

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, May 10, 2023 – 5:30 p.m.
Multipurpose Rooms, 185 King Street, Peterborough**

1. Call to Order

1.1. 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.

1.2. Introduction – Mr. Paul Johnston, Provincial Appointee

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 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.1 a b; 9.2 a b c d e f; 9.3.1; 9.3.2; 9.4.1*

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

- Cover Report
- a. Minutes, April 12, 2023

7. Business Arising From the Minutes

8. Staff Reports

8.1. Presentation: Small Drinking Water System Program Update

- Cover Report
- a. Presentation

8.2. Committee Report: Stewardship

- Cover Report
- a. Minutes, March 2/23
- b. Q1 2023 Financial Report

8.3. Presentation: Informational Review of Mandatory Standards and Program Delivery: Central Services Division

- Cover Report
- a. Presentation

9. Consent Items

9.1. Correspondence for Direction

- Cover Report
- a. Chatham-Kent – Contraception Coverage
- b. Sudbury & District – CMOH Report

9.2. Correspondence for Information

- Cover Report
- a. Health Canada – IAQ Response
- b. alPHa e-newsletter
- c. Bill S254 Letter
- d. Food Insecurity – Chatham Kent
- e. Food Insecurity – MLHU
- f. Funding - Hamilton

9.3. Staff Reports

9.3.1. Q1 2023 Program Report

- Cover Report
- a. Q1 2023 Program Report

9.3.2. Q1 2023 Strategic Plan Report

- Cover Report
- a. Q1 2023 Strategic Plan Report

9.4. Committee Reports

9.4.1. Indigenous Health Advisory Circle

- Cover Report
- a. Minutes, Feb. 28/23

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, June 14, 2023, 5:30 p.m.

(Note: Tour at 4pm, Dinner at 5pm, Meeting start at 5:30 p.m.)

L.I.F.E. Services and Cultural Centre, 431 Hiawatha Line, Hiawatha First Nation

14. Adjournment

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Approval of Meeting Minutes
DATE:	May 10, 2023
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on April 12, 2023.

ATTACHMENTS

- a. [Board of Health Minutes, April 12, 2023.](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, April 12, 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) Councillor Dave Haacke Councillor Nodin Knott (virtual) Councillor Joy Lachica Mr. Dan Moloney Councillor Keith Riel Dr. Hans Stelzer Councillor Kathryn Wilson, Chair
Staff:	Ms. Hallie Atter, Acting Director, Health Promotion Division 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
Guest:	Ms. Suzanne Hunt, Partner, Templeman LLP

1. Call to Order

Councillor Wilson, Board Chair, called the meeting to order at 5:30 p.m.

2. Confirmation of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Councillor Lachica

Seconded: Mr. Moloney

Carried. (M-2023-033)

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: 9.1.1; 9.2 a,b,c,d,e,f,g,h; 9.3.1; 9.3.2.

Moved: Dr. Stelzer

Seconded: Warden Clark

Motion carried. (M-2023-034)

MOTION (9.1.1):

That the Board of Health for Peterborough Public Health:

- receive correspondence regarding alcohol labels and Bill S-254 from:
 - Timiskaming Health Unit,
 - Northwestern Health Unit, and
 - Simcoe Muskoka District Health Unit;
- write to the Prime Minister of Canada in support of Senate Bill S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages), based on Peterborough Public Health's perspectives of the anticipated benefits increasing awareness of the health impacts of alcohol; and,
- send copies of this correspondence to local MPs, the Association of Local Public Health Units and Ontario Boards of Health.

Moved: Dr. Stelzer

Seconded: Warden Clark

Motion carried. (M-2023-034)

MOTION (9.2 a,b,c,d,e,f,g,h):

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

- a. E-newsletter dated March 16, 2023 from the Association of Local Public Health Agencies (alPHA).
- b. Email dated March 23, 2023 from alPHA regarding a summary of the Ontario 2023 Budget.
- c. Emails dated March 24, 2023 to the Public Appointments Unit, Ministry of Health, and a response, regarding a request for an update on the provincial appointment request for Professor David Newhouse.
- d. Letter dated April 6, 2023 to Minister Jones regarding support for the provincial reappointment of Dr. Hans Stelzer.
- e. Consumption and Treatment Site Funding – Sudbury & District
- f. Food Insecurity – North Bay Parry Sound
- g. Food Insecurity – Sudbury & District
- h. Physical Literacy – Windsor Essex

Moved: Dr. Stelzer
Seconded: Warden Clark
Motion carried. (M-2023-034)

MOTION (9.3.1):

That the Board of Health for Peterborough Public Health receive the staff report, Summary of Peterborough Public Health's Annual Service Plan Submission, for information.

Moved: Dr. Stelzer
Seconded: Warden Clark
Motion carried. (M-2023-034)

MOTION (9.3.2):

That the Board of Health for Peterborough Public Health:

- receive the letter dated April 1, 2023 from the Association of Local Public Health Agencies (alPha) regarding 2023-24 membership; and,
- approve the 2023-24 membership fee in the amount of \$11,143.08.

Moved: Dr. Stelzer
Seconded: Warden Clark
Motion carried. (M-2023-034)

5. Delegations and Presentations

5.1. Presentation: Board of Health Responsibilities and Liability

MOTION:

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

- Title: Board of Health Responsibilities and Liability
- Presenter: Suzanne Hunt, BA, MPA, JD, Partner, Templeman LLP

Moved: Councillor Riel
Seconded: Deputy Mayor Black
Motion carried. (M-2023-035)

6. 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 March 8, 2023.

Moved: Warden Clark
Seconded: Mr. Moloney
Motion carried. (M-2023-036)

7. Business Arising From the Minutes

8. Staff Reports

8.1. Presentation: Informational Review of Mandatory Standards and Program Delivery: Health Promotion Division

MOTION:

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

Moved: Warden Clark

Seconded: Dr. Stelzer

Carried. (M-2023-037)

9. Consent Items

10. New Business

11. In Camera to Discuss Confidential Matters

MOTION:

That the Board of Health for Peterborough Public Health go In Camera at 7:25 p.m.to discuss one item under the Municipal Act, 2001, Section 239(2)

(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization.

Moved: Councillor Lachica

Seconded: Mayor Graham

Carried. (M-2023-038)

MOTION:

That the Board of Health rise from the In Camera session at 7:55 p.m.

Moved: Dr. Stelzer

Seconded: Deputy Mayor Black

Carried. (M-2023-039)

12. Motions for Open Session

For the one item discussed under the Municipal Act, 2001, Section 239(2)(i), staff were given direction regarding a decision made in closed session.

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

Wednesday, May 10, 2023, 5:30 p.m.
Multipurpose Rooms, 185 King Street, Peterborough

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Warden Clark

Seconded by: Councillor Haacke

Motion carried. (M-2023-040)

The meeting was adjourned at 7:56 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Presentation: Small Drinking Water System Program Update
DATE:	May 10, 2023
PREPARED BY:	Chris Eaton, Public Health Inspector
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS:

That the Board of Health for Peterborough Public Health receive the presentation, Small Drinking Water System Program Update, for information.

ATTACHMENTS:

- a. [Presentation](#)



Small Drinking Water System Program Update

May 10, 2023

Chris Eaton, Public Health Inspector

SDWS Program Update – Presentation Overview

- Who's who of drinking water system regulation in Ontario
- What is a SDWS?
- When/why did Public Health Units begin regulating SDWS?
- Risk categorization of SDWS
- Water sources
- Water treatment
- Adverse water quality incidents



Who's Who of Drinking Water System Regulation

Ministry of Health (Public Health Units)	Ministry of the Environment, Conservation and Parks
Health Protection and Promotion Act	Safe Drinking Water Act
O. Reg. 319/08	O. Reg. 170/03 and other regulations
“Small Drinking Water Systems”	“Drinking Water Systems”
Examples on the next slide	e.g. City of Peterborough, Lakefield, Norwood, Havelock, Millbrook e.g. rural subdivisions, year-round trailer parks, apartment buildings, schools, daycares, retirement homes

What is a Small Drinking Water System? (SDWS)

- Resort
- Restaurant
- Golf course
- Church
- Hotel/Motel
- Seasonal trailer park
- Arena, library, medical centre
- Any public facility



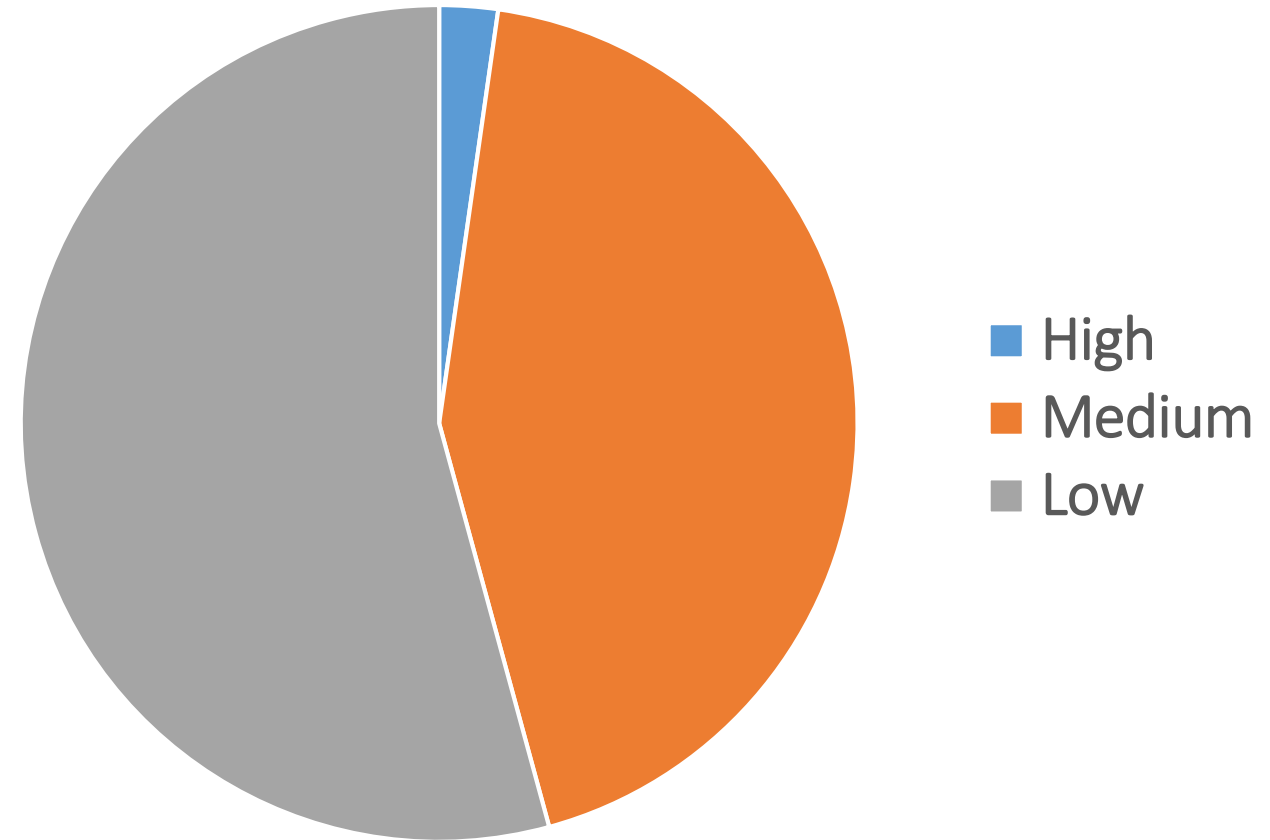
When/Why Did Health Units Begin Regulating SDWS?

- Walkerton tragedy led to legislative change
- Responsibility for certain types of small systems transferred from the Ministry of the Environment to the MOHLTC on December 1, 2008
- HPPA amended
- O. Reg. 319/08 “Small Drinking Water Systems” created
- Health units were to take a different (less expensive) approach than the Ministry of the Environment



Risk Categorization of SDWS

- Site specific risk assessment performed by a public health inspector (PHI)
- Software used to calculate the risk level and sampling frequency
- High risk inspected at least every two years
- Medium and low risk inspected at least every four years



353 SDWS in Peterborough County and City as of January 1, 2023

Risk Categorization – What is Considered?

- Water source – surface water, groundwater, hauled water
- Local sources of contamination
- Sampling results
- Treatment system – is the treatment system appropriate for the source water?
- Distribution system integrity
- Record keeping
- Operator training



The “Directive”

- A legal document issued to the owner/operator of the SDWS following an inspection
- Based on the site specific risk assessment of the SDWS performed by the PHI
- Regulation is flexible and does not take a one size fits all approach

The Directive states:

- Risk category
- Sampling frequency
- Treatment requirements
- Operational checks
- Record keeping
- Operator training requirements

An inspection report is also issued detailing any compliance issues.

Progressive Enforcement

- Emphasis on education
- Progressive approach taken
 - Verbal warning
 - Written warning
 - Charges
- Part 1 Provincial Offences Act (POA) offence notice (a ticket)
- Part 3 POA Summons

Enforcement Action to date:

- 19 offence notices (tickets) issued
- 1 Part 3 Summons issued

All charges to date relate to failing to submit water samples at the assigned frequency.

Note: if there is an immediate risk to the health of the user, a boil water order would be issued.

Where Does the Water Come From?

- Surface water (lake or river)
- Shore wells
- Dug wells
- Drilled well
 - Ground water Under the Direct Influence of surface water (GUDI)
 - Non-secure
 - Secure
- Hauled water



How is Water Treated?

Primary Treatment:

- No treatment
- Filtration and UV
- Chlorine only
- Filtration and Chlorine

Secondary Treatment:

- Chlorine



How is Water Treated?

Primary Treatment:

- No treatment
- Filtration and UV
- Chlorine only
- Filtration and Chlorine



Secondary Treatment:

- Chlorine



Adverse Water Quality Incidents (AWQIs)

- SDWS operators submit water samples to licensed labs
- Adverse results must be reported by the lab to the operator and PPH on a 24/7 basis by speaking to a person
- The operator must also report the adverse result to PPH, 24/7
- PPH has on-call staff available 24/7 to respond to AWQIs
- Corrective actions are specified by the regulation; the PHI may give additional correction action





Chris Eaton
(705) 743-1000 ex 225
ceaton@peterboroughpublichealth.ca

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Stewardship Committee Report
DATE:	May 10, 2023
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Mayor Graham, Committee Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Stewardship Committee from March 2, 2023 for information;
- b. receive the Q1 2023 Financial Report for information;
- c. write a letter to the Ontario Minister of Health expressing concern regarding budget stability for Peterborough Public Health, with copies to local MPPs; and,
- d. write a letter to local funders to communicate anticipated budget scenarios for 2024.

BACKGROUND

The Committee met last on May 4, 2023. At that meeting, members requested that these items come forward to the Board of Health.

With respect to items 'c & d', Stewardship has been working with staff to develop key messages for a meeting with local and provincial representatives (as requested by the Board of Health in February, 2023) which occurred on May 5th, and for early communication to local Councils to provide ample lead time to plan for anticipated challenges related to the 2024 budget.

ATTACHMENTS

- a. [Minutes, March 2/23](#)
- b. [Q1 2023 Financial Report](#)

**Board of Health for
Peterborough Public Health
MINUTES
Stewardship Committee Meeting
Thursday, March 2, 2023 – 2:30 – 4:00 p.m.
Dr. J.K. Edwards Board Room, 3rd Floor, PPH**

Present: Deputy Mayor Ron Black
Mayor Matthew Graham, Chair
Councillor Keith Riel
Dr. Hans Stelzer
Councillor Kathryn Wilson (*virtual*)

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

Guest: Mr. Richard Steinginga, Baker Tilly Kawarthas LLP

1. Call to Order

Dr. Piggott called the meeting to order at 2:32 p.m.

2. Election of Committee Chair and Vice Chair

MOTION:

That the Stewardship Committee approve the following leadership positions for 2023:

- Stewardship Committee Chair – Mayor Matthew Graham
- Stewardship Committee Vice Chair – Deputy Mayor Ron Black

Moved: Dr. Stelzer

Seconded: Councillor Wilson

Motion carried. (M-2023-001-SC)

Mayor Graham assumed the Chair.

3. Confirmation of the Agenda

MOTION:

That the agenda be approved.

Moved: Dr. Stelzer

Seconded: Deputy Mayor Black

Motion carried. (M-2023-002-SC)

4. **Declaration of Pecuniary Interest**
5. **Consent Items to be Considered Separately**
6. **Delegations and Presentations**
7. **Confirmation of the Minutes of the Previous Meeting**

MOTION:

That the minutes of the meeting of November 1, 2022 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Dr. Stelzer

Seconded: Councillor Wilson

Motion carried. (M-2023-003-SC)

8. **Business Arising From the Minutes**
9. **Staff Reports**

9.1. Auditor Letter of Engagement

MOTION:

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.

Moved: Deputy Mayor Black

Seconded: Councillor Riel

Motion carried. (M-2023-004-SC)

Mr. Steinginga departed the meeting.

9.2. Review Committee Terms of Reference

The Terms of Reference were reviewed, there were no updates requested.

9.3. 2023-24 Budget Approval – Healthy Babies, Healthy Children Program

MOTION:

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.

Moved: Councillor Riel

Seconded: Councillor Wilson

Motion carried. (M-2023-005-SC)

9.4. 2023-24 Budget Approval – Infant and Toddler Development Program

MOTION:

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.

Moved: Dr. Stelzer

Seconded: Councillor Wilson

Motion carried. (M-2023-006-SC)

9.5. 2024 PPH Budget Considerations

MOTION:

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

- receive the staff report, 2024 PPH Budget Considerations, for information;
- forward this report to the Board of Health at its next meeting; and,
- request reports from staff for Committee consideration on the following topics:
 - Mileage expenses and vehicle lease options;
 - Leasing PPH-owned spaced;
 - Technology and equipment costs; and
 - Efficiencies in program delivery.

Moved: Deputy Mayor Black

Seconded: Dr. Stelzer

Motion carried. (M-2023-007-SC)

9.6. 2023 Work Plan Discussion

An additional meeting date in early May 2023 was requested for further discussion around funding advocacy, members will be polled for a suitable date.

MOTION:

That the Stewardship Committee of the Board of Health for Peterborough Public Health receive the 2023 Work Plan for information.

Moved: Councillor Wilson

Seconded: Councillor Riel

Motion carried. (M-2023-008-SC)

10. **Consent Items**

11. **New Business**

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

13. **Motions for Open Session**

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

To be scheduled for May, 2023.

15. **Adjournment**

MOTION:

That the meeting be adjourned.

Moved: Deputy Mayor Black

Seconded: Dr. Stelzer

Motion carried. (M-2023-009-SC)

The meeting was adjourned at 4:59 p.m.

Chairperson

Medical Officer of Health

Financial Update Q1 2023 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2023

	Funding Type	2023 Budget Submission	YTD Budget \$ Based on 2023 Submission (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	MOHLTC Cost Shared (CS)	11,049,442	2,762,361	2,518,219	22.8%	244,142	Year-to-date underspending below budget from January through March based on board approved cost-shared budget. Total funding includes MOH (Base, Mitigation and Indigenous Communities) and local partners. Increase in spending through balance of the year as program activity continues to return to pre-COVID and ongoing work to implement the Strategic Plan.
Combined Cost-Shared		11,049,442	2,762,361	2,518,219	22.79%	244,142	See notes above.

100% Program funded January 1 to December 31, 2023

	Funding Type	2023 Budget Submission	YTD Budget \$ Based on 2023 Submission (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Ontario Seniors Dental	100%	898,100	224,525	263,363	29.3%	(38,838)	Year to date expenditures above budget as higher costs for contract and endodontic treatment due to catch up from prior year. Some savings will be achieved due to temporary vacancy of program dentist until hired. Anticipate program will operate within the approved allocation by the end of the current year.
	Funding Type	2023 Budget Submission	YTD Budget \$ Based on 2023 Submission (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments

One-Time Funding funded January 1 to December 31, 2023

COVID Response	100% MOH	1,152,860	288,215	323,577	112.3%	(35,362)	For 2023, COVID extraordinary expenditures are expected to be covered through one-time request as do not anticipate savings in cost-shared programs. The Annual Service Plan included the one-time request in the amount of \$1,152,860 to support COVID initiatives. The Ministry has not approved the budget however has communicated that similar to the prior year eligible COVID expenditures will be funded. Adjustments to approved funding or additional funding will be granted for eligible expenditures through submission of quarterly Ministry reports, as necessary. The total expenditures of \$323,577 are above budget due to some additional staffing hours through the first quarter. Anticipate some reduced expenses through final quarter as some positions expected to finish by end of September.
	Funding Type	2023 Budget Submission	YTD Budget \$ Based on 2023 Submission (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
COVID Vaccination	100% MOH	1,026,186	256,547	325,189	126.8%	(68,643)	For 2023, COVID Vaccination expenditures expected to be covered through one-time funding request as do not anticipate savings in cost-shared programs. The Annual Service Plan included the one-time request in the amount of \$1,026,186 to support the vaccination clinics. The Ministry has not approved the budget to date however has communicated that similar to the prior year eligible COVID expenditures will be funded. Adjustments to approved funding or additional funding will be granted for eligible expenditures through submission of quarterly Ministry reports, as necessary. The total expenditures of \$325,189 was above budget due to continued operation of the mass immunization clinic through March 18, 2023. The clinic will primarily operate out of our main office over the upcoming months on an appointment basis. Staffing hours and related program expenditures will be reduced over the next six months until a fall campaign.
One-Time Funding funded April 1, 2022 to March 31, 2023							
	Funding Type	2022 - 2023 Approved Budget	2022 /23 YTD Budget \$ (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments

Covid - School-Focused Nurses Initiative	100% MOH	598,000	598,000	598,000	100.0%	- PHN's /RN's hired to provide rapid-response support to school boards and schools to facilitate public health and preventative measures relating to pandemic. In January 2023, received notice of program extension until June 30th. Funding of \$448,000 previously approved to December 31/22 adjusted to reflect funding to March 2023. Program budget spent in full.
PHI Practicum Student	100% MOH	20,000	20,000	20,000	100.0%	- Program completed. 2 Students hired in fall of 2022 for 12 week practicum placement. Budget spent in full.
Needle Exchange Program	100% MOH	19,000	19,000	19,000	100.0%	- Funding for extraordinary costs associated with delivering the Needle Exchange Program. Eligible costs include purchase of needles/syringes, disposal costs, and other operating costs. Budget spent in full.
Smoke Free Ontario Tablet Upgrades	100% MOH	4,400	4,400	4,400	100.0%	- Purchased 2 tablets and peripheral equipment to support tobacco inspection system software mobile units. Budget spent in full.

Programs funded April 1, 2022 to March 31, 2023							
	Funding Type	2022 - 2023 Approved Budget	YTD Budget \$ (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Infant Toddler and Development Program	100% MCCSS	242,423	242,423	219,953	90.7%	22,470	Program operating below budget due to Infant Educator position vacancy until mid-May. Through final quarter, some additional staff hours were worked and acquisition of program resources reduce the previously reported surplus. MCCSS will recover the surplus as part of the year end settlement process.
Healthy Babies, Healthy Children	100% MCCSS	928,413	928,413	923,682	99.5%	4,731	Program operated just below budget due to redeployment of one PHN to COVID for the 1st quarter and underspending in travel. Through the final quarter, some additional program resources were acquired to reduce the previously reported surplus. MCCSS will recover the surplus as part of the year end settlement process.
Funded Entirely by User Fees January 1 to December 31, 2023							
	Funding Type	2023 Budget	YTD Revenue \$ (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	374,600	36,370	101,298	27.0%	(64,928)	Program funded entirely by user fees. Expenditures are above budget and user fees below, resulting in a deficit of \$(64,928) consistent with prior year. Program activity anticipated to increase between May through October with building season. Excess expenditures in program, if realized, may be offset through the sewage program reserve.
Mandatory and Non-Mandatory Re-inspection Program	Fee for Service	97,500	-	0	0.0%	-	Program funded entirely by fees. Program activity will commence in May through end of October 2023.
Total - All Programs		16,410,924	5,380,254	5,316,681	32.40%	63,573	Variance primarily relates to excess expenditures in COVID Vaccination and Fee for Service Programs net of underspending to date in cost-shared based on board approved budget.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Informational Review of Mandatory Standards and Program Delivery: Central Services Division
DATE:	May 10, 2023
PREPARED BY:	Larry Stinson, Director of Operations
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

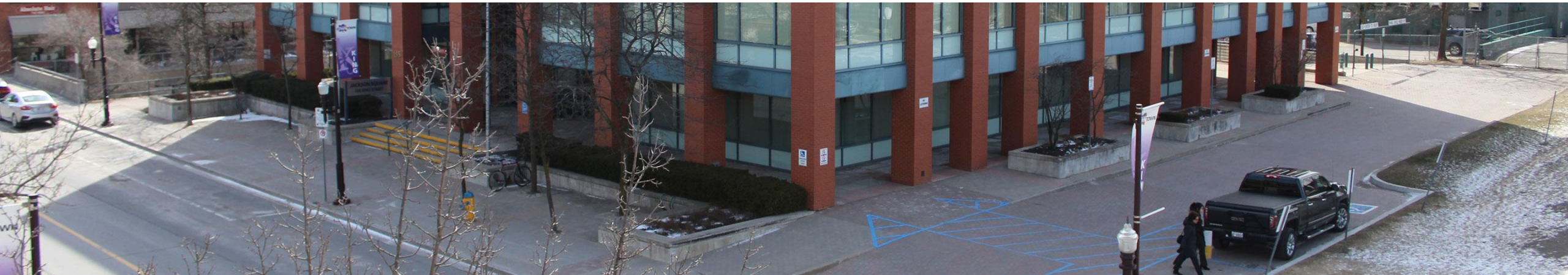
PROPOSED RECOMMENDATIONS:

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

ATTACHMENTS:

- a. [Presentation](#)

Informational Review of Mandatory Standards and Program Delivery: Central Services Division

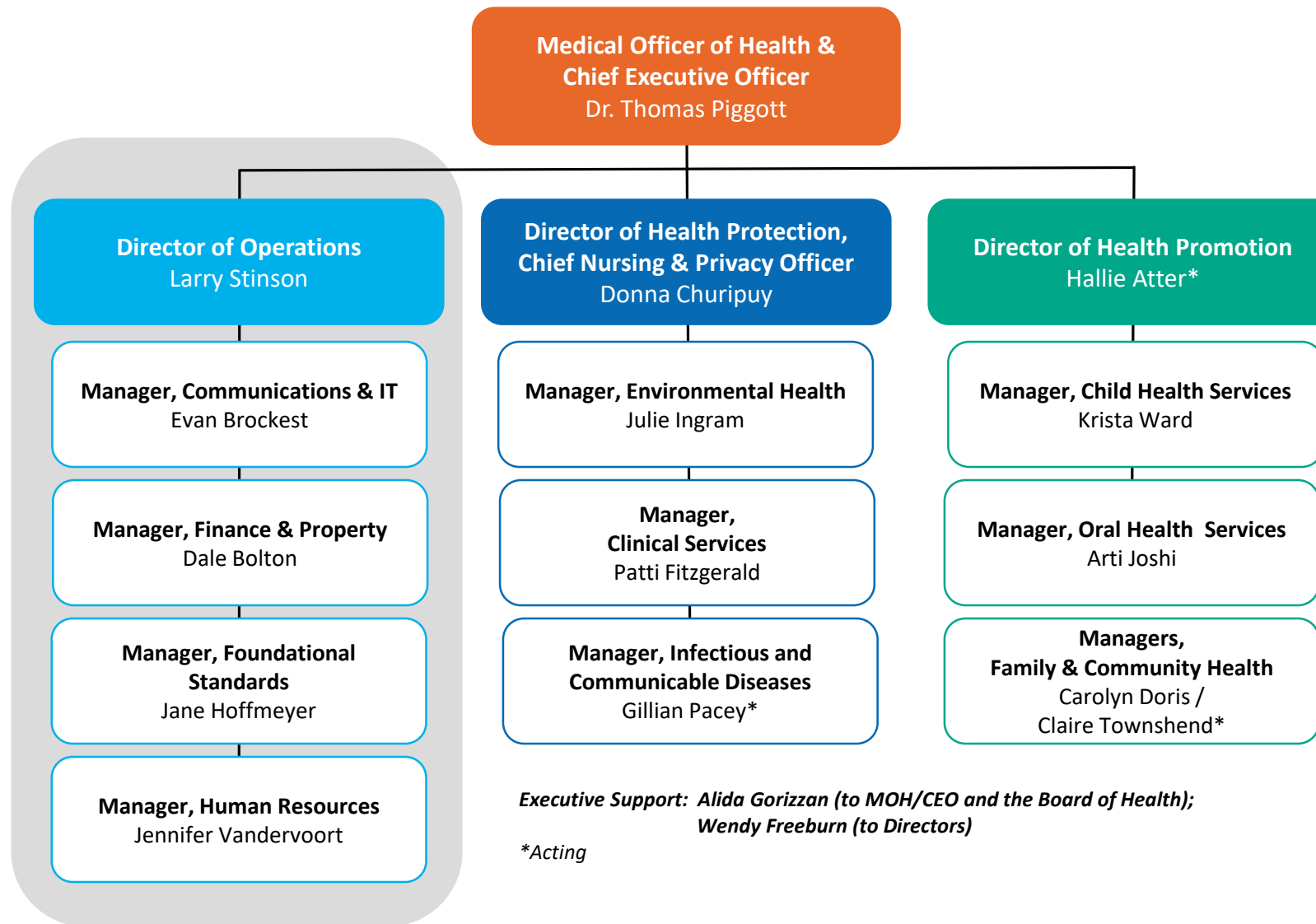


Larry Stinson
Director of Operations

Central Services Division

Purpose:

- To provide foundational supports and expertise across the organization.
- To ensure resources, supports and infrastructure is in place to implement programs and services.
- To ensure compliance with legislation and requirements under OPHS.



Jackson Square, 185 King Street, Peterborough, ON K9J 2R8
P: 705-743-1000 or 1-877-743-0101 F: 705-743-2897
Email: info@peterboroughpublichealth.ca

Foundational Standards

- ***Ontario Public Health Standard***
- ***Foundational*** because these elements should underlie every program's contributions to public health.
 - Population Health Assessment
 - Health Equity & Healthy Public Policy
 - Effective Public Health Practice
 - Evidence-based planning
 - Research, Evaluation and Quality Improvement
 - Emergency Management

Foundational Standards

Public health programs and services that are informed by evidence are the foundation for effective public health practice. Evidence-informed practice is responsive to the needs and emerging issues of the health unit's population and uses the best available evidence to address them.

- Population health assessment is integral to public health practice.
- A focus on health equity is important to the delivery of all public health programs and services in order to support people to reach their full health potential.
- Effective public health practice requires boards of health to apply skills in evidence-informed decision-making, research, knowledge exchange, program planning and evaluation, and communication, with a continued focus on quality and transparency.
- Emergency management is a critical role that boards of health play in ensuring that they have the capacity to respond to new and emerging events and cope with a range of disruptions.

18

Foundational Standards *Activities*

- Health status data analysis and reporting
- Organizational policies and procedures
- Staff knowledge and skill development
- External liaisons or collaborations (e.g. with other PHUs)
- Knowledge brokers (external to internal)
- Special projects – enhance team capacity where expertise is needed

Regular Staff

- 1 FTE Program Manager
 - 4 FTE Health Promoter Specialists
 - 2 FTE Epidemiologists
 - 1 FTE PHI – Emergency Planning
 - 1 FTE Administrative Assistant
- Temporary Staff:
- 1 FTE Epidemiologist – COVID-19

Foundational Standards

2019 Key Achievements

- 7 Research projects
- Community engagement to start up Ontario Seniors Dental Program
- Evidence collection, indicator development for Climate Change vulnerability assessment
- Development of a dashboard for evidence sharing with community on drug poisonings
- Evaluation of PPH's mechanism for reporting weekly influenza status through our website
- Launch of tools to support the practice of community engagement
- Active engagement in City and County Official Plan revisions
- Peterborough's "Emergency Management and Safety Forum"
- alPHA leadership – Resolution A18-1 Sustainable Funding for Local Public Health in Ontario

Communications

Found throughout OPHS:

"Relevant data is communicated..."

"Partners have knowledge of..."

"is increased public awareness of..."

"Community and public partners are engaged in..."

"Community Partners have the information necessary to..."

"Individuals and families are aware of..."

"Public health communication strategies reflect local needs and utilize a variety of communication modalities to ensure effective communication."

Regular Staff:

1 FTE Communication & IT
Manager

1 FTE Health Promoter Specialist

1.6 FTE Communications Assistant

3 FTE Computer Tech Analyst

Temporary Staff:

1 FTE Health Promoter COVID

Communications/IT *Activities*

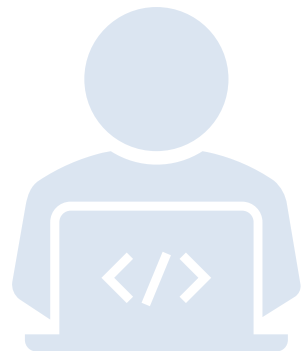
Communications:

- Media relations
- Traditional, social & digital communications
- Issues management & crisis communications
- Social marketing, health communications & campaigns
- Customer service

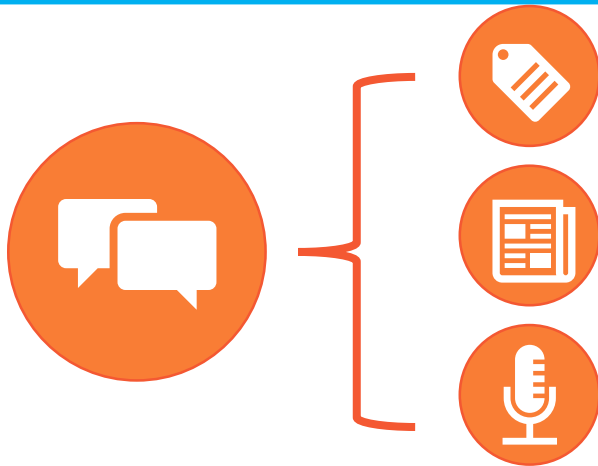


Information Technology

- Technical Support
 - Software/Hardware installation, configuration, & repair
 - Product research & procurement
 - Lifecycle & asset management
 - Backup & Recovery
- Network & Cybersecurity
 - Threat assessment, detection & risk mitigation



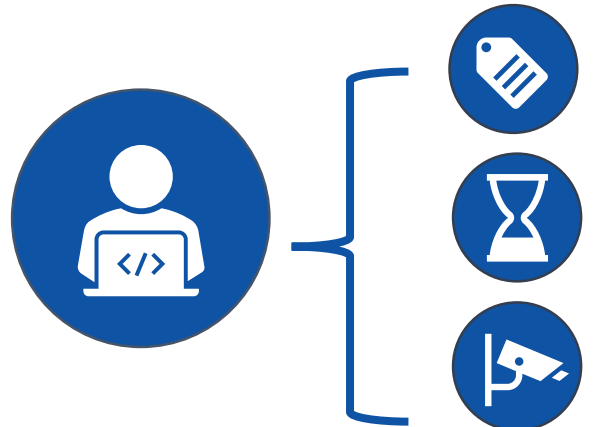
Communications/IT 2019 Snapshot



574 Tickets Closed

67 Media Releases

122 Media Interviews

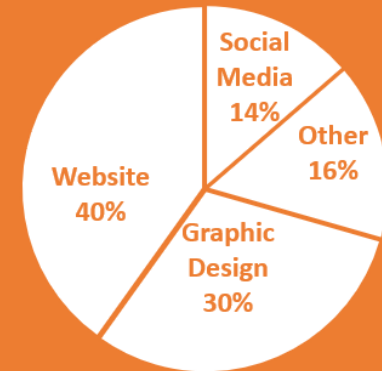


1303 Tickets Closed

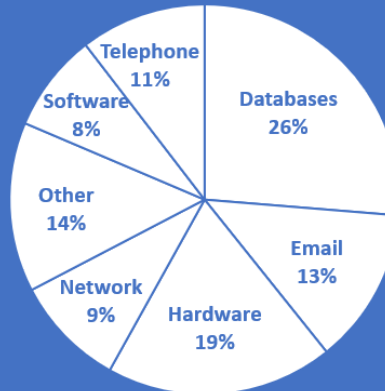
0.01% Network Downtime

0 Cybersecurity Attacks

COMMUNICATIONS TICKETS BY CATEGORY



IT TICKETS BY TYPE



Human Resources

- Organizational Requirements - Good Governance and Management Practices Domain
- Establishes an HR Strategy which considers:
 - Recruitment and Retention
 - Professional Development
 - HR Policies and Procedures

Good Governance and Management Practices Domain

Boards of health are held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.

Objective of Requirements

The organizational requirements within this domain support the use of recommended best practices in governance and organizational processes. By adhering to these practices, boards of health are able to improve the quality and effectiveness of programs and services, prioritize the allocation of resources, improve efficiency, and strive for resiliency in their organizational culture.

Requirements

1. The board of health shall submit a list of board members.
2. The board of health shall operate in a transparent and accountable manner, and provide accurate and complete information to the ministry.
3. The board of health shall ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members.
4. The board of health shall carry out its obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest.
5. The board of health shall comply with the governance requirements of the *Health Protection and Promotion Act* (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.
6. The board of health shall comply with the medical officer of health appointments requirements of the *Health Protection and Promotion Act*, and the ministry's policy framework on medical officer of health appointments, reporting, and compensation.
7. The board of health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.
8. The board of health shall ensure that the administration establishes and implements written human resource policies and procedures which are made

67

Human Resources *Activities*

- Talent Acquisition and Retention
- Orientation and On-Boarding
- Employee and Union Relations
- Performance Management
- Compliance and Labour Laws
- Research, Analysis and Reporting
- Policies and Procedures
- Disability Management, Accommodations and Sick Leave Benefit Co-ordination
- Professional Development and Training
- Payroll, Benefits and Pension Administration

Regular Staff:

1.0 FTE HR Manager

0.5 FTE Benefits & Compensation
Specialist (*shared with Payroll*)

Human Resources

2019 Snapshot

- 119 FTE Supported
- Recruitment and onboarding of 15 new staff
- Requests for accommodation
- Labour-Relations Maintenance and Response
- Five HR policies updated or developed for approval
- One new classification created

Finance & Property

- Organizational Requirements – Fiduciary Requirements Domain
- Accountability Agreement and related reporting.
- Records of Financial Affairs
- Procurement in compliance with Municipal Act and best practices
- Financial Controls
- Management of physical and fiscal resources
- Service Agreements and Contracts
- Capital Asset Management and funding plan

Fiduciary Requirements Domain

Boards of health are held accountable for using ministry funding efficiently for its intended purpose.

Objective of Requirements

The ministry has a responsibility to ensure that public health funding is used in accordance with accepted accounting principles, legislative requirements, and government policy expectations.

The ministry must also ensure that boards of health make efficient use of public resources by delivering high quality, effective program interventions, ensuring value for money.

Requirements

1. The board of health shall comply with the terms and conditions of the Ministry-Board of Health Accountability Agreement.
2. The board of health shall provide costing information by program.
3. The board of health shall submit budget submissions, quarterly financial reports, annual settlement reports, and other financial reports as requested.
4. The board of health shall place the grant provided by the ministry in an interest bearing account at a Canadian financial institution and report interest earned to the ministry if the ministry provides the grant to boards of health prior to their immediate need for the grant.
5. The board of health shall report all revenues it collects for programs or services in accordance with the direction provided in writing by the ministry.
6. The board of health shall report any part of the grant that has not been used or accounted for in a manner requested by the ministry.
7. The board of health shall repay ministry funding as requested by the ministry.
8. The board of health shall ensure that expenditure forecasts are as accurate as possible.
9. The board of health shall keep a record of financial affairs, invoices, receipts and other documents, and shall prepare annual statements of their financial affairs.
10. The board of health shall comply with the financial requirements of the *Health Protection and Promotion Act* (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations.
11. The board of health shall use the grant only for the purposes of the *Health Protection and Promotion Act* and to provide or ensure the provision of programs

65

Finance & Property Activities

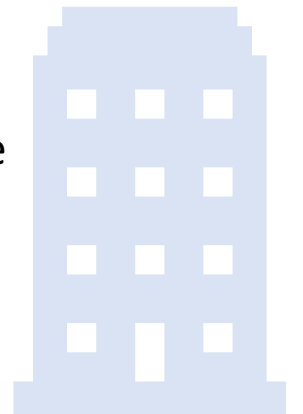
Finance

- Ministry reports
 - annual service plan
 - in-year financial
 - settlements
- Support annual audit engagement
- Procure program goods/services
- Issue invoices - fee for service recovery
- Reconcile/analyze revenue streams and expenditures
- Program financial statements (monthly)
- Process bi-weekly payroll



Property Services

- Clean and maintain office space
- Preventative maintenance – equipment & building assets
- Respond to maintenance tickets
- Set-up meeting rooms
- Source building resources
- Engage contractors
 - building project/specialized service



Finance & Property

2019 Snapshot

Finance

of purchase orders created: 827

of payments issued: 2,057 (cheques/EFT)

of invoices issued: 276

of program classes managed: 39

Regular Staff
1.8 FTE Bookkeeper
1.0 FTE Custodian
0.5 FTE Benefits and Compensation Specialist (*payroll*)

Property Services

of facilities tickets: 188



**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Direction
DATE:	May 10, 2023
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- a. receive and endorse the letter dated April 25, 2023 from the Chatham-Kent Board of Health regarding universal, no-cost coverage for all prescription contraceptive options to all Ontarians; and, communicate this support to the Minister of Health and Premier of Ontario, with copies to local MPPs, Ontario Boards of Health and the Association of Local Public Health Agencies.
- b. receive and endorse the letter dated May 4, 2023 from Sudbury & District Health Unit (SDHU) regarding the 2022 Annual Report of the Chief Medical Officer of Health of Ontario; and, communicate this support by including reference to rationale outlined by SDHU in the letter to the Minister proposed by the Stewardship Committee (ref. agenda item 8.2c).

April 25, 2023

The Honourable Doug Ford
Premier of Ontario
Delivered via email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier
Minister of Health
Delivered via email: sylvia.jones@pc.ola.org

Dear Premier Ford and Deputy Premier and Minister Jones:

RE: Universal, No-cost Coverage for all Prescription Contraceptive Options to all People Living in Ontario

At its meeting held on March 15, 2023, the Chatham-Kent Board of Health passed the following motion:

“That Administration prepare a letter of advocacy to the Provincial government encouraging them to cover the cost of birth control for all Ontario residents, and that this letter be copied to alPHa and any other appropriate partners.”

It is estimated that 30-40% of all pregnancies in Canada are unintended with those of lower socioeconomic status being one of the leading vulnerable groups impacted¹. Timely access to effective contraception directly influences the rate of unintended pregnancies. In Canada, cost is the leading barrier preventing individuals from gaining access to effective contraceptives^{2/3}. Cost should not be a barrier Ontarians face to obtain consistent and timely access to effective contraceptives.

OHIP+ has begun to address this issue in Ontario by providing no cost coverage for anyone under the age of 25 who is not covered by a private plan. This coverage needs to be expanded to all Ontarians without the restrictions put on those with private plans or those over the age of 24. Ontarians should have universal, no-cost, confidential access to effective contraceptives.

At the beginning of April, British Columbia started the journey of providing prescription contraceptive access equality for their province and we are advocating for Ontario in this journey.

.../2

Thank you for your attention to this important issue. We stand firmly in support of protecting and advancing sexual and reproductive health rights.

Sincerely,

Original signed by

Brock McGregor
Chair, Chatham-Kent Board of Health

Copy to:

Hon. Monte McNaughton, MPP, Lambton-Kent-Middlesex, Minister of Labour, Training and Skills Development

Trevor Jones, MPP, Chatham-Kent-Leamington

Loretta Ryan, Executive Director, Association of Local Public Health Agencies (aLPHA)
Ontario Public Health Units

- 1 Nethery E, Schummers L, Maginley S, Dunn S and Norman W. "Household income and contraceptive methods among female youth: a cross sectional study using the Canadian Community Health Survey (2009-2010 And 2013-2014)". CMAJ Open, vol. 7, no. 4, 2019 Retrieved from www.cmajopen.ca/content/7/4/E646
- 2 Hulme Jennifer, et al. "Barriers and Facilitators to Family Planning Access in Canada." Healthcare Policy, Politiques De Sante, vol 10, no.3, 2015, pp. 48-63., doi:10.12927/hcpol.2015.24169
- 3 Black, Amanda Y., et al. "The Cost of Unintended Pregnancies in Canada: Estimating Direct Cost, Role of Imperfect Adherence, and the Potential Impact of Increased Use of Long-Acting Reversible Contraceptives." Journal of Obstetrics and Gynaecology Canada, vol. 37, no. 12, 2015.pp. pp. 1086-1097., doi:10.1016/s1701-2163(16)30074-3.

May 4, 2023

VIA EMAIL

The Honourable Sylvia Jones
Ministry of Health
5th Floor, 777 Bay Street
Toronto, ON M7A 1Z8

Dear Minister Jones:

Re: Support for the 2022 Annual Report of the Chief Medical Officer of Health for Ontario

Public Health Sudbury & Districts (Public Health) applauds the Chief Medical Officer of Health for highlighting the importance of public health readiness, collective action, and sustained investments in public health required to minimize the impacts of future pandemics on individuals, communities, and societies in his 2022 annual report: *Being ready: Ensuring public health preparedness for infectious outbreaks and pandemics*.

As the communities of Sudbury and districts transition through the recovery phase of the pandemic, the Report is a call to action to learn from our experience, so we are better prepared to not only protect ourselves, but to also invest in building strong and resilient systems and communities that create opportunities for the best health possible for all.

At its meeting on April 20, 2023, the Board of Health carried the following resolution #19-23:

WHEREAS on March 7, 2023, Ontario's Chief Medical Officer of Health released his 2022 Annual Report titled, Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemic; and

WHEREAS the 2022 Annual Report identified six next steps, including to (1) invest in preparedness, (2) strengthen accountabilities, (3) assess progress, (4) improve the health of Indigenous peoples, (5) improve the health of Black and other racialized populations, and (6) sustain relationships; and

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

34 rue Birch Street
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais

1.866.522.9200

phsd.ca



WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to taking local action in support of these next steps and to do so requires sustained provincial investment in public health preparedness over time;

THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts call on the Government of Ontario and the Ministry of Health to fully support and implement the recommendations outlined in the Chief Medical Officer of Health 2022 Annual Report, including ensuring associated sustained funding for local public health;

AND FURTHER THAT the Board request the Chief Medical Officer of Health to ensure proactive engagement with local public health agencies as work is undertaken to review and strengthen the relevant Ontario Public Health Standards, including the Emergency Management Guidelines;

AND FURTHER THAT the Board share this motion with relevant stakeholders, including area mayors and reeves, local community partners, Ontario boards of health, and provincial partners and agencies.

Members of the Board of Health for Public Health Sudbury & Districts echo the Chief Medical Officer of Health's call to learn from the COVID-19 pandemic and call on the Government of Ontario and the Ministry of Health to fully support and implement the recommendations outlined within, including ensuring associated sustained funding for local public health.

Public Health Sudbury & Districts is committed to ongoing investments in our own readiness, and to supporting the readiness of the public health sector and system, the communities we serve, and society overall. We all have a role to play in public health emergency preparedness, and we look forward to strengthening our relationships and collaborations to foster healthy and equitable communities.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health
All Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Information
DATE:	May 10, 2023
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

- a. Email dated March 22, 2023 from Health Canada, in response to the Board Chair's initial letter dated March 3, 2023, regarding indoor air quality.
- b. E-newsletter dated April 26, 2023 from the Association of Local Public Health Agencies (alPHA).
- c. Letter dated May 4, 2023 to Prime Minister Trudeau regarding support for Bill S-254, An Act to amend the Food and Drugs Act.

Correspondence from Local Public Health Agencies:

- d. Food Insecurity – Chatham-Kent
- e. Food Insecurity – Middlesex London
- f. Public Health Funding – Hamilton

From: HECSB-SED-DGO / DGSESC-DSM-BDG (HC/SC) <hecsb-sed-dgo-dgsesc-dsm-bdg@hc-sc.gc.ca>
Sent: Wednesday, March 22, 2023 11:35 AM
To: Alida Gorizzan
Subject: Health Canada Response to your Correspondence

Dear Alida Gorizzan,

Thank you for your correspondence of March 3, 2023 sent on behalf of Dr. Thomas Piggott, Medical Officer of Health of the Peterborough Public Health and addressed to the Honourable Jean-Yves Duclos, Minister of Health and the Honourable Dominic LeBlanc, Minister of Intergovernmental Affairs, Infrastructure and Communities. Minister Duclos has asked that I reply on his behalf and address the importance of indoor air quality. Minister LeBlanc's office will respond with further information regarding the Government of Canada funding opportunities for improving indoor air quality.

Health Canada shares your commitment to protecting the health of Canadians and acknowledges the importance of indoor air quality. As observed during the pandemic and as mentioned in your letter, proper ventilation is one part of preventing transmission of COVID-19 and other respiratory viruses. The Government of Canada has developed guidance on how to improve ventilation and air filtration for various settings which can be found at the following links: [COVID-19: Guidance on indoor ventilation during the pandemic](#) and [Infographic: Maintain and improve indoor air quality](#).

Health Canada has developed [draft guidance](#) on indoor air quality in office buildings. This guidance provides information on the sources of pollutants, mitigation steps to improve indoor air quality, and information for professionals for use during indoor air quality investigations.

Health Canada's guidance for indoor air quality in schools is currently in development and is intended to help provinces, territories, Indigenous communities, public health officials, school boards, and school administrators, maintain and improve air quality in schools by providing evidence-based recommendations.

I hope that you will find this information useful. Thank you again for taking the time to share the letter written by the Peterborough Public Health with Health Canada.

Sincerely,

Greg Carreau
Safe Environments Directorate
Health Canada

From: EA On Behalf Of alPHa communications
Sent: Wednesday, April 26, 2023 10:00 AM
To: EA Lists
Subject: [EA] April 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

April 17, 2023

April 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.

Leader to Leader – A Message from the alPHa President - April 2023

Did you know that technically alPHa has only 34 members? The members are Ontario's 34 Boards of Health! alPHa, though, is so much more — especially when you consider the substantial number of member representatives including Medical Officers of Health, Associate Medical Officers of Health, Board of Health members, and health units' senior leadership in the seven public health affiliate disciplines. They all contribute to alPHa's strength, unity, and collective voice for local public health.

In April, the alPHa Board met with Liz Walker, Executive Lead from the Office of the Chief Medical Officer of Health, Ontario Health Executive Vice President Dr. Christopher Simpson, and Public Health Ontario President and CEO Michael Sherar. The Board was also pleased Michael Jacek from the Association of Municipalities of Ontario (AMO) joined us and spoke of the value of the Boards of Health Section, their role in public health and reinforcing the value of the relationship between alPHa and AMO, which includes a strong staff-to-staff connection. alPHa leadership is also presenting to the Northwestern Ontario Municipal Association (NOMA) at the end of April and will be participating in the AMO AGM and Conference this August.

alPHa and its Board are on task as it strives towards the deadline of October 2024 to ensure compliance with the Ontario Not for Profit Corporations Act (ONCA). Laying the groundwork for strategic planning for beyond 2023 has been a key focus for the alPHa Board as we prepare for the AGM and Conference, where all of alPHa's members will be engaged in this process.

alPHa's work focusses on supporting its members through the resources and networking within this newsletter, providing timely and relevant information through its email lists,

website, and the on-going production of the Public Health Matters series of infographics and videos. These tools keep the information and discussion going between regular meetings and symposiums.

On behalf of its members, alPHA continues its advocacy for local public health with Ontario's decision-makers and public health influencers by continually profiling the importance of public health's upstream focus on prevention, communicating the key role local public health plays in communities, and reinforcing the extraordinary value of the work carried out by Ontario's boards of health and public health professionals.

May will introduce alPHA's Workplace Health & Wellness Month, dedicating additional resources to support physical and mental health for members. Be sure to use social media to share your activities because we want to see our members in action!

I was pleased to be a moderator and a speaker at The Ontario Public Health Convention (TOPHC) virtual event on March 27th, along with Loretta Ryan, alPHA's Executive Director who led an interactive workshop. alPHA was pleased to promote TOPHC's events. We were also pleased to profile, via social media, the Canadian Public Health Association's Canadian Public Health Week 2023.

Congratulations to alPHA's Executive Director, Loretta Ryan, on the nomination by her member peers in the Canadian Association of Society Executives (CSAE) for the 2023 Empowering Leader Award. This award recognizes a member who is focussed on advancing association excellence through knowledge sharing in the membership community. alPHA is fortunate to have Loretta, an empowering leader at its helm.

Additionally, only alPHA members are permitted to attend alPHA's first [in-person conference](#) in more than three years in Toronto from June 12th to June 14th. It will include alPHA's 2023 AGM, plenary sessions, Section meetings and more on key public health issues. If you require accommodations, be sure to book them as soon as possible.

The alPHA Board and alPHA staff recognize and understand the challenges facing our members and continue to work tirelessly on your behalf. alPHA and local public health are all made stronger through the work done together — as one unified voice. Thank you for your commitment and leadership to local public health.

Trudy Sachowski
alPHA President

If your actions inspire others to learn more, do more and become more – you are a leader.

Shareable alPHA public health materials - Public Health Funding Advocacy

alPHA has documents to profile public health and the important role the association plays in the sector. These include correspondence on public health funding advocacy. These

submissions, infographics, videos and other products are supported by the numerous alPHA/Ministry/stakeholder meetings, emails, conferences/symposiums, presentations and other activities to support these efforts.

[alPHA Summary – Budget 2023](#)
[alPHA Letter - 2022 CMOH Annual Report](#)
[alPHA Letter - Meeting Request -PA Premier](#)
[alPHA Letter - Meeting Request -Min. Health](#)
[alPHA Letter - Meeting Request -Min. Finance](#)
[Public Health Matters Infographic #2](#)
[Public Health Matters Video #2](#)
[alPHA Letter - 2023 Pre-Budget Submission](#)
[alPHA Letter - PH Funding Research Proposal](#)
[alPHA Letter - The Future of Public Health](#)
[Public Health Matters Infographic](#)

[Public Health Matters Video](#)
[alPHA Letter to Candidates - Election Primer 2022](#)
[alPHA Letter to Members - Election Primer 2022](#)
[alPHA Report: PH Resilience 2022](#)
[alPHA Report: PH Resilience 2022 Executive Summary](#)
[alPHA Letter - 2022 Pre-Budget Submission](#)
[alPHA Letter -Extraordinary COVID-19 Funding](#)
[alPHA Letter -Support for Research Project](#)
[alPHA Letter - Minister of Health Meeting](#)
[alPHA Letter -Health Critic Meeting](#)
[Public Health Renewal Resource Page](#)

These documents can be widely shared and demonstrate the value and return on investment public health provides. These are also useful for meetings with local councillors, MPPs, and other important stakeholders. Members are strongly encouraged to use these resource materials.

alPHA Annual General Meeting and Conference - Important Updates and Information

alPHA's 2023 Annual General Meeting and Conference will continue the important conversation on the role of Local Public Health in the province's Public Health System. On Monday, June 12, we will get things underway with a walking tour in the afternoon and an opening evening reception. The AGM, consideration of Resolutions, Plenary Sessions, and presentation of the 2023 Distinguished Service Awards will take place on Tuesday, June 13. The half-day Section meetings will be held on the morning of Wednesday, June 14. alPHA is very pleased to announce the Conference is being co-hosted by Toronto Public Health, with generous support from the University of Toronto's Dalla Lana School of Public Health and the Temerty Faculty of Medicine. alPHA is looking forward to hosting these in-person events and encourages all members to participate. You can register [here](#).

IMPORTANT: Attendees are encouraged to book accommodations as soon as possible. alPHA does not have a room block. There are a number of nearby hotels including the [Chelsea Hotel Toronto](#), the [Holiday Inn](#), and [DoubleTree by Hilton Hotel Toronto Downtown](#).

Documents, such as the Preliminary Program, can be found [here](#). The Conference Poster is available through [this link](#), and Sponsorship information can be found [here](#). Please check the

website often for updates. The [June 2023 alPHa AGM Notice and Package](#) are also available. Individual documents from the package are below.

- [Notice for the 2023 alPHa Annual General Meeting](#)
 - [Call for 2023 alPHa Resolutions](#) (deadline: Friday, April 21st, 2023)
 - [Call for 2023 alPHa Distinguished Service Awards](#) (deadline has passed. Thank you for your submissions.)
 - [Call for Board of Health Nominations](#) (deadline: Wednesday, June 7th, 2023. But candidates are strongly encouraged to submit earlier.)
- We hope to see you at these in-person events. If you have any questions, please do not hesitate to reach out to Loretta Ryan at loretta@alphaweb.org.

The Conference and AGM is co-hosted by alPHa and Toronto Public Health, with generous support from the University of Toronto's Dalla Lana School of Public Health and the Temerty Faculty of Medicine. alPHa would like to thank Mosey & Mosey for sponsoring the awards lunch. If you are interested in becoming a sponsor, alPHa welcomes your support. Further information can be found [here](#).

Conference & AGM Keynote Speaker: Rest Refocus and Recharge

Apply the cutting-edge science of brain states to perform at the highest level

Dr. Greg Wells shares his insights on how to unlock the power of alternating peak performance with deep rest in this informative and practical keynote. Based on his groundbreaking book, *Rest Refocus Recharge*, Dr. Wells will explain how our brains and bodies are designed to operate in cycles of work and rest, and how we can harness the power of both to improve our health, well-being, and performance.

Drawing on the latest research in neuroscience and physiology, Dr. Wells will provide a step-by-step guide to optimizing your mental and physical health through strategic rest and relaxation. You'll learn how to identify the five different brain states, each with a distinct function, and how to intentionally trigger these states to achieve your potential.

During this session, Dr. Greg Wells will share valuable insights on how to improve your focus, creativity, and problem-solving abilities by incorporating rest and regular breaks into your workday. He will also discuss how harnessing the power of sleep can boost your brainpower, creativity, and performance. Additionally, Dr. Wells will cover the importance of developing daily rituals and routines that promote relaxation and recovery, cultivating a growth mindset, and embracing the power of learning and self-improvement.

This presentation is designed to provide evidence-based actionable strategies for enhancing your mental and physical performance and better cope with stress and adversity, and how to create a culture of rest and recovery in your workplace or team. These techniques will help you achieve your potential and perform at your highest level while also improving the overall health and well-being of you and your team.

Key Learnings:

- Slow down to speed up.
- Your brain wasn't designed to be in constant go mode.
- Constantly driving yourself undermines your performance and health.
- Rest and relaxation are critical for peak performance and optimal health.
- There are five different brain states, each with a distinct function: recovery, learning and strategic thinking, focused execution, creativity, and peak performance.

By intentionally triggering these brain states, you can achieve your potential, individually and as a team.

Come and hear Dr. Greg Wells speak, and ensure you are performing at your highest level. Interested in learning more about Dr. Greg Wells and the topics he covers? Here are some blog entries for you to explore:

- [Breathwork](#)
- [Mindful Movement](#)
- [Energize](#)
- [From Languishing to Thriving](#)

alPHA Workplace Health and Wellness Month is happening in May

[alPHA Workplace Health and Wellness Month](#) will soon be here! This is an opportunity for all alPHA members to engage in activities that promote physical and mental health for at least 30 minutes during the month of May. **We encourage all members to participate!** You can participate and share your success via Twitter. All you have to do is tweet a picture, tag @PHAgencies, and use the hashtags #PublicHealthLeaders and #alPHA2023. The pictures will be highlighted at this year's Conference and AGM.

alPHA has also launched the [Workplace Health and Wellness Resources](#) page. You can use it to help you improve your mental and physical well-being by taking the information provided and adapting it to the best way to take care of yourself.

Start living a healthier life with these simple tips

In conjunction with alPHA's new Workplace Health & Wellness Month, we have some tips to help you live a healthier life.

Breathing exercises can help promote calmness, increase focus, and help you perform your best. They can also be simple to do! For more info, check out the infographic [here](#).

If you need more sleep, our [newest infographic](#) can help. The infographic provides tips such as not working from your bed and having a bedtime to help you improve your sleep.

National Volunteer Week - April 16-22, 2023

Volunteering Weaves Us Together

alPHA celebrates our individual and collective actions in creating a strong, interconnected and vibrant association! Volunteers strengthen the fabric of our association by sharing time, talent and energy to support Ontario's local public health system.

As we celebrate National Volunteer Week, alPHA would like to give a special shout out and thanks to the alPHA Board of Directors and the many members that volunteer for committees and working groups.

Affiliates Update

- The Food Insecurity Workgroup of [Ontario Dietitians in Public Health \(ODPH\)](#) received the 2022 Lori Chow Memorial Health Promotion Award (through ODPH member Marie-Ellen Prange).
- ODPH made a [submission](#) to Ontario's [pre-budget consultation](#) regarding Household food insecurity (HFI) and inadequate Ontario Works rates.

2021 Census data sorted by health region now available

On March 29, 2023, Statistics Canada published the demographic information gathered via the 2021 Census, sorted by health region, which includes detailed profiles for each Ontario public health unit. alPHA has provided direct links to each on [this page](#). Please note the list is sorted by the legal names of the PHUs as they appear in Ontario Regulation 553.

Lyme disease clinical guidance document updated

Ontario Health, in collaboration with Public Health Ontario, has updated a clinical guidance document that outlines what high-quality care looks like for people who have experienced a tick-bite or have developed early localized Lyme disease. This updated clinical guidance document can be used to help:

- Health care professionals know what care they should be offering
- Health care organizations improve the quality of care they provide

Please [download](#) and share the Lyme disease clinical guidance document with your networks.

For more information, please contact Evidence@OntarioHealth.ca.

Promoting Resilience: A Science-Informed Approach to Decision-Making

The purpose of this module is to raise awareness about the role of early development in long-term health, the science of adversity, and the importance of resilience and its relationship to wellbeing. The modules describes actions boards of directors, community leaders, and other decision makers can take to prevent and reduce the effects of adversity and build community resilience. WGD Public Health is a partner and alPha members are encouraged to register.

[Register here.](#)

Ontario Public Health Directory updated

The Ontario Public Health Directory has been updated since the beginning of the year. Please ensure you have the latest version by clicking [here](#).

Boards of Health: Shared Resources

A resource [page](#) is available on alPha's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org 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. 24, 2023)
[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 Units sorted by Municipality](#)
[List of Municipalities sorted by Health Unit](#)
[Map: Boards of Health Types](#)
[NCCHPP Report: Profile of Ontario's Public](#)
[Health System](#) (2021)
[The Municipal Role of Public Health \(2022 U](#)
[of T Report\)](#)

AMO 2023 Ending Homelessness Symposium

The Association of Municipalities of Ontario (AMO) is holding an **Ending Homelessness Symposium** on May 3-4, 2023. This one and a half-day event is open to elected officials; municipal staff; social, health, and economic partners; and all interested sector associations. AMO's Ending Homelessness Symposium will offer perspectives on the root causes of homelessness – including income insecurity, insufficient supply of deeply affordable housing, insufficient responses to mental health and addictions challenges and the policy responses required. Deadline to register is April 26th. More information, including how to register, can be found [here](#).

Public Health Ontario

PHO Mandate Letter

PHO's mandate letter for 2023-2024 is now available. You can read it [here](#).

Public Health Ontario's Open Call for Proposals: Indirect Impacts of COVID-19

Public Health Ontario is currently accepting proposals from public health units for funding (up to \$125,000) to support research or evaluation projects focusing on the indirect impacts the COVID-19 pandemic has had in Ontario in one of three priority areas:

1. **Public health innovations:** Projects may focus on the evaluation of a COVID-19 innovation, continuous quality improvement, or research to scale up existing innovations.
2. **Public health programs and interventions impacted by the pandemic:** Projects may focus on understanding the impact of reduced public health services, programs or strategies.
3. **Understanding pandemic impacts on mental health:** Projects may focus on understanding pandemic impacts on mental health, including harm reduction and prevention in substance use, and may consider specific populations. Projects may also focus on understanding and/or strategies related to pandemic mental health impacts for the public health workforce.

Funding Eligibility

Applications are open to all public health units (PHU). Project proposals must meet the following criteria:

- be led by a PHU, in cooperation with at least one other PHU as a co-applicant
- work in meaningful collaboration with local academic and/or community organizations
- meaningfully engage at least one student
- promote health equity
- address a public health issue within the identified priority areas of COVID-19 consequences
- involve research and/or program evaluation activities
- create knowledge that is transferable across the public health system, and share that knowledge by developing and implementing a knowledge exchange plan

For full application instructions, examples of project ideas and evaluation criteria, please visit PHO's [Locally Driven Collaborative Projects \(LDCP\) Program](#) webpage or download the [full application package](#).

The deadline to apply is **Friday, May 12, 2023 at 5 p.m. ET.**

COVID-19 Variants of Concern

- [Estimates of Omicron Sub-lineage BQ.1 Severity in an Ontario-based Matched Cohort Study of Cases: August 4 – December 28, 2022](#)
- [Phylogenetic Analysis of SARS-CoV-2 in Ontario](#)

COVID-19 Epidemiological Surveillance Report

- [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [COVID-19 Wastewater Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario](#)
- [Comparison of COVID-19 Hospitalizations and Deaths in 2022 and 2021](#)

Additional Resources – New

- [Invasive Group A Streptococcal \(iGAS\) Disease in Ontario: October 1, 2022 to February 28, 2023](#)
- [Recommendations: High-risk Spring 2023 COVID-19 Vaccine Booster Dose Program in Ontario](#)
- [Mpox in Ontario](#)

Upcoming PHO Events

- **Thursday, April 13** - [PHO Rounds: Changes to Serological Testing of Lyme Disease](#) – 12:00 p.m. to 1:00 p.m.

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

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

TOPHC 2023

A special shoutout to Trudy Sachowski who represented alPHA's volunteer leadership and TOPHC and moderated a session. Kudos to alPHA's Dr. Eileen de Villa for speaking at the event. Special thanks to alPHA's Executive Director, Loretta Ryan, who worked over the past year to help create this event and who also moderated a session.

Upcoming DLSPH Events and Webinars

- [Environments and Health Research Summit](#) (Apr. 17-18)
- [Data Science Speaker Series/Temerty Centre Speaker Series: Melissa Haendel](#) (Apr. 17)
- [Fast, vast, and diverse: Canada's COVID-19 vaccine programs](#) (Apr. 18)
- [Routine immunization: Reaching every child](#) (Apr. 20)
- [Corruption During COVID-19: Looking Forward and Backward](#) (May 8-9)

RRFSS is the 'RAPID' Risk Factor Surveillance System!

- RRFSS provides responsiveness not available in other population health surveys.
- RRFSS data is delivered three times per year.
- CCHS data is only available for 2019/2020.
- Responding 'Rapidly' to public health
-this is what RRFSS was created to do!

There is still opportunity get RRFSS data in 2023!

Health units can join RRFSS 3 times per year: January, May, and September, so there is still opportunities to join RRFSS in 2023. RRFSS participation is possible on any size budget, big or small!

To collect 2023 RRFSS data and create a survey package and customizable budget contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca

COVID-19 Update

The Ministry of Health COVID-19 resource pages:
<https://www.ontario.ca/page/covid-19-coronavirus> (English)
[Ministry of Health - guidance for the health sector](#)
[Public Health Ontario's COVID-19 landing page](#)
[Public Health Agency of Canada's COVID-19 landing page](#)
[alPHA's recent COVID-19 related submissions can be found here.](#)

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

alPHA Correspondence

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

[alPHA Letter - Alcohol Health Warning Labels](#)

An April 17th, 2023 letter from the President of the Association of Local Public Health Agencies on behalf of the Council of Ontario Medical Officers of Health, Boards of Health, and Affiliate Organizations to the Minister of Health, Jean-Yves Duclos. It expresses support for the Senate Bill S-254 An Act to amend the Food and Drugs Act (warning labels on alcoholic beverages), calling on the federal government to implement alcohol warning labels.

[alPHa Letter - Marketing to Children](#)

An April 5th, 2023 letter from the President of the Association of Local Public Health Agencies on behalf of the Council of Ontario Medical Officers of Health, Boards of Health, and Affiliate Organizations to Prime Minister Justin Trudeau. It urges the prime minister to accelerate action on the promise to enact restrictions on the marketing of food high in sodium, sugars, and saturated fats to kids.

[alPHa Letter - Budget 2023 and Oral Health](#)

An April 5th, 2023 letter from the President of the Association of Local Public Health Agencies on behalf of the Council of Ontario Medical Officers of Health, Boards of Health, and Affiliate Organizations to Deputy Prime Minister & Minister of Finance, Chrystia Freeland. They thanked the federal government for the dental health-related announcements in the 2023 budget and reminded the minister of the call for universal access to preventative and treatment dental health services for all Canadians.

News Releases

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

*Copyright (C) */2022/* */Association of Local Public Health Agencies/* All rights reserved.*

May 4, 2023

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
justin.trudeau@parl.gc.ca

Dear Prime Minister Trudeau:

Re: Bill S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)

At its April 12, 2023 meeting, the Board of Health for Peterborough Public Health considered correspondence from Timiskaming, Northwestern, and Simcoe Muskoka District Health Units regarding Bill S-254, and expressed its support for this proposed legislation.

Alcohol consumption, while very prevalent in the Canadian context carries adverse health impacts, even at lower levels. Alcohol is a Class 1 carcinogen as classified by the World Health Organization and contributes to at least 7 types of cancers including breast and colon cancer.

According to recent data from Ontario Health, alcohol consumption causes approximately 4,330 (4.3%) deaths, 22,009 (2.1%) hospitalizations and 194,692 (3.7%) emergency department visits each year in Ontario. In the Peterborough Public Health catchment area, this translates to 61 deaths, 310 hospitalizations and 2,641 emergency department visits each year.

A recent systematic review found that alcohol labels could improve awareness of alcohol consumption, could have strong public support, and decrease intention to buy alcohol and the total amount consumed. Labels are used extensively in Canada to provide nutrition information, and health risks for tobacco consumption. A recent pilot study in Yukon introduced alcohol labels, and saw a decrease in sales for labelled products by 6.6%.

Improved health awareness, individual health decision-making around the consumption of alcohol, and decreases in the large health system burdens caused by alcohol are anticipated if the proposal in S-254 is ultimately passed, and we urge the federal government to support this important legislation.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Yves Duclos, MP, Minister of Health
Senator Patrick Brazeau
Local MPs
Ontario Boards of Health
Association of Local Public Health Agencies (alPHA)

April 25, 2023

The Honourable Doug Ford
Premier of Ontario
Delivered via email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier
Minister of Health
Delivered via email: sylvia.jones@pc.ola.org

The Honourable Michael Parsa
Minister of Children, Community and Social Services
Delivered via email: michael.parsaco@pc.ola.org

Dear Premier Ford, Deputy Premier and Minister Jones, and Minister Parsa:

RE: Income-based Policy Solutions to Reduce Household Food Insecurity

At its meeting held on March 15, 2023, the Chatham-Kent Board of Health received a staff report regarding Food Insecurity and 2022 Nutritious Food Basket (attached) as well as correspondence from the Ontario Dietitians in Public Health regarding income-based policy solutions around food insecurity. After considering the report and correspondence, the Board passed the following motion:

“To endorse the Ontario Dietitians in Public Health (ODPH) letter urging the Ontario government to adopt income-based policy solutions that effectively reduce household food insecurity.”

Household food insecurity is the inadequate or insecure access to food due to financial constraints. Household income is directly proportional to vulnerability to food insecurity. Food insecurity due to insufficient income is a key social determinant of health as it contributes to increased risk for poor health outcomes, such as mental health disorders, non-communicable diseases, and infections, leading to higher healthcare costs.

Household food insecurity is a serious public health problem in Ontario. Based on the Canadian Income Survey, one in five households in Chatham-Kent are currently food insecure. Families and individuals relying on social assistance in Chatham-Kent fair much worse. A family of four, with two adults on Ontario Works, spends 38% of their income on food and 45% of their income on rent, with only \$461.97 leftover per month.

.../2

A single person on the Ontario Disability Support Program spends 29% of their income on food, and 62% of their income on rent per month, with only \$121.24 remaining for other basic needs.

The COVID-19 pandemic and the continuous rise in inflation, including the cost of food, is only working to increase rates of food insecurity. Income-based policies, such as providing a basic income guarantee, increasing minimum wage to a living wage, indexing social assistance rates to inflation and the costs of living, and reducing income tax for low-income households, can be effective solutions.

The Ontario government can play a significant role in supporting healthy public policies to address food insecurity and ensure all individuals have the opportunity to reach their full health potential. We appreciate your attention on this important issue.

Sincerely,

Original signed by

Brock McGregor
Chair, Chatham-Kent Board of Health

Copy to:

Hon. Monte McNaughton, MPP, Lambton-Kent-Middlesex, Minister of Labour, Training and Skills Development

Trevor Jones, MPP, Chatham-Kent-Leamington

Association of Municipalities of Ontario (AMO)

Loretta Ryan, Executive Director, Association of Local Public Health Agencies (aLPHa)

Chatham-Kent Municipal Council

Ontario Boards of Health

Attachment: CK Public Health staff report titled Food Insecurity and the 2022 Nutritious Food Basket

Municipality of Chatham-Kent

Community Human Services

Public Health Unit

Information Report

To: Board of Health

From: Sharmini Balakrishnan, MPH, RD
Public Health Nutritionist

Date: February 27, 2023

Subject: Food Insecurity and the 2022 Nutritious Food Basket

This report is for the information of the Board of Health.

Background

Monitoring of food affordability is important to understand the local context and needs. The Population Health Assessment and Surveillance Protocol (2018) includes a requirement for boards of health to monitor food affordability at a local level. Further guidance is provided in the Monitoring Food Affordability Reference Document (2018).

Nutritious Food Basket

This is the twenty-first year that Chatham-Kent Public Health (CKPH) has completed the Nutritious Food Basket (NFB); a survey of grocery stores that monitors the affordability of food¹. Due to the COVID-19 pandemic, CKPH was unable to complete the NFB from 2020-2021.

The NFB contains 61 items that together form a nutritious diet based on the 2019 Canada's Food Guide (CFG)¹. There are several assumptions made including that individuals have the time, ability, food skills, and equipment to prepare meals from scratch; that consumers have access to stores, literacy, and language skills to shop for the lowest priced items; and that they shop every one to two weeks (which impacts package sizes purchased). As well, cultural and other preferences are not considered. The results generate the cost of eating a nutritious diet with 5% added to account for miscellaneous foods used in meal preparation, such as spices, condiments, and tea.

An updated standardized survey tool and methodology was developed by the Ontario Dietitians in Public Health (ODPH) in partnership with Public Health Ontario (PHO), to ensure a consistent tool was used to monitor food affordability across Ontario. In 2022, this new methodology was piloted. The changes involve an updated list of foods that are informed by the CFG, as well as a hybrid in-store/online food costing process in

response to COVID-19. This has allowed for more accuracy and flexibility when collecting and analyzing data. As such, the 2022 NFB survey results will serve a new baseline, and should not be compared to previous years' results.

Food Insecurity

“Food Insecurity” is used interchangeably with “Household Food Insecurity” throughout this report.

Household food insecurity (HFI) is the inadequate or insecure access to food due to financial constraints⁴. It is rooted in poverty: inadequate and insecure income, and material deprivation⁴. HFI is a serious public health issue nationally, provincially, and specifically in the Chatham-Kent (CK) region, and has been amplified by the economic downturn due to the ongoing COVID-19 pandemic.

In 2019, the Canadian Income Survey (CIS), an annual cross-sectional survey examining income and income sources of Canadians, started collecting information on food insecurity using the Household Food Security Survey Module (HFSSM)⁴. As well, moderate and severe food insecurity were added as indicators on the poverty dashboard. In the past, HFI was measured by the HFSSM in the Canadian Community Health Survey (CCHS)⁴.

Those most impacted by HFI are low-income groups, which includes those earning minimum wage and people who receive social assistance⁴. In Ontario, 48.2% of food insecure households relied on employment as their main source of income. This reflects the nature of precarious and low-paying jobs, and multi-person households with a single income-earner. As well, with almost 7 in 10 households on social assistance being food insecure, this shows that current social assistance programs are inadequate for tackling food insecurity⁴.

Food insecurity worsened during the COVID-19 pandemic and emphasized the need for increased financial support for low-income households⁵. The CIS suggests that although HFI remained relatively the same between 2019 and 2021, this could be explained by the provincial and federal income supports, wage subsidies, and economic disruptions during that time⁴.

Food insecurity significantly impacts mental and physical health and well-being⁴. People living in food insecure households are more likely to be diagnosed with chronic diseases, including mental health disorders, non-communicable diseases, and infections. This leads to increased public expenditures on the healthcare system⁴.

Research suggests emergency food programs are important community services, but they are not an effective long-term solution to food insecurity⁶ because they do not address the root cause⁴. However, an income-based response can work to effectively resolve food insecurity and improve health^{2,7}. For example, federal income supports for older adults, such as the Old Age Security and Guaranteed Income Supplement, have been shown to decrease food insecurity rates by 50% for those over 65 years of age⁸.

Comments

According to the most recent data, almost 20% of households in Chatham-Kent (one in five) are food insecure⁹, meaning they either worried about running out of food and/or had limited food selection, compromised the quality and/or quantity of food, missed meals, reduced food intake, or at the extreme end, went a day or more without food, all due to lack of money to purchase food.

In 2022, the cost of feeding a family of four in Chatham-Kent was \$1050.36/month or \$242.58/week. In June 2022, NFB data was collected from six different grocery stores in both urban and rural settings. Due to the timing of collection, the results will not reflect inflationary or other increases in food costs since that time.

The ODPH Food Insecurity Workgroup Income Scenario Tool has been utilized to help put the NFB results into a realistic context. The following table outlines the scenarios for various households in CK.

Monthly Expenses	One Person, Ontario Works	One Person, Ontario Disability Support Program	Family of Four, Ontario Works ⁱ	Family of Four, full time minimum wage earner ⁱⁱ	Family of Four, median income (after tax) ⁱⁱⁱ
Total income^a	\$863	\$1309	\$2760	\$3973	\$9323
Average rent (utilities included)^b	\$614 *bachelor	\$807 *One bedroom	\$1247.67 *Three bedroom	\$1247.67 *Three bedroom	\$1247.67 *Three bedroom
Cost of food^c	\$380.76	\$380.76	\$1050.36	\$1050.36	\$1050.36
Leftover income for other basic expenses	-\$131.76	\$121.24	\$461.97	\$1674.97	\$7024.97
% Income for rent	71%	62%	45%	31%	13%
% Income for food	44%	29%	38%	26%	11%

a Includes benefits and credits after tax

b Rental costs from Canada Mortgage and Housing Corporation (October, 2021)

c 2022 Chatham-Kent Nutritious Food Basket

i 2 Adults on OW

ii 1 earner, 40hr/wk, \$15/hr (May 2022)

iii Income from employment based on median after-tax income- couples with children. EI and CPP contributions are calculated using median total income- couples with children. Dual income family with a split of 65% / 35% between partners.

Families and individuals living on low incomes in Chatham-Kent face significant financial pressures with little, if any, money left over to cover other monthly expenses after paying for food and rent. In general, food in Chatham-Kent is more affordable for residents with adequate incomes. A family of four with median income spends approximately 11% of their after tax income on food, compared to those on Ontario works where a single person spends 44% and a family of four spends 38% of their income on food.

Studies suggest that food insecurity is primarily associated with inadequate income and household financial constraints, not food cost. As a result ODPH has focused their most recent advocacy efforts on adopting income-based policy solutions in an effort to reduce food insecurity (Appendix A). This includes recommendations for increasing social assistance and minimum wage rates to reflect the cost of living and inflation, and reducing income tax rates for the lowest income households.

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	Healthy & Safe Community	People & Culture	Environmental Sustainability
	2.1, 2.2., 2.3		

Consultation

While consultation was not required to produce this information report, the results will be shared with relevant stakeholders and they would be consulted through established Health Unit processes to help inform future nutrition program planning.

Communication

The results from the NFB will be shared with the Chatham-Kent community through the CK Public Health website and related communication materials including an infographic and report on “Food Insecurity in Chatham-Kent”. These communications will also be shared with community stakeholders, such as the Chatham-Kent Food Policy Council, United Way of Chatham-Kent, and the Chatham-Kent Prosperity Roundtable. Dietitians at CK Public Health will utilize the information to aid in program monitoring and evaluation, and to increase staff and community awareness and education related to food insecurity.

Diversity, Equity, Inclusion and Justice (DEIJ)

This report highlights the cost of eating a nutritious diet based on different household income scenarios. By monitoring food affordability the Board of Health, along with other community partners and stakeholders, can have a better understanding of the impacts of household income on healthy eating behaviours and help inform the development of local programs, services, and healthy public policy to address health inequities.

Financial Implications

There are no financial implications resulting from this information report.

Prepared by:

Sharmini Balakrishnan, MPH, RD
Public Health Nutritionist

Reviewed by:

Chris Sherman
Program Manager, Chronic Disease and Well Being

Teresa Bendo, MBA
Director, Public Health

April Rietdyk, RN, BScN, MHS, PhD PUBH
General Manager
Community Human Services

Attachment: Appendix A-Letter to Premier Ford, Minister Jones, and Minister Fullerton regarding household food insecurity

-
1. Government of Canada. (2019). 2019 National Nutritious Food Basket Reference Guide. Retrieved from: <https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/national-nutritious-food-basket/contents.html>
 2. Power E, Belyea S, Collins P. "It's not a food issue; it's an income issue": Using Nutritious Food Basket costing for health equity advocacy. Can J Pub Health, 2019;110:294-302. Available from: <https://doi.org/10.17269/s41997-019-00185-5>
 3. Statistics Canada. Consumer Price Index, Annual Review. Retrieved 10 February 2023 from <https://www150.statcan.gc.ca/n1/daily-quotidien/230117/dq230117b-eng.htm>

4. Tarasuk V, Li T, Fafard St-Germain AA. (2022) Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>
5. Men F, Tarasuk V. (2021). Food insecurity amid the COVID-19 pandemic: food charity, government assistance and employment. Canadian Public Policy 2021; Published online. Available from: <https://www.utpjournals.press/doi/abs/10.3138/cpp.2021-001>
6. Tarasuk V, McIntyre L. (2020, April 28). Food banks can't adequately address COVID -19 food insecurity. Policy Options. [cited: 2023 February 10]. Available from: <https://policyoptions.irpp.org/magazines/april-2020/food-banks-cant-adequately-address-covid-19-food-insecurity/>
7. Ontario Dietitians in Public Health. (2020). Position Statement and Recommendations on Responses to Food Insecurity. Available from: odph.ca.
8. McIntyre, L., Dutton, D. J., Kwok, C., & Emery, J. H. (2016). Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed annual income. Canadian Public Policy, 42(3), 274-286.
9. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Household food insecurity estimates from the Canadian Income Survey: Ontario 2018-2020. Toronto, ON: King's Printer for Ontario; 2023.

October 27, 2022

Hon. Doug Ford, Premier of Ontario via email: doug.fordco@pc.ola.org

Hon. Sylvia Jones, Deputy Premier and Minister of Health via email: sylvia.jones@pc.ola.org

Hon. Merrilee Fullerton, Minister of Children, Community and Social Services via email:
Merrilee.Fullertonco@pc.ola.org

Dear Premier Ford, Deputy Premier and Minister Jones, and Minister Fullerton:

[Ontario Dietitians in Public Health](#) (ODPH) is the independent and official voice of Registered Dietitians working in Ontario's public health system. We are writing to you, as newly re-elected leaders of the Province of Ontario, to express serious concern about the **2.34 million Ontarians who experienced household food insecurity in 2021**.¹ The situation has undoubtedly worsened in 2022 with an extraordinary rate of food inflation. In Ontario, the price of food purchased from stores in September 2022 was 11.5% higher than in September 2021², rising at a rate not seen since the early 1980s.

Household food insecurity (HFI) is inadequate or insecure access to food due to household financial constraints. **HFI is an urgent public health, human rights, and social justice problem that, if not addressed, will continue to have serious consequences to Ontario's economic progress as well as the health and well-being of citizens.** We strongly urge the Ontario government to adopt policies, as outlined in *Provincial Policy Levers to Reduce Household Food Insecurity*³, proven to effectively reduce HFI:

- Higher minimum wage rates
- Increasing social assistance rates
- Reducing income tax rates for the lowest income households.

The health consequences of food insecurity are a large burden on our province's healthcare system. Not being able to afford food has serious adverse effects on people's physical and mental health and the ability to lead productive lives. Ontarians living with food insecurity are at greater risk for numerous chronic conditions including mental health disorders, non-communicable diseases (e.g., diabetes, hypertension and cardiovascular disease), and infections.¹ People who have chronic conditions and are food insecure are more likely to have negative disease outcomes, be hospitalized, or die prematurely.¹ Policies that effectively reduce food insecurity could offset considerable public expenditures on healthcare in Ontario.

Ontarians receiving social assistance have an extremely high risk for food insecurity. In 2021, 67.2% of Ontario households reliant on social assistance were food insecure.¹ Benefits are inadequate to meet recipients' basic needs. **When people are not able to meet their basic needs, they cannot achieve the physical, mental and social well-being needed to sustain long-term employment.** In a province as wealthy as Ontario, it is unacceptable and unjust that Ontario Works (OW) rates are not based on the actual costs of living, are not indexed to inflation, and do not protect vulnerable citizens from living in dire situations without the money they need to buy food. While Ontario Disability Support Program (ODSP) rates have increased by 5% and are now indexed to inflation, this is nowhere near enough to protect ODSP recipients from food insecurity.

Having a job is not necessarily protective against food insecurity. In 2021, 48.2% of food insecure households in Ontario reported wages, salaries, or self-employment as their household's main source of income.¹ The high prevalence of food insecurity among those in the workforce reflects precarious and low-paying jobs and multi-person households with a single income-earner.⁴

Food charity is NOT a solution to the problem of HFI. Food banks may provide temporary food relief but do not address the persistent problem of inadequate income.⁵ Only about one-quarter of households experiencing food insecurity go to food banks and for those who do use them, food insecurity does not go away.⁶

Individuals and families struggling to put food on the table also struggle to afford other basic needs. HFI is a sign of deprivation, rooted in inadequate and unstable incomes that have not kept pace with the costs of living. ODPH strongly encourages the Government of Ontario to adopt income-based policy solutions that effectively reduce food insecurity. You have the power to make our province a better place for all Ontarians to lead healthier and happier lives.

Sincerely,



Elizabeth Smith
Co-Chair ODPH Executive



Erin Reyce, RD
Co-Chair, Food Insecurity Workgroup

cc.

Peter Tabuns, MPP Toronto–Danforth, Leader, Official Opposition and Leader, New Democratic Party of Ontario via email tabunsp-qp@ndp.on.ca

France Gélinas, MPP Nickel Belt, Health Critic via email: gelinasp-qp@ndp.on.ca

Chandra Pasma, MPP Ottawa–West Nepean, Poverty and Homelessness Reduction Critic via email: CPasma-CO@ndp.on.ca

Laura Mae Lindo, MPP Kitchener–Centre, Anti-Racism and Equity Critic via email: LLindo-QP@ndp.on.ca

Monique Taylor, MPP Hamilton Mountain, Children, Community and Social Services Critic via email: MTaylor-QP@ndp.on.ca

John Fraser, MPP Ottawa South, Interim Leader of the Ontario Liberal Party via email: jfraser.mpp.co@liberal.ola.org

Mike Schreiner, MPP Guelph, Leader of the Green Party of Ontario via email: mschreiner@ola.org

Loretta Ryan, Executive Director, Association of Local Public Health Agencies via email: loretta@alphaweb.org

John Atkinson, Executive Director, Ontario Public Health Association via email: jatkinson@opha.on.ca

References:

1. Tarasuk V, Li T, Fafard St-Germain AA. (2022). Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved 20Sept2022 from <https://proof.utoronto.ca/>.
2. Statistics Canada. Table 18-10-0004-03 Consumer Price Index, monthly, percentage change, not seasonally adjusted, Canada, provinces, Whitehorse and Yellowknife — Food DOI: <https://doi.org/10.25318/1810000401-eng>.
3. Food Insecurity Policy Research (PROOF). Provincial Policy Levers to Reduce Household Food Insecurity [webpage online]. Retrieved 20Sept2022 from: <https://proof.utoronto.ca/resource/provincial-policy-levers-to-reduce-household-food-insecurity/>.
4. Tarasuk V. Implications of a basic income guarantee for household food insecurity. Northern Policy Institute – Research Paper No. 24. Retrieved 20Sept2022 from: <https://proof.utoronto.ca/wp-content/uploads/2017/06/Paper-Tarasuk-BIG-EN-17.06.13-1712.pdf>.
5. Ontario Dietitians in Public Health. (2020). Position Statement and Recommendations on Responses to Food Insecurity. Retrieved 20Sept2022 from https://www.odph.ca/upload/membership/document/2021-04/ps-eng-corrected-07april21_3.pdf.
6. Food Insecurity Policy Research (PROOF). What can be done to reduce food insecurity in Canada? [webpage online]. Retrieved 20Sept2022 from: <https://proof.utoronto.ca/food-insecurity/what-can-be-done-to-reduce-food-insecurity-in-canada/>.

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2023 April 20

MONITORING FOOD AFFORDABILITY AND IMPLICATIONS FOR PUBLIC POLICY AND ACTION

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 25-23, re: “Monitoring Food Affordability and Implications for Public Policy and Action” for information; and*
- 2) *Forward Report No. 25-23 re: “Monitoring Food Affordability and Implications for Public Policy and Action” to Ontario boards of health, the City of London, Middlesex County, and appropriate community agencies.*

Key Points

- Local food affordability monitoring is a requirement of the [Ontario Public Health Standards](#).
- The 2022 Nutritious Food Basket survey results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs.
- Food insecurity has a pervasive impact on health; and there is a need for income-based solutions.

Background and 2022 Nutritious Food Basket Survey Results

Food insecurity, defined as inadequate or insecure access to food due to financial constraints, is a key social determinant of health¹. In 2020, approximately one in five households in Middlesex-London were food insecure². Food insecurity is associated with an increased risk of a wide range of challenges to physical and mental health, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress³⁻¹⁰ ([Appendix A](#)).

Routine monitoring of food affordability helps generate evidence-based recommendations for collective public health action to address food insecurity and income inadequacy. The [Ontario Public Health Standards](#) require monitoring local food affordability as mandated in the [Population Health Assessment and Surveillance Protocol, 2018](#). The Nutritious Food Basket (NFB) is a survey tool that measures the cost of eating as represented by current national nutrition recommendations and average food purchasing patterns.

Local food affordability monitoring was paused in 2020 and 2021 due to the COVID-19 pandemic. In 2022, MLHU staff participated in the provincial pilot testing of the Ontario Dietitians in Public Health’s (ODPH) new costing tool using a hybrid model of in-store and online data collection.

In May 2022, using the ODPH tools, the estimated local monthly cost to feed a family of four was \$1,084 ([Appendix B](#)). In Ontario, according to the Consumer Price Index, the price of food purchased from stores in January 2023 was 10.1% higher than in January 2022, rising at an annual rate not seen since the early 1980s¹¹.

Local monthly food and average rental costs are compared to a variety of household and income scenarios, including households receiving social assistance, minimum wage earners, and median incomes (see Appendix B). The scenarios include food and rent only and are not inclusive of other needs (i.e., utilities, Internet, phone, transportation, household operations and supplies, personal care items, clothing etc.). Households with low incomes spend up to 45% of their after-tax income on food, whereas, Middlesex-London residents who have adequate incomes (family of 4) need to spend approximately 12% of their after-tax income. The scenarios highlight that Middlesex-London residents with low incomes cannot afford to eat after meeting other essential needs for basic living. Unfortunately, this demonstrates that incomes and social assistance rates have not kept pace with the increased cost of living.

Opportunities

Upstream-level approaches that address the systems that create and maintain food insecurity, including income inadequacy and poverty, are the most effective in reducing food insecurity¹.

In October 2022, the ODPH urged the Ontario government to adopt income-based policy solutions that effectively reduce food insecurity. These solutions may include higher minimum wage rates, increasing social assistance rates, and reducing income tax rates for the lowest income households. Additionally, ODPH submitted a resolution to advocate for increased social assistance rates to address food insecurity for consideration at alpha's Annual Conference in June 2023. MLHU registered dietitians continue to work locally, regionally and provincially with public health counterparts and community partners and will explore potential healthy public policy priorities in this area over the upcoming year.

Healthy Living Division staff will complete and submit the results of 2023 local food affordability monitoring to the Board of Health in Q4 2023.

This report was submitted by the Healthy Living Division.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health



Emily Williams, BScN, RN, MBA, CNE
Chief Executive Officer



OFFICE OF THE MAYOR
CITY OF HAMILTON

April 3, 2023

VIA: Mail and Email

ATTN: Hon. Sylvia Jones
Minister of Health
Ministry of Health
5th Floor
777 Bay Street
Toronto, ON M7A 2J3
Sylvia.Jones@pc.ola.org

**RE: 2023 PHS Annual Service Plan & Budget Submission; Support for
Sufficient, Stable and Sustained Funding for Local Public Health
Agencies**

Dear Hon. Sylvia Jones,

The Board of Health (BOH) for the City of Hamilton Public Health Services is committed to achieving our mandate of keeping Hamiltonians healthy, preventing disease, and reducing health inequities as articulated in the Ontario Public Health Standards (OPHS). However, we have concerns about our ability to meet the growing needs of our community with current provincial funding. At its meeting on March 20, 2023, the BOH endorsed the following recommendations included in Board of Health Report BOH23011:

- That the Board of Health reiterate their call to the Ministry of Health to fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the Ontario Public Health Standards;

- That the Board of Health reiterate their call to the Ministry of Health to continue the current mitigation funding until such time as the cost-shared arrangement is restored to 75%/25% for all cost-shared programs and that the Province once again assumes 100% funding for those programs identified as such in the public health budget for 2018-2019; and,
- That the Board of Health call on the Ministry of Health to include expectations for on-going COVID-19 response in the Ontario Public Health Standards and provide permanent funding to sustain these requirements.

As with other health units across the province, the deployment of significant Hamilton Public Health Services (HPHS) staff to the COVID-19 emergency response for over 2.5 years meant less ability to focus on other important public health issues. This impacted service delivery in many program areas and resulted in service backlogs and deficits of care in our community. Now that we have emerged from the crisis phase of the COVID-19 response, HPHS has been working to resume OPHS-mandated programs and services and address the deficits of care, while also continuing to respond to COVID-19. In addition, many long-standing health issues have been worsened by the COVID-19 pandemic and require focus and attention in planning and resourcing in order to achieve significant gains. HPHS has identified priority action areas to address Hamilton's priority population health needs of child and youth healthy growth and development, climate change, health equity, and mental health and substance use.

In October 2021, Hamilton's previous BOH wrote to the previous Health Minister endorsing letters from Peterborough Public Health and the Haliburton, Kawartha, Pine Ridge District Health Unit identifying the need for additional ongoing support as Ontario's public health units continued to respond to the COVID-19 pandemic. Specifically, support was requested to relieve the following financial pressures:

- Increased wage, benefit and operational costs due to inflation;
- New and expanded programs that were added to the OPHS;
- Resources required to address deficits of care;
- Increased demand for public health services to support community pandemic recovery; and,
- Continued support for COVID-19 response.

In 2022, the Association of Local Public Health Agencies (ALPHA) submitted a report to the provincial government to further demonstrate the need for additional investments in public health required to clear the service backlog, resume routine programs and services, and maintain an effective pandemic response. Recently, as part of their 2023 pre-budget submission, ALPHA re-iterated their call to the Province to immediately revert to the 75%/25% provincial-municipal public health cost-sharing formula, along with a pledge to continue 100% funding for programs that have been traditionally underwritten by the Province. Furthermore, in his 2022 Annual Report entitled "Being Ready, Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics" the Chief Medical Officer of Health calls for sustained investments in strengthening the

public health sector to ensure preparedness. Hamilton's BOH endorses these calls for sufficient and sustained funding for public health and agrees that it is more efficient and effective to invest in preparedness than to pay the much higher and heavier costs of being unprepared.

Through HPHS' 2023 ASPB submission it has been assessed that even with the provincial mitigation funding, the anticipated provincial subsidy will only be approximately 70% of the total costs of mandatory programs in 2023, a shortfall of \$2.3M. With the mitigation funding expected to end in 2023, HPHS will have substantial cost pressures in 2024 and beyond. For HPHS to fully address Hamilton's priority population health needs, restoration of the mixed 75%/25% Provincial/Municipal and 100% Provincial funding model is required.

Additionally, COVID-19 requires dedicated resources to sustain the on-going response, including case and contact management, outbreak management, infection prevention and control, immunization, surveillance, communication, pandemic preparedness and enforcement activities. The Hamilton BOH agrees with aPHa that language in the public health mandate (i.e., OPHS) and permanent funding is required to sustain these efforts.

Realizing these substantial cost pressures in 2023 and beyond, the Hamilton BOH urges the provincial government to:

- Fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the OPHS;
- Continue the current mitigation funding until such time as the cost-shared arrangement is restored to the mixed 100% and 75%/25% model as it was in the public health budget for 2018-2019; and,
- Include expectations for on-going COVID-19 response in the OPHS and provide permanent funding to sustain these requirements.

The work of public health, done in collaboration with local partners and within the broader public health system, results in a healthier population that contributes to a stronger economy while preserving costly and scarce health care resources. For the health of our population, it is critical that public health be adequately resourced. A clear commitment by the Province to developing a process that ensures timely, predictable and sufficient funding is needed. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years.

Our Medical Officer of Health, Dr. Elizabeth Richardson, would be happy to meet with your staff to discuss this further as well.

Sincerely,

A handwritten signature in blue ink, appearing to read "Andrea Horwath", with a stylized flourish at the end.

Andrea Horwath

Mayor

City of Hamilton

CC:

Hon. Neil Lumsden, MPP, Hamilton East – Stoney Creek

Monique Taylor, MPP, Hamilton Mountain

Sarah Jama, MPP, Hamilton Centre

Sandy Shaw, MPP, Hamilton West-Ancaster-Dundas

Donna Skelly, MPP, Flamborough-Glanbrook

Council of Ontario Medical Officers of Health

Association of Local Public Health Agencies (alPHa)

Ontario Boards of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Q1 2023 Program Report
DATE:	May 10, 2023
PREPARED BY:	Hallie Atter, Acting Director, Health Promotion Division Donna Churipuy, Director, Health Protection Division & Chief Nursing Officer
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the Q1 2023 Program Report for information.

ATTACHMENTS:

- a. [Q1 2023 Program Report](#)

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Q1 2023 Status Report (January 1 – March 31, 2023)
DATE:	May 10, 2023
PREPARED BY:	Donna Churipuy, Director, Health Protection Division Hallie Atter, Acting Director, Health Promotion Division Larry Stinson, Director of Operations Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the report, Q1 2023 Status Report (January 1 – March 31, 2023), for information.

SUMMARY

Summary of Key Issues from the Medical Officer of Health

Accomplishments:

- Recovery of important core public health programs including: Immunization of School Pupils Act activities, completion of high-risk food premises and small drinking water system inspections;
- Implementation of electronic health record in key clinical program areas to improve efficiency in documentation and program delivery;
- Initiation of transition to SharePoint for more secure and cost-effective cloud-based data storage across the organization;
- Change management training completed for management team;

Challenges:

- Management capacity and staff well-being;
- Recruitment and retention of staff, in particular in short contracted positions;

PROGRAM TRACKER

Status of Mandated Programs and Requirements

Ontario Public Health Standard Mandated Programs	# Requirements Compliant Q1 2023	# Requirements Compliant Q4 2022
Program Standards		
Chronic Disease Prevention and Well-Being	4/5	3/5
Food Safety	5/5	3/5
Healthy Environments	10/11	5/11
Healthy Growth and Development	2/3	1/3
Immunization	10/10	7/10
Infectious and Communicable Diseases Prevention and Control	21/21	20/21
Safe Water	8/8	7/8
School Health	9/10	1/10

Substance Use and Injury Prevention	3/4	1/4
Foundational Standards		
Population Health Assessment	6/6	4/6
Health Equity	4/4	2/4
Effective Public Health Practice	8/9	5/9
Emergency Management	1/1	0/1
Non-OPHS Mandated Programs	Status	Status
Infant and Toddler Development	ME	ME
Safe Sewage Disposal	ME	ME

ME: Meeting Expectations PME: Partially Meeting Expectations

Link to [Ontario Public Health Standards](#)

PROGRAM SUMMARIES

Chronic Disease Prevention and Well-Being

Program Compliance:

Requirement #2: Due to capacity, implementing programs of public health interventions that address chronic disease risk and promote protective factors is limited to healthy eating behaviours and oral health.

Healthy Environments

Program Compliance:

Requirement # 6: Implementing a program of PH interventions to promote healthy built & natural environments has been deprioritized to complete climate change work.

Healthy Growth and Development

Program Compliance

Requirement #2: Due to capacity, implementing programs of public health interventions to support healthy growth and development are focused on Adverse Childhood Experiences.

School Health

Program Compliance

Requirement #7: Due to capacity and prioritization of other activities, vision screening will not be completed in 2023.

Substance Use and Injury Prevention

Program Compliance

Requirement #2: Due to capacity, implementing programs of public health interventions that address substance use and preventable injuries is focused on opioid poisonings.

Foundational Standards

Program Compliance

Requirement#2: Due to ongoing capacity building within the team (hiring) and program readiness for evaluation planning, not meeting minimum requirement. Further progress is expected in Q2 once positions are filled.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Q1 2023 Strategic Plan Report
DATE:	May 10, 2023
PREPARED BY:	Donna Churipuy, Director, Health Protection Division & Chief Nursing Officer Hallie Atter, Acting Director, Health Promotion Division Larry Stinson, Director of Operations
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the Q1 2023 Strategic Plan Report for information.

ATTACHMENTS:

- a. [Q1 2023 Strategic Plan Report](#)

Strategic Plan – Board of Health Q1 Reporting (January – March 2023)

Reference: PPH Strategic Plan 2023-25

Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-6)*	Status**	Brief Description of Activities – Q1
Our Team	Healthy Organizational Culture	7	Initiated	<ul style="list-style-type: none"> • Developed Theory of Change with identified short, medium & long-term outcomes • Established logic model to guide evaluation, prioritization, & measurement goals • Identified principles and guiding frameworks to achieve long-term impact • Preliminary prioritization and action plan developed
	Staff Wellbeing and Development	8	Initiated	<ul style="list-style-type: none"> • Developed Theory of Change with identified short, medium & long-term outcomes • Established logic model to guide evaluation, prioritization, & measurement goals • Initiated implementation of SharePoint to enhance document and information management practices • Identified principles and guiding frameworks to achieve long-term impact • Preliminary prioritization and action plan developed
	Effective Teams	9	Initiated	<ul style="list-style-type: none"> • Developed Theory of Change with identified short, medium & long-term outcomes to guide evaluation, prioritization, & measurement goals • Identified principles and guiding frameworks to achieve long-term impact • Preliminary prioritization and action plan developed

Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-6)*	Status**	Brief Description of Activities – Q1
Our Community	Drug Poisoning Crisis	3, 4, 5	Initiated	<ul style="list-style-type: none"> With community partners, development initiated for an evidence-based scorecard to identify gaps in strategies and report progress in addressing the opioid poisoning crisis <ul style="list-style-type: none"> Connections re-established with First Nation Health Departments to support harm reduction efforts With partners, have initiated activities to engage people who use drugs to inform the response to the drug poisoning crisis
	Adverse Child Experiences (ACEs) Prevention & Child Development	1, 2, 3, 4, 5	Initiated	<ul style="list-style-type: none"> In partnership with Haliburton, Kawartha, Pine Ridge District Health Unit, preliminary planning for nurse-family partnership pilot program completed Organizational framework for the primary prevention of ACEs completed Resumption of participation in strategic provincial and community networks in this program area
	Climate Change	3, 4, 6	Initiated	<ul style="list-style-type: none"> Climate Change and Health Vulnerability and Adaptation Assessment/Community Plan started Currently updating extreme heat and extreme cold emergency sub-plans Internal and external Climate Change Communication Plans initiated External Advisory Group with key stakeholders/project members re-established and participation in strategic community networks resumed
Our System	Partners in Health Equity	3, 4	Initiated	<ul style="list-style-type: none"> Facilitated Peterborough Interagency Pandemic Response Table meetings and transition planning towards sustainable health sector emergency preparedness

Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-6)*	Status**	Brief Description of Activities – Q1
				<ul style="list-style-type: none"> Met with the City and County Community Emergency Management Coordinators to re-establish an all-hazards community emergency preparedness table Avian Influenza pandemic contingency plan revised Participation in the Peterborough Ontario Health Team Steering Committee, and Primary Care and Digital Health working group meetings Participation on Council of Medical Officers of Health (COMOH) Ontario Health Team (OHT) sub-committee for public health unit coordination Meetings and support to the Peterborough Family Health Team resulted in the establishment of the Well-Baby Clinic for unattached infants and toddlers Support provided for actions in the Community Safety and Well-being Plan Development, implementation, and analysis of pilot outreach project regarding health needs of people experiencing homelessness Participating in a community partnership led by Ajah/Trent University to improve homelessness/shelter data sharing opportunities.
	Indigenous Allyship	3, 4, 5	Initiated	<ul style="list-style-type: none"> Indigenous Health Advisory Circle 2023 Action Plan drafted Peterborough Regional Health Centre engaged for discussion on health experiences of Indigenous patients
	Public Health System	4	Initiated	<ul style="list-style-type: none"> History of Modernization included in Board orientation session & orientation materials <p>Presentation on public health system and PPH Board position paper on modernization provided to staff in March 2023</p>

***DESIRED LONG-TERM CHANGES FOR 'OUR COMMUNITY' AND 'OUR SYSTEM' (7-10 YEARS)**

- 1- Individual basic needs (e.g., income, housing, food security) are being met;
- 2- Children's developmental needs are being met;
- 3- Community programs and services are driven by relevant data, are evidence-informed and oriented to the needs of priority populations;
- 4- Organizations, associations and institutions from various sectors are working together to influence health-enhancing policy;
- 5- The voices and actions of the people most affected are shaping organizational and public policy;
- 6- Populations most vulnerable to health hazards and changes in the physical and natural environment are protected

LONG-TERM CHANGES FOR 'OUR TEAM'

7 – Healthy Organizational Culture

- Organizational decisions are clear, consistent, transparent & evidence-based.
- Shared purpose & values.
- Increased diversity among staff.
- Culture of safety.
- Good governance.

8 – Staff Wellbeing & Development

- Staff pursue opportunities for ongoing learning, development, & effective practice.
- Increased mental & physical wellbeing.
- Accomplishments are recognized and celebrated.

9- Effective Teams

- Coaching-based leadership is consistently practiced by all managers.
- Teamwork & interdisciplinary practice
- Commitment to learning, continuous quality improvement & impact
- A flexible & adaptable workforce.
- Effective conflict resolution.

****STATUS:**

Not yet Initiated: Planning has not yet begun. Specific actions not yet developed.

Initiated: Planning has begun, such as initial planning discussions and the development of specific actions to achieve desired outcomes.

Implemented: Planned actions are being carried out. Actions planned as part of the activities for the reporting period (e.g., strategies, initiatives, products and/or services) are in process and/or are on-going.

Completed: Activities and/or deliverables planned for current year are fully completed and no longer require any action. Note: This is not meant to be a status indicator for specific activities but overall status across the work plan for various goals.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Indigenous Health Advisory Circle Report
DATE:	March 8, 2023
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Elizabeth Stone, Circle Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive meeting minutes of the Indigenous Health Advisory Circle (IHAC) from February 28, 2023 for information

BACKGROUND

IHAC held its last meeting on April 28, 2023. At that meeting, this item was requested to come forward the Board of Health.

ATTACHMENTS

- a. [IHAC Minutes, Feb. 28/23](#)

**Indigenous Health Advisory Circle
MINUTES
Tuesday, February 28, 2023 – 2:30 – 4:00 p.m.
Anstruther Lake Room, 2nd Floor, PPH**

Present: Ms. Barbara Card (virtual)
Ms. Angela Connors (virtual)
Councillor Dave Haacke (virtual)
Councillor Nodin Knott (virtual)
Councillor Joy Lachica
Professor David Newhouse (virtual)
Ms. Ashley Safar (virtual, joined at 2:51 p.m.)
Ms. Elizabeth Stone (virtual)
Councillor Kathryn Wilson (virtual)

Regrets: Ms. Rebecca Watts

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

1. Call to Order

Dr. Piggott called the Indigenous Health Advisory Circle meeting to order at 2:32 p.m.

2. Welcome and Introductions

3. Election of IHAC Chair and Vice Chair

The following leadership positions were supported by Circle members for 2023:

- Circle Chair – Elizabeth Stone
- Circle Vice Chair – David Newhouse

4. Confirmation of the Agenda

5. Minutes of the Previous Meeting

5.1. December 12, 2022

The minutes from December 12, 2022 were approved. **ACTION: The minutes will be circulated to the Board of Health at its next meeting.**

6. Items Arising From the Minutes

6.1. Committee Appointments

RECOMMENDATION:

That the Indigenous Health Advisory Circle 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**
- Approved.**

7. New Business

7.1. Review Terms of Reference

The Terms of Reference was reviewed, no changes were recommended.

7.2. Identification of Work Plan Items for 2023

- Dr. Piggott reviewed the [goals](#) within the 2023-25 PPH Strategic Plan which are of relevance to the Circle:
 - a. *Practise active allyship for Indigenous cultural perspectives to harm reduction and the response to the drug poisoning crisis.*
 - b. *Re-launch and support community climate change engagement work with particular attention to Indigenous-led initiatives.*
 - c. *Work with local municipal and First Nation partners to address health inequities in local planning and policies, in particular in relation to housing and mental health.*
 - d. *Amplify Indigenous and Indigenous government voices relating to health issues, with particular attention to addressing health system experiences with anti-Indigenous racism.*
 - e. *Continue to promote the critical importance of the Health Protection and Promotion Act section 50 participation of First Nations in Peterborough Public Health governance and the Indigenous Health Advisory Circle.*
 - f. *Support increased representation of Indigenous peoples on important committees related to our work scope.*
- From this list, staff teams will be responsible for items a - c, and it is expected that IHAC will be consulted on these, as appropriate.

- IHAC will 'champion' (i.e., be responsible and report back to the Board of Health on progress) on items d - f, and these will be incorporated into the work plan for 2023 and beyond.
- Indigenous Knowledge and Environmental Issues:
 - Liz shared that the Peterborough area was selected as a 'regional centre of excellence' following a proposal from Trent and Fleming. Annual work occurs, and progress on sustainable development goals are tracked.
ACTION: Liz will share this work with IHAC for information.
 - Liz noted that it would be helpful to have PPH at the table for these discussions, or perhaps sponsor a meeting to bring the various Indigenous stakeholders together to discuss what their priorities are (e.g., clean water, clean streets) and identify other Indigenous-led initiatives. Inviting elders would be an important component of this meeting.
 - Dr. Piggott shared that an internal staffing team would lead this work, and he suggested that team members attend a future IHAC meeting to obtain further input. **ACTION: Hallie to relay this request to staff, this will be scheduled accordingly.**
- Data:
 - Professor Newhouse recommended that staff refer to [First Nations Health Regional Surveys](#) for data as a starting point. **ACTION: Dr. Piggott will report back at a future meeting on existing data for this region and potential gaps and/or opportunities.**
 - It was noted that those responsible for the collection and maintenance of Indigenous data should receive OCAP (ownership, control, access, and possession) training, the following links were shared related to this item:
 - [The First Nations Principles of OCAP® - The First Nations Information Governance Centre](#)
 - [Indigenous Data Sovereignty](#)
 - **ACTIONS:**
 - **PPH to consider developing an internal policy that speaks to OCAP principles.**
 - **Staff to report back on current staff training, with a focus on OCAP.**
- Internal PPH Indigenous Staff Lead:
 - PPH continues to explore the potential to hire a staff lead.
 - Professor Newhouse noted that in his post-secondary experience, having an Indigenous staff person responsible for engagement was quite successful. Trent's experience with a 'distribution of work' model has not been as fruitful, and they are currently exploring the former option.
 - Dr. Piggott and Hallie are members of a Public Health Indigenous Engagement Network comprised of local public health agency (LPHA)

staff where members share and collaborate on work being done across the province. There are various models of this which could be explored.

- Councillor Lachica noted that there may be federal funding related to climate change that could potentially help fund a position.
- **ACTION: Staff to bring a report back on options and comparative context with respect to staffing this position.**
- Committee Representation:
 - Dr. Piggott noted the PRHC Equity Committee which Jane Mark spoke to at a recent IHAC meeting as an example.
 - **ACTION: Staff to bring back details about potential external committees which may benefit from Indigenous representation for the Circle's consideration.**

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

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

9. Adjournment

The meeting was adjourned at 4:07 p.m.

Parked Items

- **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.*