- d. approve 2-261 Appointments, Provincial Representatives (no changes)
- e. approve 2-280 Complaints (revised)
- f. approve 2-340 Medical Officer of Health Performance Appraisal (revised)
- g. send a letter to the Minister of Health (via the Public Appointments Unit) with copies to local MPPs to express support for the reappointment of Dr. Hans Stelzer to the Board of Health; and,
- h. send a letter to the Minister of Health (via the Public Appointments Unit) with copies to local MPPs, inquiring about the status of the provincial appointment request for Professor David Newhouse to the Board of Health.

**BACKGROUND**

The Committee met last on March 1, 2022. At that meeting, members requested that these items come forward to the Board at its next meeting.

For the Board's information, Warden Clark and Dan Moloney were elected as Governance Chair and Vice Chair, respectively, by Committee members.

## **ATTACHMENTS**

- a. Minutes, November 1, 2022
- b. 2-80 Accessibility (no changes) ***web hyperlink***
- c. 2-120 By-Law Number 3 Calling of and Proceedings at Meetings (revised)
- d. 2-261 Appointments, Provincial Representatives (no changes) ***web hyperlink***
- e. 2-280 Complaints (revised)
- f. 2-340 Medical Officer of Health Performance Appraisal (revised)

**Board of Health for  
Peterborough Public Health  
MINUTES  
Governance Committee Meeting  
Tuesday, November 1, 2022 – 4:00 – 5:00 p.m.  
Virtual**

**Present:** Deputy Mayor Bonnie Clark, Chair  
Mayor Andy Mitchell  
Mr. Dan Moloney  
Councillor Kathryn Wilson

**Regrets:** Councillor Don Vassiliadis

**Staff:** Alida Gorizzan, Executive Assistant, Recorder  
Dr. Thomas Piggott, Medical Officer of Health & CEO  
Mr. Larry Stinson, Director of Operations

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**1. Call to Order**

The Chair called the meeting to order at 4:02 p.m.

**2. Confirmation of the Agenda**

MOTION:

That the agenda be approved as circulated.

Moved: Councillor Wilson

Seconded: Mr. Moloney

Motion carried. (M-2022-018-GC)

**3. Declaration of Pecuniary Interest**

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

**5. Delegations and Presentations**

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

MOTION:

That the minutes of the meeting of July 26, 2022 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Mayor Mitchell

Seconded: Mr. Moloney

Motion carried. (M-2022-019-GC)

**7. Business Arising From the Minutes**

**8. Staff Reports**

**8.1. By-Laws and Policies for Review**

MOTION:

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

- 2-151 Volunteer Remuneration (no changes)
- 2-402 Immunization (no changes)
- 2-403 Ethics Reporting Policy (no changes)
- 2-280 Complaints (revised)

Moved: Mr. Moloney

Seconded: Councillor Wilson

Motion carried. (M-2022-020-GC)

**8.2. Board Remuneration Review**

MOTION:

That the Governance Committee for Board of Health:

- receive the report, *Board Remuneration*, for information;
- approve revisions to policy 2-153, Board Remuneration Review; and,
- recommend that the Board support an increase of 1.5% in honourarium paid to members at its January 2023 meeting, representing a total amount of \$159.93.

Moved: Mayor Mitchell

Seconded: Mr. Moloney

Motion carried. (M-2022-021-GC)

**8.3. Interim Chair Recommendation**

MOTION:

That the Governance Committee recommend that the Board of Health for Peterborough Public Health appoint Councillor Kathryn Wilson as Acting Board of Health Chair commencing November 14, 2022.

Moved: Mr. Moloney

Seconded: Mayor Mitchell

Motion carried. (M-2022-022-GC)

**8.4. Orientation/Education Needs for New and Existing Members**

MOTION:

That the Governance Committee recommend that the Board of Health for Peterborough Public Health:

- approve policy 2-251 Orientation (revised); and,
- recommend cancelling the regular Board of Health meeting scheduled for December 14, 2022, in favour of scheduling an orientation/education session for new and existing members to be held that month.

Moved: Mayor Mitchell

Seconded: Councillor Wilson

Motion carried. (M-2022-023-GC)

9. **Consent Items**

10. **New Business**

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

12. **Motions for Open Session**

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

To be confirmed for 2023, or at the call of the Chair.

14. **Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved: Mr. Moloney

Seconded: Mayor Mitchell

Motion carried. (M-2022-024-GC)

The meeting was adjourned at 1:07 p.m.

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Chairperson

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Medical Officer of Health

## PETERBOROUGH PUBLIC HEALTH

### Board of Health

#### POLICY AND PROCEDURE

<b>Section:</b> Board of Health	<b>Number:</b> 2-120	<b>Title:</b> By-Law Number 3 - Calling of and Proceedings at Meetings
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health</b>
<b>Signature:</b> _____		<b>On (YYYY-MM-DD): 1989-10-11</b>
<b>Date (YYYY-MM-DD):</b> 2022-08-10		<b>Author:</b>
<b>Reference:</b> Municipal Act, 2001 By-Law Number 10 – Conduct of Open and In-Camera Meetings		

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

### By-Law Number 3 Calling of and Proceedings at Meetings

#### Section 1 - Interpretation

In this By-law:

- 1.1. "Act" means the *Health Protection and Promotion Act*;
- 1.2. "Board" means the Board of Health for Peterborough Public Health;
- 1.3. "Director of Operations" means the business administrator of the Board as defined in the Regulations under the Act;
- 1.4. "Chairperson" means the presiding officer at a meeting;
- 1.5. "Chairperson of the Board" means the Chairperson elected under the Act;
- 1.6. "Committee" means an assembly of members, appointed by the Board of Health, that must meet together to transact business on behalf of the Board;
- 1.7. "Councils" means the municipal Councils of the Corporations of the County of Peterborough and the City of Peterborough, and the Councils of Curve Lake and Hiawatha First Nations;
- 1.8. "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the *Act* and *Regulations*;
- 1.9. "Meeting" means an official gathering of members of the Board or a committee to transact business;



- 1.10. "Member" means a person who is appointed to the Board by a Council or the Lieutenant Governor-in-Council or a person who is appointed to a committee by the Board;
- 1.11. "Motion" means a formal proposal by a member in a meeting that the Board or a committee take certain action;
- 1.12. "Resolution" means a motion that is carried at a meeting by a majority vote in the affirmative of the members present; and
- 1.13. "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act.

## **Section 2 – General**

- 2.1. The rules in this By-law shall be observed in the calling of and the proceedings at all meetings of the Board and committees.
- 2.2. Except as herein provided, the most recent edition of Robert's Rules of Order shall be followed for governing the calling of and proceedings of meetings of the Board and committees.
- 2.3. Sections 2.1 and 2.2 above do not apply to the Indigenous Health Advisory Circle (IHAC) to the Board of Health. The IHAC follows procedural rules that are better aligned with Indigenous cultural practices which are incorporated into its terms of reference that are approved by the Board of Health.
- 2.4. No persons shall consume alcohol or tobacco products at a meeting.
- 2.5. In accordance with the *Municipal Act, 2001*, electronic participation is permitted for open, closed and special meetings of the Board and committees. A member who participates through electronic means (e.g., video/audio teleconference or through an electronic meeting platform such as Zoom or Microsoft Teams), is deemed to be present and counted for the purpose of establishing quorum, and will have full participation, including voting rights.
- 2.6. Meetings of the Board and committees are open to the general public, unless there are matters to be considered in closed session (refer to By-Law 10. By-Law Number 10 – Conduct of Open and In-Camera Meetings). In instances where physical attendance of the public cannot be accommodated due to health and safety concerns, or in the event that an emergency has been declared to exist in all or part of a municipality within the Health Unit pursuant to the *Emergency Management and Civil Protection Act*, electronic means (e.g. video/audio teleconference) may be employed to facilitate the participation of members of the public.

## **Section 3 - Convening of Meetings**

- 3.1 The Medical Officer of Health shall call the first meeting of each calendar year.
- 3.2 The first meeting shall be held after the municipal members, appointed to the Board by their respective councils, are confirmed, and shall be held no later than the 1st day of February.
- 3.3 At the first meeting of each calendar year, the Board shall:
  - 3.3.1 elect the Chairperson and the Vice-Chairperson of the Board for the year;

- 3.3.2 appoint members to its committees;
  - 3.3.3 fix, by resolution, the date and time of regular meetings; and,
  - 3.3.4 establish the honourarium paid to each member eligible for compensation in accordance with the Health Protection and Promotion Act.
- 3.4 A meeting may be rescheduled or cancelled due to the following circumstances:
- 3.4.1 in the event that an emergency has been declared by the Medical Officer of Health;
  - 3.4.2 if there is indication from members in advance of the meeting that quorum will not be achievable; or
  - 3.4.3 if upon consultation with the Medical Officer of Health, the Chairperson determines there is insufficient business to be considered.
- In all instances, the Chairperson will poll members to obtain consensus to proceed with a cancellation. If approval is obtained through a majority vote, members will be notified and a public notice will be issued.
- 3.5 The Chairperson of the Board can call a special meeting and shall call a special meeting at the written request of a majority of the members.
- 3.6 The Medical Officer of Health shall:
- 3.6.1 give notice of the first and each regular and special meeting;
  - 3.6.2 ensure that the notice accompany the agenda and any other matter, so far as known, to be brought before such meeting;
  - 3.6.3 cause the notice to be delivered to the residence or place of business of each member or by e-mail or telephone so as to be received not later than two clear days in advance of the meeting.
- 3.7 The lack of receipt of the notice shall not affect the validity of the holding of the meeting or any action taken thereat.
- 3.8 No business other than that stated in the notice of a special meeting shall be considered at such meeting except with the unanimous consent of the members present.

#### **Section 4 - Agenda and Order of Business**

- 4.1 The Medical Officer of Health shall have prepared for the use of each member at the first and regular meetings an agenda of the following items.
- 4.1.1 Call To Order
  - 4.1.2 Confirmation of the Agenda
  - 4.1.3 Declaration of Pecuniary Interest
  - 4.1.4 Delegations and Presentations

#### ~~4.1.5 Board Chair Report~~

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

~~4.1.7~~4.1.6 Business Arising from the Minutes

~~4.1.8~~4.1.7 Staff Reports

~~4.1.9~~4.1.8 Consent Items

~~4.1.10~~4.1.9 New Business

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

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

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

~~4.1.14~~4.1.13 Adjournment

- 4.2 Any items not included on the prepared agenda may be added by resolution.
- 4.3 Agenda packages will be posted on the Peterborough Public Health website on the same day that agendas are distributed to Board of Health members.
- 4.4 On the day following Board of Health meetings, Board members will be contacted and advised of the date, time, and location of the next meeting, and asked about their availability for the next meeting.
- 4.5 The business of each regular meeting shall be taken up in the order described in section 4.1 of this By-law unless otherwise decided by the members.
- 4.6 Consent Items are items to be considered for the Consent portion (4.1.8) of the agenda and shall be determined by the Medical Officer of Health. Matters selected for Consent Items are to be routine, housekeeping, information or non-controversial in nature.
- 4.6.1 If the Board wishes to comment or seek clarification on a specific matter noted in the list of Consent Items, the member is asked to identify the item and clarification or comment will be provided or made. An item(s) requiring more than clarification or comment will be extracted and moved to the New Business section of the agenda. The Consent Items, exclusive of extracted items where applicable, can be approved in one resolution.
- 4.6.2 Matters listed under Consent Items shall include an explanatory note as follows:  
"All matters listed under Consent Items are considered to be routine, housekeeping, information or non-controversial in nature and to facilitate the Board of Health's consideration can be approved by one motion".
- 4.6.3 Consent Items will include:
- Staff Reports and Presentations – Information, Housekeeping and Non-Controversial.
  - Correspondence – Direction and Information. A Correspondence Report will be prepared and included in the Consent Items section of the agenda. The report will be divided into two sections as follows, Correspondence for Direction and Correspondence for Information. Where possible each item of correspondence for direction will have a staff recommendation included.

- Committee Reports.

- 4.7 New Business items are those that have not been discussed by meeting attendees previously and that do not belong in staff or Committee reports.
- 4.8 The Chairperson of the Board shall direct the preparation of an agenda for a special meeting.
- 4.9 The business of each special meeting shall be taken up in the order as listed on the agenda of such meeting unless otherwise decided by the members.

### **Section 5 - Commencement of Meetings**

- 5.1 As soon as there is a quorum after the time fixed for the meeting, the Chairperson or Vice-Chairperson of the Board or the person appointed to act in their place and stead, shall take the chair and call the members to order.
- 5.2 A quorum for any meeting of the Board or a committee shall be a majority of the appointed members.
- 5.3 If the Chairperson or Vice-Chairperson of the Board or the Chairperson of a committee does not attend a meeting by the time a quorum is present, the Medical Officer of Health shall call the members to order and a presiding officer shall be appointed to preside during the meeting or until the arrival of the person who ought to preside.
- 5.4 Upon any members directing the attention of the Chairperson to the fact that a quorum is not present, the Medical Officer of Health, at the request of the Chairperson, shall record the names of those members present and advise the chairperson if a quorum is or is not present. If there is no quorum within thirty minutes after the time fixed for the meeting, the Chairperson shall then adjourn until the day and time fixed for the next meeting.

### **Section 6 - Delegations and Debate**

- 6.1 The Chairperson shall preside over the conduct of the meeting, including preserving good order and decorum, ruling on points of order and deciding all questions relating to the orderly proceedings of the meeting.
- 6.2 Any individual or group who wishes to make a presentation to the Board shall make a written request to the Chairperson of the Board up to a minimum of forty-eight hours before the start of the meeting.
- 6.3 The Chairperson of the Board (in consultation with the Medical Officer of Health) shall decide whether the delegation may make a presentation at a meeting and accordingly, shall inform the individual or group whether their request has been approved or denied.
- 6.4 The Chairperson shall give due consideration to the length of the agenda and the number of delegation requests received, and may limit the number of delegations to a maximum of five (5) per meeting.

- 6.5 All delegations appearing before the Board shall be permitted to speak only once on an item, unless new information is being brought forward, and/or unless permission is given by the Chairperson of the Board, in consultation with the Medical Officer of Health.
- 6.6 Delegations and presentations of general interest shall not exceed ten minutes except when answering questions posed by the Chairperson for clarification.
- 6.7 Unless otherwise directed by resolution, no action respecting a delegation will be taken until the Board has had an opportunity to discuss the delegation and to receive advice from the Medical Officer of Health.
- 6.8 The Board will be informed of all requests from delegations and the disposition of such requests and, upon review, the Board may reverse the decision of the Chairperson of the Board by resolution.
- 6.9 Every member shall address the Chairperson respectfully previous to speaking to any motion.
- 6.10 When two or more members ask to speak, the Chairperson shall name the member who, in their opinion, first asked to speak.
- 6.11 If the Chairperson desires to leave the Chair to participate in a debate or otherwise, they shall call on the Vice-Chairperson to fill their place until they resume the Chair.
- 6.12 A member may speak more than once to a motion, but after speaking, shall be placed at the foot of the list of members wishing to speak.
- 6.13 No member shall speak to the same motion at any one time for longer than ten minutes except that extensions for speaking for up to five minutes for each time extended may be granted by resolution.
- 6.14
  - 6.14.1 A member may ask a question of the previous speaker and then only to clarify any part of their remarks.
  - 6.14.2 When it is a member's turn to speak, before speaking, they may ask questions of the Medical Officer of Health or staff present, to obtain information relating to the matter in question and with the consent of the speaker, or other members may ask a question of the same persons.
  - 6.14.3 All questions shall be stated concisely and shall not be used as a means of making statements or assertions.
  - 6.14.4 Any question shall not be ironical, offensive, rhetorical, trivial, vague or meaningless or shall not contain epithet, innuendo, ridicule, or satire.
- 6.15 Any member who has the floor may require the motion under discussion to be read.

## **Section 7 - Decorum and Discipline**

- 7.1 A member shall not:

- 7.1.1 speak disrespectfully of Her Majesty the Queen or any member of the Royal Family, the Governor-General, a Lieutenant Governor, the Board or any member thereof;
- 7.1.2 use offensive words or unparliamentary language;
- 7.1.3 disobey the rules of the Board or a decision of the Chairperson or the Board on questions of order, practice or an interpretation of the rules;
- 7.1.4 speak other than to the matter in debate;
- 7.1.5 leave their seat or make any disturbance when the Chairperson is putting a question and while a vote is being taken and until the result is declared; and
- 7.1.6 interrupt a member while speaking except to raise a point of order.
- 7.2 If a member commits an offense, the Chairperson shall interrupt and correct the member.
- 7.3 If an offense is serious or repeated, the Board may decide, by resolution, not to permit the member to resume speaking.
- 7.4 If a member ignores or disregards a decision of the Chairperson or the Board, the Chairperson shall not recognize the member except to receive an apology by the member and until it has been accepted by the Board.
- 7.5 If a member persists in committing an offense, the Board may order, by resolution, the member to leave the meeting and not resume their seat until they have tendered an apology and it has been accepted by the Board.

## **Section 8 - Questions of Privilege and Points of Order**

- 8.1 The Chairperson shall permit any member to raise a question relating to the rights and benefits of the Board or one or more of the members thereof and questions of privilege shall take precedence over all other motions except to adjourn and to recess.
- 8.2 When a member desires to assert that a rule has been violated, they shall ask leave of the Chairperson to raise a point of order with a concise explanation and then shall not speak until the Chairperson has decided on the point of order.
- 8.3 The decision of the Chairperson shall be final unless a member appeals immediately to the Board.
- 8.4 If the decision is appealed, the Board shall decide the question "Shall the decision of the chair be sustained?" by majority vote without debate and its decision shall be final.
- 8.5 When the Chairperson calls a member to order, the member shall cease speaking immediately until the point of order is dealt with and they shall not speak again without the permission of the Chairperson unless to appeal the ruling of the Chairperson.

## **Section 9 - By-laws**

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

- 9.2 A motion to pass a By-law shall be carried by a two-thirds vote in the affirmative of the members present at that meeting.
- 9.3 A By-law shall come in to force on the date of passing thereof unless otherwise specified by the Board.
- 9.4 No motion for the amendment or repeal of the By-laws, or any part thereof, shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.
- 9.5 A motion to amend or repeal the By-laws, or any part thereof, shall be carried by a two-thirds vote in the affirmative of the members present at the meeting at which the amendment or repeal is to be considered.

## **Section 10 - Motions**

- 10.1 Every motion shall be verbal unless the Chairperson requests that the motion be submitted in writing.
- 10.2 Debate on a debatable motion shall not proceed unless it has been seconded.
- 10.3 Every motion shall be deemed to be in possession of the Board for debate after it has been presented by the Chairperson, but may, with permission of the members who moved and seconded a motion, be withdrawn at any time before amendment or decision.
- 10.4 A main motion before the Board shall receive disposition before another main motion can be received except a motion:
  - 10.4.1 to adjourn;
  - 10.4.2 to recess;
  - 10.4.3 to raise a question of privilege;
  - 10.4.4 to lay on the table;
  - 10.4.5 to order the previous question (close debate);
  - 10.4.6 to limit or extend limits of debate;
  - 10.4.7 to postpone definitely (defer);
  - 10.4.8 to commit or refer;
  - 10.4.9 to postpone indefinitely (withdraw); or
  - 10.4.10 to amend;which have been listed in order of precedence.
- 10.5 When a motion that the vote be taken is presented, it shall be put to a vote without debate, and if carried by resolution, the motion and any amendments under debate shall be put forthwith without further debate.
- 10.6 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

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

10.7.1 when a member has the floor;

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

10.7.3 during the taking of a vote;

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

## **Section 11 - Voting**

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

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

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

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

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

11.6 Any member may require that a vote be recorded.

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

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

## **Section 12 - Committees**

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

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

12.3 The Chairperson of a committee shall:

12.3.1 preside over all meetings of the committee;



- 12.3.2 report on the deliberations and recommendations of the committee to the Board; and
- 12.3.3 perform such other duties as may be determined from time to time by the Board or the committee.

12.4 The ~~Chairperson of a committee~~ Board of Health shall approve all appointments of ~~may appoint~~ non-Board members to ~~the~~ any committee.

12.5 The number of non-Board members of a committee shall not exceed the number of Board members of the same committee at any time, with the exception of the Indigenous Health Advisory Circle which relies on the lived experience and knowledge of Indigenous community members.-

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

12.67 It shall be the duty of a committee:

- 12.67.1 to report to the Board on all matters referred to it and to recommend such action as it deems necessary;
- 12.67.2 to forward to an incoming committee for the following year any matters not disposed of; and
- 12.67.3 to provide to the Board any information relating to the committee that is requested by the Board.

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

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

### **Section 13 - Minutes**

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

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

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

### **Review/Revisions**

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

**On** (YYYY-MM-DD): 2013-04-10  
**On** (YYYY-MM-DD): 2013-12-11  
**On** (YYYY-MM-DD): 2014-06-11  
**On** (YYYY-MM-DD): 2015-09-09  
**On** (YYYY-MM-DD): 2015-12-09  
**On** (YYYY-MM-DD): 2017-09-13  
**On** (YYYY-MM-DD): 2018-06-13  
**On** (YYYY-MM-DD): 2020-05-13  
**On** (YYYY-MM-DD): 2021-02-10  
**On** (YYYY-MM-DD): 2022-08-10

## PETERBOROUGH PUBLIC HEALTH

### Board of Health

### POLICY AND PROCEDURE

<b>Section:</b> Board of Health	<b>Number:</b> 2-280	<b>Title:</b> Complaints, Public
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD): 1997-02-12</b>  <b>Author:</b> Medical Officer of Health
<b>Signature:</b> <i>Original signed by BOH Chair</i>		
<b>Date (YYYY-MM-DD):</b> 2022-11-09		
<b>Reference:</b>		

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

### POLICY

#### Objective

All complaints received from members of the public, stakeholders, and partners will be addressed in a timely manner, in writing, and in accordance with Board of Health By-laws, policies, and procedures.

Complaints received regarding Peterborough Public Health (PPH) as an organization, or regarding a PPH staff member, will follow the procedure outlined below.

Complaints related to inspected facilities are not applicable. These will be directed to PPH Inspection staff via phone or email to ensure they are responded to and documented appropriately.

### PROCEDURE

1. The complainant will be requested to submit their complaint in writing. If assistance is required this will be provided by Peterborough Public Health (PPH) staff. Submissions can also be sent via e-mail to info@peterboroughpublichealth.ca.
2. The Executive Assistant to the Board of Health, or designate, will confirm receipt of the complaint. One copy of the complaint is forwarded to the applicable Director and another copy is forwarded to the Medical Officer of Health (MOH). The Director has fourteen (14) days to investigate and prepare a response to the complaint. A copy of the Director's response to the complaint is forwarded to the ~~Medical Officer of Health~~ MOH.
3. If the response is not satisfactory to the complainant, ~~he or she~~ they will be directed to the ~~Medical Officer of Health~~ MOH for follow-up.

4. The ~~Medical Officer of Health~~ MOH will investigate the complaint and issue a ~~report~~ response to the complainant within ~~two weeks~~ fourteen (14) days.
5. If the Medical Officer of Health is of the opinion that ~~the~~ complaint is frivolous, vexatious, made in bad faith, or an abuse of process, ~~he/she will bring it to the attention of the complaint will be reviewed with the Board Chair. The Board Chair will either concur with the MOH, or initiate the process outlined in item 6.~~
6. For complaints regarding the MOH specifically, ~~she/he~~ the Executive Assistant to the Board of Health will notify the complainant of the following process:
  - a. The complaint will be brought forward to the attention of the MOH and Board Chair. If the Board Chair determines the complaint is valid (i.e., does not meet the criteria outlined in item 5), the Chair will initiate the following process:
    - i. The complaint ~~will bring it to the attention of~~ will be brought forward to a sub-group consisting of the Board Chair, Vice Chair, and Chair of the Governance Committee (or ~~a~~ a member of that Committee should a Committee Chair remain to be elected).
    - ii. The sub-group will investigate and respond within thirty (30) days at which time the complaint will be considered resolved, or the complainant will be advised that the matter will be referred to the Board of Health at its next regularly scheduled meeting.
    - ~~iii.~~ The Board Chair will issue a response within ten (10) days of that meeting, and the Board of Health will receive this via regular correspondence.
- ~~4-7.~~ Should a Board member be approached directly with a complaint, they will advise the complainant to submit their grievance using the process outlined in this procedure.
- ~~5-8.~~ The Medical Officer of Health will produce an annual summary report of complaints for the Board of Health which were responded to via this process. This report will be provided to the Board no later than in the first quarter of the following year.

#### **Review/Revisions**

On (YYYY-MM-DD): 2009-02-11 (Board)  
On (YYYY-MM-DD): 2015-09-09 (Board – procedure 2-281 incorporated)  
On (YYYY-MM-DD): 2017-09-13  
On (YYYY-MM-DD): 2019-12-11  
On (YYYY-MM-DD): 2022-11-09

# PETERBOROUGH PUBLIC HEALTH

## Board of Health

### POLICY AND PROCEDURE

<b>Section:</b> Board of Health	<b>Number:</b> 2-340	<b>Title:</b> Medical Officer of Health Performance Appraisal
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD):</b> 2009-02-11
<b>Signature:</b> <i>Original signed by Board Chair</i>		<b>Author:</b> Medical Officer of Health
<b>Date (YYYY-MM-DD):</b> 2018-09-12		
<b>Reference:</b>		
<b>Forms:</b> Medical Officer of Health Performance Appraisal Form (available upon request) Medical Officer of Health <a href="#">Performance Planner</a> <a href="#">Annual Work Plan</a> (available upon request) Medical Officer of Health Position Description (available upon request)		

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

## POLICY

The Board of Health (BOH) facilitates performance by creating an environment where the Medical Officer of Health (MOH) and all employees of Peterborough Public Health (PPH) achieve their best. A written appraisal system will be used to provide an objective and uniform way to evaluate ~~employees~~[the MOH on the job](#). It is a constructive process to build on strengths, correct weaknesses, and maximize performance.

1. The MOH's performance is to be appraised before the end of the probationary period, in order to recommend to the BOH appointment to regular appointment status, extension of probationary period, or termination of employment.
2. At the beginning and end of each year, the Board Chair will meet with the MOH to set and review an annual work plan which includes professional development goals.

~~3.~~ The MOH's appraisal will be conducted by a committee of the BOH chaired by the Chair of the BOH every two (2) years. [The sub-committee consists of:](#)

~~This review is to be conducted by~~ the current Chair, Vice Chair, and a past Chair of the Board [and/or another current board member, when possible.](#)

~~4.~~ The Board will incorporate feedback from internal stakeholders such as board of health members and staff, [and key external stakeholders](#), as part of the 360° component every four (4) years. If relevant, the MOH may incorporate any such processes from their professional college into this appraisal process.

~~5.4. External stakeholders will be approached for feedback by the Board at least every six (6) years and where appropriate.~~

~~6.5.~~ As part of the performance appraisal, the MOH is responsible for completing a self-appraisal.

~~7.6.~~ Formal performance appraisals do not take the place of ongoing evaluation and feedback. If the MOH's work is not adequate, the matter is to be dealt with while details and facts are fresh and will not wait for the formal review. The MOH's performance must return to the required standard within a specified time period or further action may be taken by the Board.

## **PROCEDURE**

The Chair of the BOH will:

1. Meet with the MOH at the beginning and end of the Chair's term to review the annual work plan, which includes the setting of professional development goals.
2. Schedule the performance appraisal before the end of the probationary period and then at least every two (2) years, preferably around the MOH's anniversary date.
3. Convene a meeting with the immediate ~~past Chair and the Vice Chair~~sub-committee to review the required materials, confirm the process, and develop the timeline. This sub-committee can consult with any other persons they feel could provide relevant input to the performance appraisal, review the job description, operational plans, strategic plan/reporting, significant events and any other pertinent items from the period under review.
4. Work with the ~~Secretary of Executive Assistant to~~ the Board to organize the 360° component of the appraisal. This would begin with a request to the MOH for a list of staff and external stakeholders, when warranted, who could be approached for potential feedback.
5. Conduct the interview. This part may require more than one meeting. Begin the process with the MOH's self-appraisal. Use the information collected from the various sources to grade each factor on the appraisal form, using the definitions included in the performance appraisal form and support the decision with comments and examples wherever possible. When weighing all of the feedback, genuinely consider the MOH's input and make changes/additions to the factor comments, examples and even grading where warranted.
6. Complete the Performance Appraisal Form. The appraisal should also include an assessment of performance relative to any learning or performance objectives set in the previous performance appraisal. In the Board's comments, clearly indicate whether the overall performance is satisfactory or not. For probationary MOHs indicate if probation has been completed satisfactorily.
7. Sign and date the Performance Appraisal Form and have the MOH do the same. The MOH's signature means that they have read and understood the review. Ensure that a signed version of the Confidentiality Agreement is received.
8. Provide the MOH a full copy of the completed Performance Appraisal Form. The Director of Operations is to retain the original including the self-appraisal in the MOH's personnel file.

**Review/Revisions**

**On** (YYYY-MM-DD): 2010-10-27 (By-Laws, Policies and Procedures Committee)

**On** (YYYY-MM-DD): 2010-11-10 (Board)

**On** (YYYY-MM-DD): 2012-11-26 (Governance)

**On** (YYYY-MM-DD): 2012-12-12 (Board)

**On** (YYYY-MM-DD): 2015-12-09 (Board; combined with procedure 2-341)

**On** (YYYY-MM-DD): 2016-04-13 (Board)

**On** (YYYY-MM-DD): 2018-09-12 (Board)

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Stewardship Committee Report</b>
<b>DATE:</b>	<b>March 8, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant, on behalf of Mayor Graham, Committee Chair</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:

- a. receive meeting minutes of the Stewardship Committee from November 1, 2022 for information;
- b. receive the staff report, *2022 Audit Letter of Engagement*, for information; engage the audit services of Baker Tilly Kawartha LLP, and, authorize the Chair and Vice-Chair to sign the Letter of Engagement;
- c. receive the staff report, 2023-24 Budget Approval - Healthy Babies, Healthy Children Program, for information; and, recommend approval of the 2023-24 budget for the Healthy Babies, Healthy Children program in the total amount of \$928,413;
- d. receive the staff report, 2023-24 Budget Approval - Infant and Toddler Development Program, for information; and, recommend the approval of the 2023-24 budget for the Infant and Toddler Development Program in the total amount of \$242,423;
- e. receive the staff report, 2024 PPH Budget Considerations, for information.

**BACKGROUND**

The Committee met last on March 2, 2023. At that meeting, members requested that these items come forward to the Board at its next meeting.

For the Board's information, Mayor Graham and Deputy Mayor Black were elected as Stewardship Chair and Vice Chair, respectively, by Committee members.

With respect to item 'e', staff were directed to prepare reports for the Committee's consideration on a number of topics including: mileage expenses and vehicle lease options; leasing PPH-owned space; technology and equipment costs; and, efficiencies in program delivery. These will be incorporated into the Committee's work plan over the course of 2023.



## **ATTACHMENTS**

- a. Minutes, November 1, 2022
- b. 2022 Audit Letter of Engagement
- c. HBHC Budget Approval
- d. ITDP Budget Approval
- e. 2024 Budget Considerations

**Board of Health for  
Peterborough Public Health  
MINUTES  
Stewardship Committee Meeting  
Tuesday, November 1, 2022 – 10:30 a.m. – 12:00 p.m.  
Virtual**

**Present:** Councillor Gary Baldwin (*joined at 10:42 a.m.*)  
Deputy Mayor Matthew Graham  
Mayor Andy Mitchell  
Dr. Hans Stelzer (Chair)  
Councillor Kathryn Wilson

**Staff:** Ms. Dale Bolton, Manager, Finance and Property  
Alida Gorizzan, Executive Assistant (Recorder)  
Dr. Thomas Piggott, Medical Officer of Health & CEO  
Larry Stinson, Director of Operations

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**1. Call to Order**

Dr. Stelzer called the Stewardship Committee meeting to order at 10:38 a.m.

**2. Confirmation of the Agenda**

The agenda was confirmed as circulated.

**3. Declaration of Pecuniary Interest**

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

**5. Delegations and Presentations**

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

MOTION:

That the minutes of the meeting of August 25, 2022 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Deputy Mayor Graham

Seconded: Mayor Mitchell

Motion carried. (M-2022-023-SC)

**7. Business Arising From the Minutes**

## **8. Staff Reports**

### **8.1. Q3 2022 Financial Report**

MOTION:

That the Stewardship Committee:

- receive the Q3 2022 Finance Report for information; and,
- provide it to the Board of Health at its next meeting for information.

Moved: Deputy Mayor Graham

Seconded: Mayor Mitchell

Motion carried. (M-2022-024-SC)

### **8.2. Staff Report: 2023 Budget Approval – Ontario Seniors Dental Program**

MOTION:

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

- receive the staff report, 2023 Budget Approval – Ontario Seniors Dental Program, for information; and,
- recommend approval of the 2023 budget for the Ontario Seniors Dental Program in the total amount of \$898,100.

Moved: Deputy Mayor Graham

Seconded: Mayor Mitchell

Motion carried. (M-2022-025-SC)

### **8.3. Staff Report & Presentation: 2023 Cost-Shared Budget Approval**

That the Stewardship Committee of the Board of Health:

- receive the staff report and presentation, 2023 Cost-Shared Budget Approval, for information; and
- recommend that the Board of Health approve the 2023 Cost-Shared Budget for public health cost-shared programs of \$11,059,442.

Moved: Deputy Mayor Graham

Seconded: Mayor Mitchell

Motion carried. (M-2022-026-SC)

## **9. Consent Items**

## **10. New Business**

### **10.1. By-Laws and Policies for Review**

MOTION:

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

- 2-160, By-Law #7, Execution of Documents (*no changes*)

Moved: Deputy Mayor Graham  
Seconded: Mayor Mitchell  
Motion carried. (M-2022-027-SC)

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

**12. Motions for Open Session**

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

To be confirmed for 2023, or at the call of the Chair.

**14. Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved: Mayor Mitchell

Seconded: Councillor Wilson

Motion carried. (M-2022-028-SC)

The meeting was adjourned at 11:44 a.m.

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Chairperson

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Medical Officer of Health

## **PETERBOROUGH PUBLIC HEALTH**

### **STEWARDSHIP COMMITTEE – STAFF REPORT**

<b>TITLE:</b>	<b>2022 Audit Letter of Engagement</b>
<b>DATE:</b>	<b>March 2, 2023</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance and Property</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director, Operations Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

#### **PROPOSED RECOMMENDATIONS**

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

- receive the staff report, *2022 Audit Letter of Engagement*, for information;
- engage the audit services of Baker Tilly Kawarthas LLP, and
- authorize the Chair and Vice-Chair to sign the Letter of Engagement.

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

Agreement will result in the annual audit fees which are part of the approved budget.

#### **DECISION HISTORY**

An annual audit by external auditors is required by legislation and under Board Policy 2-130. Audit expenses are part of the approved budget. Agreement to the terms of services outlined in the letter will result in the annual audit fees. If the Letter of Engagement is not signed, the auditor will not be able to carry out the audit.

#### **BACKGROUND**

The Letter of Engagement is a standard letter required by the Canadian Institute of Chartered Accountants (CICA). Approval of the Letter of Engagement is required annually by the Board of Health.

#### **RATIONALE**

Auditors require their clients to sign a “Letter of Engagement” appointing the auditor, directing the auditor to audit the books of account and committing the organization to pay for the audit services upon completion of the work. Over time, the audit societies increased the responsibilities and requirements of auditors, including reporting to the Board any relationships they may have with the Board.

These relationships include:

- Holding a financial interest, directly or indirectly, in the Board;

- Holding a position, directly or indirectly, that gives the right or responsibility to exert
- significant influence over the financial or accounting policies of the Board;
- A personal or business relationship with immediate family, close relatives, partners or retired partners of the Board;
- Having an economic dependence on the work of the Board; and
- Providing services to the Board other than auditing (for example: consulting services).

The auditors have not identified any relationship.

The auditors have committed to expressing an opinion on whether our Financial Statements fairly represent, in a material way, the financial position of the Board.

The auditors note that their obligation is to obtain reasonable, but not absolute assurance that the financial statements are free of material misstatement. That is: the auditor will examine our records but will not guarantee they will find a misstatement, if one is present. This also means that there may be small misstatements but the misstatement will not have a significant bearing on our Financial Statements.

The auditors will:

- Assess the risk that the financial statements contain misstatement(s) that are material to the Financial Statements;
- Examine on a test basis the evidence supporting amounts and disclosures to the financial statements (for example: compare invoices to cheque amounts, lease commitments, etc.);
- Assess the accounting principles used and their application;
- Assess the estimates made; and
- Examine internal controls in place.

The Board or delegated committee is required to:

- Meet with the auditors prior to the release and approval of the financial statements to review audit, disclosure and compliance issues;
- If necessary, review matters raised by the auditors with management, and if necessary report back to the auditors on the Board's findings;
- Make known to the auditors any issues of fraud or illegal acts or non-compliance with any laws or regulatory requirements known to the Board that may affect the financial statements;
- Provide direction to the auditor on any additional work the auditor feels should be undertaken in response to issues raised or concerns expressed;
- Make enquiries into the findings of the auditor with respect to corporate governance, management conduct, management cooperation, information flow and systems of internal control;
- Review the draft financial statements; and
- Pre-approve all professional and consulting services to be provided by the auditors. In

our case, there are none for the current year.

### **STRATEGIC DIRECTION**

This report applies to all three strategic direction as outlined in the 2022 - 2025 Strategic Plan.

### **ATTACHMENTS**

- a. [Letter of Engagement](#)
- b. [Pre-Audit Planning Report](#)

February 28, 2023

Peterborough Public Health  
Jackson Square  
185 King Street  
Peterborough, Ontario  
K9J 2R8

**Baker Tilly KDN LLP**  
272 Charlotte St.  
Peterborough, ON  
Canada K9J 2V4

T: (705) 742-3418  
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[www.bakertilly.ca](http://www.bakertilly.ca)

Attention: Larry Stinson

Dear Sirs:

Baker Tilly KDN LLP, the "Firm", is pleased to be appointed auditor of Peterborough Public Health (the "Board of Health") for the year ending December 31, 2022. The purpose of this letter is to outline the terms of our engagement to audit the consolidated financial statements of Peterborough Public Health, which comprise the consolidated statement of financial position as at December 31, 2022 and the consolidated statements of operations and accumulated surplus, net financial assets and cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies. We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter.

### **Objective, Scope and Limitations**

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

We will conduct our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

It is important to recognize that an auditor cannot obtain absolute assurance that material misstatements in the consolidated financial statements will be detected because of:

- (a) Factors such as use of judgement, and the use of testing of the data underlying the consolidated financial statements;
- (b) Inherent limitations of internal control; and
- (c) The fact that much of the audit evidence available to the auditor is persuasive rather than conclusive in nature.

ASSURANCE • TAX • ADVISORY

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Furthermore, because of the nature of fraud, including attempts at concealment through collusion and forgery, an audit designed and executed in accordance with Canadian generally accepted auditing standards may not detect a material fraud. Further, while effective internal control reduces the likelihood that misstatements will occur and remain undetected, it does not eliminate that possibility. For these reasons, we cannot guarantee that fraud, error, irregularities or illegal acts, if present, will be detected when conducting an audit in accordance with Canadian generally accepted auditing standards.

## **Content of Auditor's Report**

Unless unanticipated difficulties are encountered, our report will be substantially in the following form:

### **INDEPENDENT AUDITOR'S REPORT**

To the Members of Peterborough Public Health of Peterborough Public Health

#### *Opinion*

We have audited the consolidated financial statements of Peterborough Public Health and its subsidiaries, (the "Board of Health"), which comprise the consolidated statement of financial position as at December 31, 2022 and the consolidated statements of operations and accumulated surplus, net financial assets and cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Board of Health as at December 31, 2022, and its results of consolidated operations, changes in its consolidated net financial assets, and its consolidated cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards.

#### *Basis for Opinion*

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

#### *Responsibilities of Management and Those Charged with Governance for the Consolidated Financial Statements*

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with Canadian Public Sector Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is responsible for assessing the Board of Health's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Board of Health or to cease operations, or has no realistic alternative but to do so.

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

#### *Auditor's Responsibilities for the Audit of the Consolidated Financial Statements*

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

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

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board of Health's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board of Health's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Board of Health to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Chartered Professional Accountants  
 Licensed Public Accountants  
 Peterborough, Ontario  
 Date

If our opinion on the financial statements is other than unqualified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form, or have not formed, an opinion, we may decline to express an opinion as a result of this engagement.

### **Use, Distribution and Publication / Reproduction of Financial Statements**

The examination of the consolidated financial statements and the issuance of our audit opinion are solely for the use of Peterborough Public Health and those to whom our report is specifically addressed by us. We make no representations of any kind to any third party in respect of these consolidated financial statements and we accept no responsibility for their use by any third party.

Where our report is reproduced in any medium, the complete consolidated financial statements, including notes, must also be presented. Management is responsible for the accurate reproduction of the consolidated financial statements, the auditor's report and other related information contained in an annual report or other public document (electronic or paper based). This includes any incorporation by reference to either full or summarized consolidated financial statements that we have audited. We are not required to read the information contained in your website, or to consider the consistency of other information in the electronic site with the original document.

We ask that our name be used only with our consent and that any information to which we have attached a communication be issued with that communication unless otherwise agreed to by us.

### **Our Responsibilities**

We will perform our audit in accordance with Canadian generally accepted auditing standards. We will:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the consolidated financial statements that we have identified during the audit.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board of Health's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Board of Health to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

One of the underlying principles of the profession is a duty of confidentiality with respect to client affairs. Accordingly, except for information that is in or enters the public domain, we will not provide any third party with confidential information concerning the affairs of Peterborough Public Health without Peterborough Public Health's prior consent, unless required to do so by legal, regulatory, administrative or other authority, or the Code of Professional Conduct applicable to us.

We will communicate in writing to the Board of Health the relationships between our firm and Peterborough Public Health, including related entities that, in our professional judgement, may reasonably be thought to bear on our independence. Further, we will confirm our independence with respect to Peterborough Public Health within the meaning of the applicable Provincial Code of Professional Conduct and information on relevant safeguards designed to ensure the auditor's continued independence.

The objective of our audit is to obtain reasonable assurance that the consolidated financial statements are free of material misstatement. However, if we identify any of the following matters, they will be communicated to the appropriate level of management:

- (a) Misstatements, resulting from error, other than trivial errors;
- (b) Fraud or any information obtained that indicates that a fraud may exist;
- (c) Any evidence obtained that indicates that an illegal or possibly illegal act, other than one considered inconsequential, has occurred;
- (d) Significant weaknesses in the design or implementation of internal control to prevent and detect fraud or error; and
- (e) Related party transactions identified by us that are not in the normal course of operations and that involve significant judgements made by management concerning measurement or disclosure.

We may also communicate certain additional matters to the Board of Health and the appropriate members of management. Such matters include:

- (a) Our professional judgements on the qualitative aspects of accounting principles used in Peterborough Public Health's financial reporting, including:
  - (i) The initial selection of and changes in significant accounting policies and their application, including the adoption of new accounting policies;

- (ii) The effect of significant accounting policies in controversial and emerging areas, or those unique to your industry;
  - (iii) The existence of acceptable alternative policies and methods, and the acceptability of the particular policy or method used by management; and
  - (iv) The issues involved, and related judgements made by management, in formulating particularly sensitive accounting estimates and disclosures and the basis for our conclusions regarding the reasonableness of those estimates in the context of the consolidated financial statements taken as a whole.
- (b) Uncorrected misstatements aggregated by us during our audit that were determined by management to be immaterial, both individually and in the aggregate, to the consolidated financial statements taken as whole;
  - (c) Any disagreements with management, whether or not satisfactorily resolved, about matters that individually or in total could be significant to the consolidated financial statements or our report;
  - (d) Our views about any matters that were the subject of management's consultation with other accountants about auditing and accounting matters;
  - (e) Major issues that we discussed with management in connection with the retention of our services, including, among other matters, any discussions regarding the application of accounting principles and auditing standards; and
  - (f) Any serious difficulties that we encountered in dealing with management in the performance of the audit.

The matters communicated will be those that we identify during the course of our audit. Audits do not usually identify all matters that may be of interest to management in discharging its responsibilities. The type and significance of the matter to be communicated will determine the level of management to which the communication is directed.

We will consider Peterborough Public Health's internal control to identify types of potential misstatements, consider factors that affect the risks of material misstatement, and design the nature, timing and extent of further audit procedures. This consideration will not be sufficient to enable us to render an opinion on the effectiveness of internal control over financial reporting.

At the end of the engagement, we will provide management or others so designated with our recommendations designed to help make improvements in your internal control structure and operation. This communication will be in a mutually agreeable format and will include only those matters that came to our attention during our audit.

### **Management's Responsibilities**

Management is responsible for:

#### **Financial Statements**

- (a) The preparation and fair presentation of Peterborough Public Health's consolidated financial statements in accordance with Canadian Public Sector Accounting Standards;

#### **Completeness of information**

- (b) Providing us with and making available complete financial records and related data, and copies of all minutes of meetings of the Board of Health and committees, as applicable;
- (c) Providing us with information relating to any known or probable instances of non compliance with legislative or regulatory requirements, including financial reporting requirements;
- (d) Providing us with information relating to any illegal or possibly illegal acts, and all facts related thereto;
- (e) Providing us with information regarding all related parties and related party transactions;
- (f) Any additional information that we may request from management for the purpose of this audit;
- (g) Providing us with unrestricted access to persons within the Board of Health from whom we determine it necessary to obtain audit evidence;

#### Fraud and error

- (h) Internal control that management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- (i) An assessment of the risk that the consolidated financial statements may be materially misstated as a result of fraud;
- (j) Providing us with information relating to fraud or suspected fraud affecting the Board of Health involving:
  - (i) Management;
  - (ii) Employees who have significant roles in internal control; or
  - (iii) Others, where the fraud could have a non trivial effect on the consolidated financial statements;
- (k) Providing us with information relating to any allegations of fraud or suspected fraud affecting the Board of Health's consolidated financial statements communicated by employees, former employees, analysts, regulators or others;
- (l) Communicating its belief that the effects of any uncorrected financial statement misstatements aggregated during the audit are immaterial, both individually and in the aggregate, to the consolidated financial statements taken as a whole;

#### Recognition, measurement and disclosure

- (m) Providing us with its assessment of the reasonableness of significant assumptions underlying fair value measurements and disclosures in the consolidated financial statements;
- (n) Providing us with any plans or intentions that may affect the carrying value or classification of assets or liabilities;
- (o) Providing us with information relating to the measurement and disclosure of transactions with related parties;
- (p) Providing us with an assessment of all areas of measurement uncertainty known to management that are required to be disclosed in accordance with Canadian Public Sector Accounting Standards;

- (q) Providing us with information relating to claims and possible claims, whether or not they have been discussed with Peterborough Public Health's legal counsel;
- (r) Providing us with information relating to other liabilities and contingent gains or losses, including those associated with guarantees, whether written or oral, under which Peterborough Public Health is contingently liable;
- (s) Providing us with information on whether Peterborough Public Health has satisfactory title to assets, whether liens or encumbrances on assets exist, or assets are pledged as collateral;
- (t) Providing us with information relating to compliance with aspects of contractual agreements that may affect the consolidated financial statements;
- (u) Providing us with information concerning subsequent events;
- (v) Providing us with representations on specific matters communicated to us during the engagement;

#### Written confirmation of significant representations

- (w) Providing us with written confirmation of significant representations provided to us during the engagement on matters that are:
  - (i) Directly related to items that are material, either individually or in the aggregate, to the consolidated financial statements;
  - (ii) Not directly related to items that are material to the consolidated financial statements but are significant, either individually or in the aggregate, to the financial statements; and
  - (iii) Relevant to management's judgements or estimates that are material, either individually or in the aggregate, to the consolidated financial statements.

#### Professional team member matters

- (x) Not soliciting the staff of the Firm;
- (y) Providing appropriate work space and technical arrangements as appropriate including privacy and telephones; and
- (z) Ensure that the staff of the Firm are treated in a responsible and professional manner at all times, recognizing there is zero tolerance to inappropriate actions at any level.

#### **Preparation of Schedules/ Assistance Requested**

We understand that you and/or your employees will prepare agreed upon schedules and will locate requested documents for our use at dates agreed upon prior to commencement of our audit.

This assistance will facilitate our work and will help to minimize our costs. Any failure to provide these working papers or documents on a timely basis, may impede our services, and require us to suspend our services or withdraw from the engagement.

## **Fees**

We estimate that our fees for providing the services outlined in this letter to be \$19,500 plus applicable HST for the December 31 reporting requirements. The fee quotation includes the following:

- Independent auditor's report

If we are required to prepare the consolidated financial statements, other reports or perform accounting services such as assistance with working papers and journal entry preparation, fees for these services will be billed in addition to the above amount.

If significant additional time is necessary, we will discuss the reasons with you and agree on a revised fee estimate before we incur the additional costs.

Our fees and costs will be rendered as work progresses and are payable on presentation.

Invoices unpaid 30 days past the billing date may be deemed delinquent, and are subject to an interest charge of 18% per annum (or as set out on the invoice). We reserve the right to suspend our services or to withdraw from this engagement in the event that any of our invoices are deemed delinquent. In the event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for our costs of collection, including lawyers' fees.

We will use all reasonable efforts to complete the performance of the services described in this engagement letter within the agreed upon time frame. However, we shall not be liable for failures or delays in performance that arise from causes beyond our control, including cooperation from management, timely performance by the Board of Health of its obligations to provide necessary information outlined in our year-end letter, quality of financial and other information, full cooperation and access to the Board of Health's team members during our audit, and the prompt supply of any additional documentation requested during the audit fieldwork. Significant delays will have a significant impact on our fees and the agreed upon delivery date.

Any other work undertaken by us will be billed separately.

## **Other Services**

If requested by you, we will, as allowed by the Rules of Professional Conduct, prepare other special reports as required. Management will provide the information necessary to complete these reports and will file them with the appropriate authorities on a timely basis.

## **Terms and Conditions**

The attached Terms and Conditions are incorporated into, and form an integral part of this engagement letter.

## **Term**

The above terms of our engagement will be effective from year to year until amended or terminated in writing.



## Conclusion

We are proud to serve as auditor of Peterborough Public Health and we appreciate your confidence in our work. If the services outlined herein are in accordance with your requirements and if the above terms are acceptable, please have one copy of this letter signed in the space provided below and return it to us.

Yours truly,

Handwritten signature of Richard Steiginga in black ink.

per: Richard Steiginga, CPA, CA  
Partner

The services and terms set out in this engagement letter are as agreed.

## Peterborough Public Health

I have authority to bind the Board of Health.

Per: \_\_\_\_\_

Name: Larry Stinson

Title: Director of Operations

## **Terms and Conditions**

These terms and conditions are an integral part of the engagement letter (collectively, the "Engagement Letter") to which they are attached. In the event of any conflict between these terms and conditions and the engagement letter to which they are attached, the terms of such engagement letter shall govern.

### **Privacy**

It is hereby acknowledged that in order to complete our engagement as auditor, we may be required to access or have access to personal information in your possession. Our services are provided based on the following:

- a) You represent that before we access this personal information, you have obtained the necessary consents for the collection, use and disclosure of this personal information as required under the applicable privacy legislation; and
- b) We will collect and utilize this personal information only for the purpose of completing this engagement. Any information collected will be subject to our Privacy Policy, which is available online at our website, or in hard copy from the privacy officer in our office.

### **Working Papers**

The working papers, files, other materials, reports and work created, developed, or performed by us in conjunction with this engagement remain the property of the Firm and will be retained by the Firm in accordance with the Firm's policies and procedures.

### **File Inspections**

In accordance with professional regulations and firm policy, our client files must periodically be reviewed by practice inspectors and by other firm personnel to ensure that the Firm is adhering to professional and firm standards. File reviewers are required to maintain confidentiality of client information.

### **Indemnification**

You hereby agree to release, indemnify and hold harmless the Firm and its partners, agents, officers and employees, from and against any and all losses, costs (including solicitors' fees), damages, expenses, claims, demands or liabilities arising out of or in consequence of:

- (a) a breach by Peterborough Public Health, or its members of the Board of Health, officers, or employees, of any of the provisions herein;
- (b) any misrepresentation by your management; and
- (c) the services performed by us pursuant to this engagement,

unless, and to the extent that, such losses, costs, damages and expenses are found by a court to have been due to the negligence, willful misconduct or dishonesty of the Firm.

This release and indemnification will survive termination of this engagement letter.

### **Limitation of Liability**

You agree that any and all claims you may have against our Firm or its professional staff arising out of all services provided to Peterborough Public Health by us, whether in contract, negligence, or otherwise known to law, shall be regarded as one claim and our liability to the Board of Health shall be limited to the lesser amount of \$150,000 or the amount of our professional liability insurance in effect as at the date of the claim being made known to us and only to the extent that such insurance is available to satisfy any claim. If this limit of liability is insufficient for your purposes, we would be pleased to discuss with you a different limit that may result in our charging a higher fee.

You expressly agree that the Board of Health will not bring any proceedings in any court of any jurisdiction advancing any claim against our professional staff and employees.

You expressly agree that any liability our Firm may have to you shall not be joint and several with any other party, but shall be several, and limited to the percentage or degree of our fault in proportion to the fault or wrongdoing of all persons who contributed to the loss.

You expressly agree that any and all claims, whether in contract, negligence, or otherwise known to law arising out of our professional services under this engagement vest exclusively in Peterborough Public Health, and you agree to wholly indemnify and hold harmless our Firm and its professional staff from any and all claims that may be brought against our Firm or its professional staff by any elected official, director or officer of the Board of Health in any way arising out of or connected to our services provided to you.

You agree that our liability for all claims you may have or bring in connection with the professional services rendered arising out of or ancillary to this agreement shall absolutely cease to exist after a period of four years from the date of:

- a) Performance of this engagement;
- b) Delivery to the Board of Health of our Independent Auditor's Report, your financial statements, or the completion of the preparation of any tax filing with any government authority;
- c) Suspension or abandonment of this engagement; or
- d) Termination of our services pursuant to this agreement,

whichever shall occur first, regardless of whether you were aware of the potential for making a claim against us within that period. Following the expiration of the aforesaid period, you agree that neither you, your agents or assigns shall make any claim or bring any proceeding against us.

### **Limited Liability Status - Partnership**

The Firm is a registered Limited Liability Partnership ("LLP") established under the laws of the Province of Ontario and, where applicable, has been registered extraprovincially under provincial legislation. The Firm is a partnership, but its partners have limited liability. Individual partners are only personally liable for losses arising from the partner's own negligent or wrongful acts, or if the partner was aware of another partner or employees' error or omission and did not take the actions that a reasonable person would take to prevent it.

### **Alliance of Independent Firms**

We are a member of Baker Tilly Canada Cooperative, an association of independently owned and operated accounting firms in Canada some of which practice under a common name and that sponsor a number of programs to enhance the ability of the members to be of service to their respective clients nationally and internationally. The national association is not an accounting firm and our practice is not integrated with that of any of the other members. Baker Tilly is a registered trademark of the Baker Tilly Canada Cooperative used under license. We at the Firm are solely responsible for the professional engagement covered by this letter.

Baker Tilly Canada Cooperative is an independent member of Baker Tilly International. Baker Tilly International Limited is an English company. Baker Tilly International provides no professional services to clients. Each member firm is a separate and independent legal entity and each describes itself as such. Neither Baker Tilly Canada Cooperative nor Baker Tilly KDN LLP are Baker Tilly International's agents and do not have authority to bind Baker Tilly International or act on Baker Tilly International's behalf. None of Baker Tilly International, Baker Tilly Canada Cooperative, Baker Tilly KDN LLP, nor any of the other member firms of Baker Tilly International has any liability for each other's acts or omissions. The name Baker Tilly and its associated logo is used under licence from Baker Tilly International Limited.

### **Costs of Responding to Government Inspection, etc.**

If, with respect to this engagement or related services, the Firm is required by government regulation, subpoena, or other legal, investigative, administrative or other process to produce our working papers, or to respond to information or other requests, the Firm will bill the time incurred based on our standard hourly rates plus applicable taxes and disbursements. This paragraph shall survive termination of the Engagement Letter.

### **Termination**

If we elect to terminate our services for non-payment, or for any other reason provided for in this letter, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended, and to reimburse us for all of our out of pocket costs, through the date of termination.

Should Peterborough Public Health not fulfill its obligations toward the Firm under the agreement, particularly those set out under the heading "Management's Responsibilities", and in the event that Peterborough Public Health fails to remedy such default within thirty days following receipt of a notice from the Firm to this effect, the Firm may, without prejudice to its other rights and recourses, and without any further notice, cease providing services hereunder and consider the present agreement terminated. In such case, the Firm will not be responsible for any loss, costs, expenses or damages resulting from such termination.

### **Severability**

If any provisions of this Engagement Letter are determined to be invalid or unenforceable, the remaining provisions shall remain in effect and be binding to the fullest extent permitted by law.

### **Governing Law, Attornment**

This Engagement Letter is subject to and governed by the laws of the Province of Ontario and the federal laws of Canada applicable therein and shall for all purposes be interpreted as a contract of this Province. Each party agrees that any action or proceeding relating to this Engagement Letter shall be brought in any court of competent jurisdiction in a court of this Province and irrevocably waives any right to, and will not, oppose (i) any such Provincial action or proceeding on any jurisdictional basis and (ii) the enforcement against it in any other jurisdiction of any judgment or order duly obtained from a court of this Province.

### **Security of Electronic Communication**

During the engagement we may from time to time communicate with you electronically. However, as you are aware, the electronic transmission of information cannot be guaranteed to be secured or error free and such information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete or otherwise be adversely affected or unsafe to use. We shall not have any liability to you arising from or in connection with the electronic communication of information to you during or as a result of its electronic transmission outside of the Firm's electronic environment. If the communication relates to a matter of significance and there are concerns about possible effects of electronic transmission a hard copy of such transmission should be requested from us.

### **Timely Performance**

The Firm will use all reasonable efforts to complete the performance of the services described in this engagement letter within the agreed upon time frame. However, the Firm will not be liable for failures or delays in performance that arise from causes beyond our control, including cooperation from management, timely performance by you of your obligations to provide necessary information, quality of financial and other information, full cooperation and access to the Board of Health's team members during the engagement and the prompt supply of any additional documentation requested during the engagement. Significant delays will have a significant impact on our fees and the agreed upon delivery date.

### **Aggregated Data**

Notwithstanding any other provision of this Engagement Letter, the Firm may create Aggregated Data regarding the purchase and use of products and services by you or the Board of Health from the Firm and may use and disclose Aggregated Data in any manner and for any purpose (commercial or otherwise) whatsoever, without any notice, compensation or attribution to you, the Board of Health or any other person. In this Engagement Letter, “**Aggregated Data**” means data that has been aggregated or otherwise depersonalized so that the information does not identify a specific client or other person or organization.

### **Cloud Service Providers**

The Firm uses commercially available cloud service providers to assist the Firm in the provision of information, products and services to its clients, to provide services to the Firm, to assist the Firm to use personal information as set out in the Privacy Policy and as otherwise permitted by applicable law. To the extent you provide us with your personal information, we will handle your personal information in accordance with our Privacy Policy, available online at our website or in hard copy from the privacy officer in our office.



# Audit planning report

**Peterborough Public Health**

2022 Audit

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**Prepared by Baker Tilly KDN LLP**

February 28, 2023







# Purpose of the report

To Members of the Board of Health:

We have been engaged to express an audit opinion on the consolidated financial statements of Peterborough Public Health ("the Health Unit") in accordance with Canadian Public Sector Accounting Standards for the year ended December 31, 2022, as outlined in our engagement letter dated February 28, 2023.

The purpose of this report is to communicate certain matters related to the planning of our audit that we believe to be of interest to you.

This report is confidential and is intended solely for the information and use of the Board of Health. No responsibility for loss or damages, if any, to any third party is accepted as this report has not been prepared for, and is not intended for, and should not be used by, any third party or for any other purposes.

Yours very truly,

***Baker Tilly KDN LLP***

Chartered Professional Accountants, Licensed Public Accountants

Per: Richard Steinginga, CPA, CA

**We look forward to discussing the contents of this report  
and answering any questions you may have.**



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- 4 Overview and audit approach
- 6 Materiality
- 7 Data analytics
- 8 Other matters

## **Appendices**

### **Appendix A – Responsibilities**



# Overview and audit approach

## Key audit dates

On site audit testing – March 27 - 31, 2023

## Audit approach

Our audit of the consolidated financial statements will be conducted under generally accepted Canadian auditing standards and is designed to obtain reasonable, rather than absolute, assurance as to whether the consolidated financial statements are free of material misstatement. We develop our audit approach based on the risk assessment and understanding of control systems design and implementation. Our risk assessment is based on our understanding of the Health Unit, industry, ratepayer and supplier relationships, and analysis of financial information provided prior to the start of the audit.

## Engagement team

The key individuals involved in the audit:

Richard Steiginga, Engagement Partner – [rsteiginga@bakertilly.ca](mailto:rsteiginga@bakertilly.ca), (705) 742-3418 ext. 248

Chelsea Didone, Engagement Manager – [cddidone@bakertilly.ca](mailto:cddidone@bakertilly.ca), (705) 742-3418 ext. 261



## Audit plan

Our risk-based approach focuses on obtaining sufficient appropriate audit evidence to reduce the risk of material misstatement in the consolidated financial statements to an appropriately low level. This means that we will focus our audit work on areas that have a higher risk of being materially misstated.

Management is responsible for the accounting estimates included in the consolidated financial statements. Estimates and the related judgements and assumptions are based on management's knowledge of the business and past experience about current and future events.

Based on our knowledge of the Health Unit's business and our past experience, we have identified the following areas that have a potentially higher risk of a material misstatement.

Area of audit emphasis	Planned procedures
Revenue / deferred revenue	Testing to ensure deferred revenue recorded meets recognition criteria and does not result in an overstatement deferred revenue and an understatement of revenue.
Long term debt	Testing to ensure the Health Unit is meeting the debt service coverage ratio required in the loan agreement.



# Materiality

Materiality is the term used to describe the significance of financial statement information to decision makers. An item of information, or an aggregate of items, is material if it is probable that its omission or misstatement would influence or change a decision. Materiality is a matter of professional judgement in the particular circumstances.

Materiality will be used throughout the audit and in particular when:

- Identifying and assessing risk of material misstatement;
- Determining the nature, timing and extent of further audit procedures; and
- Evaluating the effect of uncorrected misstatements, if any, on the consolidated financial statements and in forming an opinion in the auditor's report.

**We set our materiality at \$370,000 (2021 - \$370,000).**

**Materiality was calculated as a percentage of total revenue.**

The base and percentage applied in the current year are consistent with those used in the prior audit.

# Data analytics

We may integrate various automated tools and techniques throughout our audit, owing to our continuing dedication to enhancing the relevance and value of the audit process. By incorporating data analytics into our audit process, we are better able to identify potential risks around financial reporting, including fraud and error. Through the use of analytics, we are able to enhance the quality of our audits by relying less on sampling while reviewing complete data sets.

We're always looking for innovative ways to evolve our current practices to better equip our staff, improve your experience through the various audit phases and help support your business success.

## Specific areas where we may choose to use these tools:

### Planning and risk assessment

We may leverage data analytics tools to identify risk areas, unusual transactions and trends through an improved understanding of your operations and associated risks, including the risk of fraud. This allows us to more effectively design procedures to specifically target the identified risks.

### Journal entry testing

We may leverage data analytics tools to identify transactions more susceptible to management override of controls by applying processes designed to analyze multiple criteria at once.

### Identification of misstatements

By examining 100% of the items in certain populations, where deemed relevant, we are able to lower the risk of missing possible misstatements.

### Two-way communication with your team

By gaining insight through our ability to analyze greater volume of transactions, we engage your team in focused discussions about your operations.

### Reporting

Where deemed relevant, we will provide a summary of results obtained through application of various data analytics tools to you.



# Other matters

## Independence

We advise you that we are not aware of any relationships between the Health Unit and our firm that, in our professional judgement, may reasonably be thought to bear on our independence.

We confirm we are independent of the Health Unit.

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## Fraud Discussion

Our procedures with respect to fraud and illegal acts are outlined in **Appendix A**.

If you have any knowledge of actual, suspected or alleged fraud or illegal acts, we ask that you inform us.

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## Responsibilities

Refer to **Appendix A** for discussion on responsibilities.

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# Conclusion

Should any member of the Board of Health wish to discuss or review any matter addressed in this report or any other matters related to financial reporting, please do not hesitate to contact us at any time.

Are you aware of any frauds, illegal acts or management override of internal controls at the Health Unit?

**Yes / No (please circle one)**

If yes, please contact our office immediately.

## Acknowledgement of the Board of Health:

We have read this report.

\_\_\_\_\_  
Name, Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name, Position

\_\_\_\_\_  
Signature





# Appendices

## Appendix A – Responsibilities



# Appendix A – Responsibilities

## Our responsibilities as auditor

As stated in the engagement letter, our responsibility as auditor of the Health Unit is to express an opinion on whether the consolidated financial statements present fairly, in all material respects, the financial position, results of operations and cash flows of the Health Unit in accordance with Canadian Public Sector Accounting Standards.

An audit is performed to obtain reasonable but not absolute assurance as to whether the consolidated financial statements are free of material misstatement. Due to the inherent limitations of an audit, there is an unavoidable risk that some misstatements of the consolidated financial statements will not be detected (particularly intentional misstatements concealed through collusion), even though the audit is properly planned and performed.

Our audit includes:

- Assessing the risk that the consolidated financial statements may contain material misstatements that, individually or in the aggregate, are material to the consolidated financial statements taken as a whole;
- Examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements;
- Assessing the accounting principles used, and their application;
- Assessing the significant estimates made by management;
- Concluding on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Health Unit's ability to continue as a going concern;
- Evaluating the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

## Our responsibilities as auditor (continued)

As part of our audit, we obtain a sufficient understanding of the operations and internal control structure of the Health Unit to plan the audit. This includes management's assessment of:

- The risk that the consolidated financial statements may be materially misstated as a result of fraud and error;
- The internal controls put in place by management to address such risks.

The engagement team undertakes a documented planning process prior to commencement of the audit to identify concerns, addresses independence considerations, assesses the engagement team requirements, and plans the audit work and timing.

An audit does not relieve management or those responsible for governance of their responsibilities for the preparation of the Health Unit's consolidated financial statements.

## Illegal acts, fraud, intentional misstatements and errors

Our auditing procedures, including tests of your accounting records, are limited to those considered necessary in the circumstances and will not necessarily disclose all illegal acts should any exist. Under CAS, we consider the Health Unit's control environment, governance structure, circumstances encountered during the audit and the potential likelihood of fraud and illegal acts occurring.

These procedures are not designed to test for fraudulent or illegal acts, nor will they necessarily detect such acts or recognize them as such, even if the effect on the consolidated financial statements is material. However, should we become aware that an illegal or possibly illegal act or act of fraud may have occurred, other than one considered clearly inconsequential, we will communicate directly to the Board of Health.

It is management's responsibility to detect and prevent illegal action. If such acts are discovered or the Board of Health members become aware of circumstances under which the Health Unit may have been involved in fraudulent, illegal or regulatory non-compliance situations, such circumstances must be disclosed to us.

## Related party transactions

During our audit, we conduct various tests and procedures to identify transactions considered to involve related parties. Related parties exist when one party has the ability to exercise, directly or indirectly, control, joint control or significant influence over the other. Two or more parties are related when they are subject to common control, joint control or common significant influence. Related parties also include management, directors and their immediate family members and companies with which these individuals have an economic interest.



## Board of Health member responsibilities

The Board of Health's role is to act in an objective, independent capacity as a liaison between the auditor and management to ensure the auditors have a facility to consider and discuss governance and audit issues with parties not directly responsible for operations. The Board of Health's responsibilities include:

- Being available to assist and provide direction in the audit planning process when and where appropriate;
- Meeting with the auditors as necessary and prior to release and approval of the consolidated financial statements to review audit, disclosure and compliance issues;
- Where necessary, reviewing matters raised by the auditor with appropriate levels of management, and reporting back to the auditors their findings;
- Making known to the auditor any issues of disclosure, corporate governance, fraud or illegal acts, non-compliance with laws or regulatory requirements that are known to them, where such matters may impact the consolidated financial statements or Independent Auditor's Report;
- Providing guidance and direction to the auditor on any additional work the auditor feels should be undertaken in response to issues raised or concerns expressed;
- Making such enquiries as appropriate into the findings of the auditor with respect to corporate governance, management conduct, cooperation, information flow and systems of internal controls;
- Reviewing the draft consolidated financial statements, including the presentation, disclosures and supporting notes and schedules for accuracy, completeness and appropriateness, and approving same.

## Management's responsibilities

Management is responsible for:

- The preparation and fair presentation of the consolidated financial statements;
- Establishing and maintaining an adequate internal control structure and procedures for financial reporting, including the design and maintenance of accounting records, recording transactions, selecting and applying accounting policies, safeguarding of assets and preventing and detecting fraud and error;
- Ensuring completeness of information with regards to financial records and data and providing us with information on non-compliance, illegal acts, related party transactions;
- Ensuring proper recognition, measurement and disclosure with respect to selection of accounting policies, significant assumptions, future plans, related party transactions, any claims and possible claims, contingent gains and losses and subsequent events;
- Providing to us a written confirmation of significant representations.

Management's responsibilities are outlined in detail in our engagement letter.

# Baker Tilly KDN LLP

## Tax

Our tax services are designed to meet your business tax compliance and consulting needs.

- Tax Advisory
- Indirect Tax
- Transfer Pricing
- Cross Border & International
- SR&ED
- Personal and Corporate Tax Compliance
- Tax Minimizing Strategies
- Corporate Reorganizations
- Tax Dispute Resolution

## Advisory

Across our advisory service lines, we get to the essence of value drivers so clients can realize optimal value and achieve their business objectives.

- Organizational Effectiveness & Productivity
- Operational Performance Reviews
- Business Development
- Social Enterprise Development
- Project Management
- Corporate & Organizational Governance
- Human Resources
- Financial and Risk Management
- Government Funding Applications
- Succession Planning
- Marketing and Client Strategy

## Assurance

When you're facing a changing global economy, it's important to have someone next to you who will help navigate through the evolving accounting standards and changing regulatory environment.

- Entrepreneurial
- Audit & Accounting
- Private Enterprise
- Public Sector

## Transaction

Whether you are a buyer or a seller, knowledge is power and decisive action begins with clarity.

- Mergers & Acquisitions
- Capital Raising
- Transaction Support
- Valuations
- Corporate Finance
- Restructuring & Recovery

## IT

Navigating through the maze of information technology needs and business optimization planning is a challenge to most businesses in today's evolving world.

- Security & Data Protection
- Network Assessment
- Infrastructure Recommendations & Implementation
- Backup Solutions

**Local insight meets global reach**

4 offices | 19 partners | 120 professionals

**Now, for tomorrow**







**Thank you**



## **PETERBOROUGH PUBLIC HEALTH**

### **STEWARDSHIP COMMITTEE – STAFF REPORT**

<b>TITLE:</b>	<b>2023-24 Budget Approval – Healthy Babies, Healthy Children Program</b>
<b>DATE:</b>	<b>March 2, 2023</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance and Property</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations</b>

#### **PROPOSED RECOMMENDATIONS**

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

- receive the staff report, 2023-24 Budget Approval - Healthy Babies, Healthy Children Program, for information; and,
- recommend approval of the 2023-24 budget for the Healthy Babies, Healthy Children program in the total amount of \$928,413.

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

The Healthy Babies, Healthy Children (HBHC) program budget is 100% funded by the Ontario Ministry of Children, Community and Social Services (MCCSS).

The 2023-24 budget has been completed based on the provincial funding allocation of \$928,413. Funding for the program has not increased since 2013. Lack of funding increases to cover the cost of increasing wage and benefit costs, has compromised staffing levels over the past number of years despite ongoing demand in the program. In 2023-24, no additional funding is anticipated. The program staff will be maintained at the previous year levels with 4.8 full-time equivalent (FTE) Public Health Nurses (PHNs), 1.8 FTE's Family Home Visitors (FHV), .80 FTE Administrative Assistant (AA) and a share of Program Manager.

The proposed budget for April 2023-March 2024 is balanced within the funding allocation of \$928,413.

#### **Healthy Babies Healthy Children Program Budget - 2023-24**

##### **Expenditures**

Salaries	\$706,643
Benefits	190,795
Early Identification and Interpretation Services	11,375
Staff development	1,500
Travel	8,500
Audit fees	1,800

Communications	2,800
Program resources	<u>5,000</u>
Total Program Expenditures	<b><u>\$928,413</u></b>

## **Funding**

Ministry of Children, Community and Social Services	<b><u>\$928,413</u></b>
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## **DECISION HISTORY**

The Board of Health (BOH) has hosted and supported the HBHC program since its inception in 1998. Letters have been sent by this Board and other provincial public health agencies (such as the Association of Local Public Health Agencies) to the Provincial Government, government ministers, and opposition party critics. These letters have advocated that HBHC be maintained as a 100% provincially-funded program; and that sufficient increases to the annual budget be granted to keep pace with demands from client families, partner agencies, and the community, and on public health agencies themselves as employers.

Most recently, a staff report was shared with the BOH at its November 2022 meeting that highlighted the impact of the lack of funding increases since 2007 on the program staff complement and service delivery. This resulted in an additional letter to the MCCSS sent by the Board Chair later that month.

## **BACKGROUND**

Introduced in 1998 by the Government of Ontario, the HBHC program is mandated as a requirement within the Healthy Growth and Development standard of the 2018 Ontario Public Health Standards (OPHS) of the Ministry of Health.

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

The program's intent is to optimize newborn and child healthy growth and development and reduce health inequities for families receiving service through screening, assessment and the provision of home visiting services.

## **STRATEGIC DIRECTION**

The HBHC program is identified as a requirement under the Healthy Growth and Development standard in the OPHS. Approval of the budget will contribute to the program and Peterborough Public Health's strategic direction to ensure:

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

## **PETERBOROUGH PUBLIC HEALTH**

### **STEWARDSHIP COMMITTEE – STAFF REPORT**

<b>TITLE:</b>	<b>2023-24 Budget Approval – Infant and Toddler Development Program</b>
<b>DATE:</b>	<b>March 2, 2023</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance and Property</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations</b>

#### **PROPOSED RECOMMENDATIONS**

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

- receive the staff report, 2023-24 Budget Approval - Infant and Toddler Development Program, for information; and
- recommend the approval of the 2023-24 budget for the Infant and Toddler Development Program in the total amount of \$242,423.

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

The Infant and Toddler Development Program (ITDP) is funded 100% by the Ministry of Children, Community and Social Services (MCCSS).

The 2023-24 budget has been completed based on the Ministry funding allocation of \$242,423. There have been no funding increases to the program since 2003. The budget reflects staffing, resources, occupancy costs and a reasonable recovery of costs to administer the program. Operating costs continue to be limited to the approved funding level of \$242,423. The lack of funding increases to cover the cost of increasing wage and benefit costs has impacted staffing levels over the past number of years. No funding increase is anticipated this year..

Given the ongoing uncertainty regarding public health restructuring/modernization, for 2023-24 the recommendation is to continue the program at status quo. For 2023-24, program staffing levels for the upcoming year include 1.6 full-time equivalent (FTE) Infant Development Workers, 0.2 FTE Administrative Assistant and 0.2 FTE Program Manager. For the current year, the use of ITDP reserve funds in the amount of \$2,295 are required to balance the budget and maintain staffing levels. As funding has not increased, there is a greater importance to advocate for an increase in Ministry funding to support the ongoing program operating costs.

Budget to be submitted to MCCSS is presented below.

## **Infant Toddler Development Program Budget – 2023-24**

### **Expenditures**

Salaries	\$157,146
Benefits	36,534
Materials and Supplies	3,000
Travel	4,000
Occupancy	15,396
Audit and legal fees	1,800
Professional development	2,000
Communications	600
Allocated administration	<u>24,242</u>

Total Program Expenditures	<b><u>\$244,718</u></b>
Less: Transfer from Reserve	(2,295)
Net Program Expenditures	<b>\$242,423</b>

### **Funding**

Ministry of Children, Community & Social Services	<b><u>\$242,423</u></b>
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## **DECISION HISTORY**

The Board of Health has operated the ITDP Program since 1981.

Since 2008, the Board has annually reviewed the impact of funding shortfalls and communicated to the funder the resulting challenges. Most recently, a staff report was shared with the Board at its November 2022 meeting that highlighted the impact of the lack of funding increases on the program staff complement and service delivery. This resulted in a letter to the MCCSS sent by the Board Chair later that month.

Senior management has also continued to communicate with MCCSS regarding funding requirements. Over the years, they have met at least annually with provincial representatives, and MCCSS has committed to allowing the budget to cover off a more reasonable reflection of the organization's costs to operate the program, but MCCSS is unable to provide any additional funds.

## **BACKGROUND**

The ITDP is funded 100% by the MCCSS. The ITDP supports families with infants and young children who may become delayed in their development because of prematurity, social, or economic concerns; are diagnosed with special needs, such as Down syndrome, cerebral palsy,



or spina bifida; or are found to be delayed in development. An approved budget is required to continue to operate this program and offer these important supports to families in the community.

### **STRATEGIC DIRECTION**

Although not part of the Ontario Public Health Standards, the ITDP assists PPH in continuing to meet its mandate through coordinated efforts with the Healthy Babies Healthy Children program and other child health programming. It also assists in building on our leadership role by developing important linkages in our community and providing a valued service to reach the most vulnerable families and improve health outcomes. .

This report applies directly to the following Strategic Direction in the PPH 2022-2025 Strategic Plan:

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

## **PETERBOROUGH PUBLIC HEALTH**

### **STEWARDSHIP COMMITTEE – STAFF REPORT**

<b>TITLE:</b>	<b>2024 PPH Budget Considerations</b>
<b>DATE:</b>	<b>March 2, 2023</b>
<b>PREPARED BY:</b>	<b>Larry Stinson, Director of Operations Dale Bolton, Manager, Finance and Property</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

#### **PROPOSED RECOMMENDATIONS**

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

- receive the staff report, *2024 PPH Budget Considerations*, for information; and,
- provide direction for staff for further informational needs.

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

The current funding model for local public health agencies (LPHAs) in Ontario is established through the Health Protection and Promotion Act. Under the Act, boards of health must approve budgets that ensure the delivery of public health programs and services as outlined in the provincial standards and related service agreements.

LPHAs are not permitted to run a deficit and through the Annual Service Plan submission to the Ministry of Health must present a balanced budget.

Uncertainties related to funding that will be received from the Province for 2024 fiscal year, and anticipated and potential changes to cost-drivers, create scenarios for revenue shortfalls, resulting in increased demands on local funders to continue to meet minimum standards.

#### **DECISION HISTORY**

Annual budgets have traditionally been approved by the Board of Health (BOH) at the November Board Meeting preceding the budget year. In November 2022, the BOH approved the budget for 2023. The local levy information was shared with the City of Peterborough, Peterborough County, Hiawatha First Nation and Curve Lake First Nation. The increase in local levy from 2022 to 2023 was 26.3% (32.5% for the County and 22.4% for the City due to changes in population counts from recent census data). The provincial funding request will be submitted to the Ministry of Health through the Annual Service Plan submission, due April 3, 2023. Provincial funding approvals are not expected until July or August 2023.

In April of 2019 the Ministry shared their intention to modernize public health, which included potential changes to governance, funding and structure. Through the ensuing consultation process, the Peterborough Public Health (PPH) BOH expressed their position and desired

actions, and have continued to use this as a foundation for their advocacy activities (see Attachment A). Among the fourteen recommendations was a call for stable, predictable and adequate funding that reflected the community needs and the ability of local municipalities to pay. There continues to be uncertainty about Ministry plans for future funding of public health and these decisions will have significant impact on local public health budgets and pressures on obligated municipalities.

## **BACKGROUND**

The Provincial Government's plan, proposed in early 2019, was to reduce their contributions to LPHAs by increasing the proportion paid by local funders (municipalities and First Nations) to 30% from 25% and to move most of the programs funded 100% by the Province to a cost-shared model. This would have essentially decreased provincial contributions by 200 million dollars, and shifted this burden to local funders. Although the Province has provided one-time funding to offset the potential burden to local funders in each of the past four years, the current commitment for this one-time funding ends on December 21, 2023 and no indication has been given at this stage that this will change.

Funding challenges for public health, and more specifically PPH, are not limited to proportional share on local funders. Over the past decade, annual increases to provincial contributions have been non-existent or limited to increases well below cost of living/operational increases in the context of inflation. After years of trying to deliver "the same with less" through finding internal efficiencies, the only option available to maintain minimum levels of service was to increase levies for local funders. In 2018, it was recognized that most LPHAs had been forced to do the same and despite a stated funding ratio of 75:25, more than half were paying over 30% of health unit costs at that stage. In 2018, the PPH BOH approved a three-year plan to increase local funding for PPH from a 25% proportional share to 30%. When the 2019 provincial proposal to increase the local share, noted above, was released, the Board rescinded this plan, with the intention to advocate for additional provincial funding and await the outcomes of the modernization consultation and decisions.

Since provincial funding for public health is considered a grant, the established funding ratio, whether at 70:30 or 75:25 can be considered somewhat arbitrary. The BOH must set a budget that supports meeting the requirements set within the Ontario Public Health Standards (OPHS). If the grant provided is not adequate to cover the provincial share, whether 75% or 70%, the result is a bigger pressure for local funders. The local efforts to retain this proportional share, have resulted in decreased program compliance as evident in OPHS compliance in quarterly Board reports.

In 2020, the arrival of the COVID-19 pandemic put a halt to provincial public health modernization discussions and altered the budget situation for PPH. The Ministry of Health advised boards of health that LPHAs were expected to provide an appropriate response to the pandemic and continue to provide essential public health services (no definition of essential provided). The Ministry would then cover all eligible pandemic response costs over and above

the base cost-shared budget. With significant redeployment of staff (and therefore a reduction in core program delivery) the resulting underspending of cost-shared dollars were re-directed to the COVID-19 response and additional one-time costs were covered by 100% Ministry one-time funds. This continued until December 2022. Although COVID-19 funding has continued for 2023 under the same arrangement, PPH has hired temporary staff to continue to deliver the COVID-19 response and all permanent staff have returned to core public health programs to begin catch-up and recovery efforts, therefore the accumulated revenue deficit is borne in this fiscal year. The future of COVID-19 funding is uncertain and possibilities include:

- Continued one-time funding with limits (cap, reduced cost eligibility);
- Integration into core programs as a new 100% provincially-funded program; or
- Integration into core programs as a cost-shared program.

In addition to uncertainty about Ministry funding, there are other potential and anticipated cost-drivers that will impact the expense side of the PPH budget. The most significant of these is increases to staff salaries and benefits, which constitute 87% of the PPH budget. One of the three PPH bargaining units (ONA) has a recently negotiated collective agreement that included increase of 1.75%, 2.0% and 2.25% in October 2022, 2023, and 2024. Historically, annual wage increases have been held consistent within all three bargaining units. Certain benefits (e.g., pensions) are tied directly to wages, so will increase proportionately. Other benefit costs are less predictable and can see annual increases as high as 12% in any given year.

Other anticipated future operational cost drivers include travel (since mileage rates are tied to gas prices) and technology (as the move to hybrid work models requires more mobile technology that has a shorter lifespan). Although budget planning has been to maintain service levels, changes to staffing mix and organizational design required to meet strategic priorities and provincial-driven priorities may have further budget impacts.

PPH continues to seek opportunities to deliver equal or better service levels at a lower cost. This includes obtaining competitive quotes for contracted services or redesigning program delivery to remove waste and enhance outputs. In recent years, PPH has explored opportunities for partnerships with other agencies that have common interests. In 2018, the BOH approved in-principle the consolidation of Corporate Service leadership with the Haliburton, Kawartha, Pine-Ridge District Health Unit. The HKPR District Health Unit withdrew from this proposed plan, however, we continue to consider alignment and cost-sharing arrangements where feasible. Regular reviews of service contracts and procurement partners has also been important to keeping costs low, as well as leveraging the PPH not-for-profit status for preferred rates.

Through Ontario Public Health Association training, to support efficiencies and quality improvement, PPH has developed management and key staff positions in Lean Six Sigma methodology. Although this was put on hold through the pandemic, it is highlighted within strategic directions to re-initiate this training and work. Although this quality improvement work will be unlikely to lead to significant cost savings, it can enhance outputs with a similar investment and free up resources for unmet needs.

The potential to increase revenue for public health operations is limited to voluntary increases in funding from the province or increased levies to obligated local funders. A small number of programs are suitable to charge fees, but any changes to fees must consider the impact on meeting the program objectives and the public health goal of equitable access. Previous BOHs have explored the potential of fundraising to support meeting public health goals. Other not-for-profit entities, such as hospital foundations are successful fundraising, though these traditionally support capital projects not operations for government-funded services, such as those that PPH delivers. There is therefore an inherent limitation that fundraising cannot be used for the delivery of mandated programs, although local public health needs beyond the basic delivery of these programs may benefit from fundraising revenue. A 2018 report produced by the Dennis Group presented four options for the Board's consideration from passive fundraising with enhanced communication to more proactive fundraising through development of a Foundation (see Attachment B). Given the up-front investment required for the more proactive options, the passive approach outlined in the report was the direction given by the Board at that time.

## **RATIONALE**

Planning for the 2024 budget year is challenging considering numerous variables and uncertainties. Given, however, the potential impact on obligated funders or the ability to deliver minimum levels of service, it is prudent for the Stewardship Committee and BOH to consider potential scenarios early and, where possible, prepare for the varied outcomes. Additionally, staff direction is needed to support further informational needs of the Stewardship Committee and BOH progressing into the 2024 budget cycle.

The more significant variables that may impact revenue streams or expenses are noted above. The potential impact of these are highlighted in the table below.

<b>Variable</b>		<b>Impact on Budget</b>	<b>Impact on Local Funders</b>
Base Grant (Provincial)	0%	\$ -	\$ -
	1%	\$100,000	\$30,000
	2%	\$200,000	\$60,000
Proportional Cost	70:30 with mitigation	(\$345,000)	\$345,000
	70:30 without mitigation	(\$1,365,000)	\$1,365,000
	Return to 75:25 Assume Budget of \$11,400,000	Provincial Share \$8,550,000	Reduction of \$53,000 from 2023 to \$2,850,000

Variable		Impact on Budget	Impact on Local Funders
COVID Funding	Continued one-time funding with limits	\$ -	\$ -
	Integrated into base as 100% funded program	\$ -	\$ -
	Integrated into base as cost-shared program Assuming \$1,500,000 for COVID General and Vaccination (70:30), half the budgeted amount in 2023	\$1,500,000	\$450,000
	Integrated into base as cost-shared program Assuming \$3,000,000 for COVID General and Vaccination (70:30) if resurgence of variants	\$3,000,000	\$900,000
Cost Drivers (technology, travel, staffing mix)	Based on 70:30	\$456,000	\$137,000
Managing Expenses/ Efficiencies	Contract services, partnerships, CQI	To be discussed. Most would be long-term savings, unlikely to be realized in 2024.	

In planning for 2024, many scenarios can be considered. As a starting point, we will look at three: status quo; worst-case scenario; and best predicted scenario (as of March 2, 2023).

A status quo budget would reflect a 0% increase from the province, known salary and benefits increases, and all other budget lines held at no increase. The staffing complement would also remain the same. In this scenario, the overall budget for PPH would increase \$345,000 over 2023, a 3.1% increase to the total budget. With no additional provincial funding, this \$345,000 would be borne by local funders and translate to a 12% increase of the local contribution over 2023.

A worst-case scenario would include discontinuation of mitigation funding, remaining at 70:30 proportional funding, a 0% increase from the Province, introduction of COVID-19 funding into base budget as cost-shared, and potential cost-drivers all being realized. The result would be an increase of \$3,321,000 in overall budget over 2023, but a \$1,952,000 increase to local funders, to be shared proportionately. This would increase local funder contributions from the 2023 total of \$2,903,941 to \$4,855,941, which translates to a 67% increase over 2023 contributions.

Perhaps among the biggest questions for 2024 is whether mitigation funding will continue. Since the Province has deferred implementation due to COVID-19, unless there is a retraction of the intention to move to the 70:30 proportional funding, the removal of mitigation of funding is anticipated. With advocacy, there may be potential for the removal of mitigation funding to be phased in, however, the province may have expected municipalities to have been preparing for this shift since notice was given in 2019.

The other main variable is COVID funding. There is recognition from the province that COVID-19 work will need to continue and public health will have a clear role. For purposes of this exercise, we have used a budget of \$1.5 million (based on assumptions of a decreased level of response compared to 2023, which may or may not be the case depending on the future direction of the pandemic and pressure throughout health care system partners). The Ministry has indicated that they intend to move away from the current plan of covering “all eligible expenses” to a more predictable and manageable budget process. It is likely to become integrated into our budget, but uncertain at this stage whether provincial funding would continue at 100%. We will assume that it will begin as 100% Ministry-funded with intent to be transitioned into cost-shared in the future.

A scenario with no mitigation, 100%-funded COVID budget, and 0% Ministry increase would still have a significant impact of \$1,365,000 on local funders. This is assuming no additional cost-drivers.

Strategies to mitigate these budget impacts are limited to:

- Budget cuts and decreased program delivery further below minimum OPHS;
- New revenue generating activities;
- Temporarily off-setting budget impacts with the use of PPH reserves; and/or
- New efficiencies or cost-saving initiatives;

PPH is already not compliant with program requirements under OPHS and the Board has an obligation to pass a budget that supports compliance. It is important to note here that relative to other local public health agencies PPH is already funded at a lower rate per capita than its peers. A review of 2019 budgets showed PPH at \$61.02/capita vs. \$72.45/capita average for five peer health units.

As noted in the table above, significant changes to organizational design or delivery models may lead to cost-savings, but these would not likely be realized until well after implementation. Leadership is committed to exploring these options and reporting back to the Board with

recommendations, but savings in 2024 will be limited to smaller amounts achieved through tendering contracted services for improved rates. Should the Board decide to use reserves to offset budget impacts on local funders, it will need to decide whether to exhaust all reserves or stay within recommended minimum balances the board previously stipulated. It would also need to consider applying these reserves fully in 2024 or phasing over several years.

## **MANDATE**

### ***Ontario Public Health Standards***

This report applies to the potential to delivery all Requirements under the OPHS.

### ***Strategic Plan***

This report applies to the following the resources required for achieving all three strategic directions as outlined in the 2022 – 2025 Strategic Plan.

## **ATTACHMENTS**

- a. [PPH Modernization Response, January 2020](#) (web hyperlink)
- b. [Dennis Group Report](#)