

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, September 13, 2023 – 5:30 p.m.
Multipurpose Rooms, 2nd Floor, PPH**

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.

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. In Camera to Discuss Confidential Matters

*In accordance with the Municipal Act, 2001, Section 239(2)
(d), Labour relations or employee negotiations;
(f), Advice that is subject to solicitor-client privilege
(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or by or on behalf of the municipality or local board.*

5. Motions for Open Session

6. Consent Items to be Considered Separately

Board Members: *Please identify which items you wish to consider separately from section 11 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 11.1a 11.2 a b c d e f g h i j k l 11.3.1 11.3.2 11.4.1 a 11.4.2 a b c d e*

7. Delegations and Presentations

8. Confirmation of the Minutes of the Previous Meeting

- Cover Report
- a. Minutes, June 14, 2023

9. Business Arising From the Minutes

10. Staff Reports

10.1. Presentation: 2023-24 Respiratory Season Update

- Cover Report
- a. Presentation

10.2. Stewardship Report: 2024 Budget Considerations II

- Cover Report
- a. Staff Report
- b. CMOH Memo

11. Consent Items

11.1. Correspondence for Direction

- a. Huron Perth - School Nutrition Program

11.2. Correspondence for Information

- Cover Report
- a. Minister Jones Response - Prescription Contraceptives
- b. AOPHBA - Sustained investment for public health
- c. alPHa – Public Health Matters
- d. alPHa – July 2023 e-newsletter
- e. Minister Jones – PPH funding for 2023-24
- f. alPHa – August e-newsletter
- g. Bill S-254 – Sudbury & District
- h. Funding – Sudbury & District
- i. Funding – Simcoe Muskoka
- j. Funding – HKPR
- k. Funding – Middlesex-London
- l. Smoke-Free Ontario Act & Vaping – Sudbury & District

11.3. Staff Reports

11.3.1. Q2 2023 Program Report

- Report

11.3.2. Q2 2023 Strategic Plan Report

- Report

11.4. Committee Reports

11.4.1. Indigenous Health Advisory Circle

- Cover Report
 - a. Minutes, April 28, 2023

11.4.2. Stewardship Committee

- Cover Report
 - a. Minutes, June 1, 2023
 - b. 2021-22 HBHC Financial Statement
 - c. 2021-22 ITDP Financial Statement
 - d. Q2 2023 Financial Report
 - e. 2021-22 HBHC & ITDP Reconciliation

12. New Business

12.1. Board of Health Membership Updates

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

Wednesday, October 11, 2023, 5:30 p.m.

Multipurpose Rooms, 2nd Floor, Peterborough Public Health

14. Adjournment

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Approval of Meeting Minutes
DATE:	September 13, 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 June 14, 2023.

ATTACHMENTS

- a. [Board of Health Minutes, June 14, 2023](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, June 14, 2023 – 5:30 p.m.
Council Chambers, Hiawatha L.I.F.E. Services and Administration Office
Hiawatha First Nation**

In Attendance:

Board Members: Warden Bonnie Clark (virtual)
 Mayor Matthew Graham
 Councillor Dave Haacke (virtual)
 Mr. Paul Johnston
 Councillor Nodin Knott
 Councillor Joy Lachica
 Mr. Dan Moloney
 Councillor Keith Riel (virtual)
 Dr. Hans Stelzer
 Councillor Kathryn Wilson, Chair

Regrets: Deputy Mayor Ron Black

Staff: Ms. Hallie Atter, Acting Director, Health Promotion Division
 Mr. Evan Brockest, Manager, Communications & I.T.
 Mr. Chris Eaton, Public Health Inspector
 Ms. Alida Gorizzan, Executive Assistant (Recorder)
 Dr. Thomas Piggott, Medical Officer of Health & CEO
 Mr. Larry Stinson, Director of Operations

Guest: Chief Laurie Carr, Hiawatha First Nation

1. Call to Order and Welcome

Councillor Wilson, Board Chair, called the meeting to order at 5:40 p.m. Chief Carr welcomed the Board of Health to Hiawatha First Nation.

1.1. Announcement – Mr. Scott Baker, Provincial Appointee

Mr. Scott Baker has been appointed to the Board of Health for a three-year term commencing May 11, 2023. Due to personal matters, Mr. Baker has advised that he expects to commence participation in October.

2. Confirmation of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Mayor Graham

Seconded: Mr. Moloney

Carried. (M-2023-049)

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: 9.2 a,b,c,d,e,f,g,h,i; 9.4.1 a,b,c,d,e,f,g; 9.4.2 a.

Moved: Mayor Graham

Seconded: Dr. Stelzer

Motion carried. (M-2023-050)

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

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

- a. Letter dated May 17, 2023 from the Board Chair to the Minister of Health and Premier of Ontario regarding universal, no-cost coverage for all prescription contraceptive options for all Ontarians.
- b. Letter dated May 19, 2023 from the Board Chair to Minister Jones regarding funding concerns and the 2024 budget.
- c. Letter dated May 19, 2023 from the Board Chair to Chief Carr and Hiawatha First Nation Council regarding funding concerns and the 2024 budget.
- d. Letter dated May 19, 2023 from the Board Chair to Chief Knott and Curve Lake First Nation Council regarding funding concerns and the 2024 budget.
- e. Letter dated May 19, 2023 from the Board Chair to Mayor Leal and City Council regarding funding concerns and the 2024 budget.
- f. Letter dated May 19, 2023 from the Board Chair to Warden Clark and County Council regarding funding concerns and the 2024 budget.

Correspondence from Local Public Health Agencies:

- g. Algoma – Bill S-254
Huron Perth – Bill S-254

h. Sudbury and District – Indoor Air Quality

Moved: Mayor Graham

Seconded: Dr. Stelzer

Motion carried. (M-2023-050)

MOTION (9.4.1 a,b,c,d,e,f,g):

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Governance Committee from March 1, 2023 for information;
- b. By-Law Number 10 – Conduct of Open and In-Camera Meetings (no changes);
- c. 2-90 Human Rights and Discrimination (no changes);
- d. 2-150 Remuneration of Members (no changes);
- e. 2-192 Donor Recognition (no changes);
- f. 2-342 Medical Officer of Health Selection (no changes);
- g. 2-400 Exit Interviews for Vacating Board Members (revised).

Moved: Mayor Graham

Seconded: Dr. Stelzer

Motion carried. (M-2023-050)

MOTION (9.4.2 a)

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Stewardship Committee from May 4, 2023 for information.

Moved: Mayor Graham

Seconded: Dr. Stelzer

Motion carried. (M-2023-050)

5. Delegations and Presentations

5.1. Hiawatha First Nation Health & Social Services Update

MOTION:

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

- Title: Hiawatha First Nation Health & Social Services Update
- Presenters:
 - Tina Howard – Health and Social Services Manager
 - Sydney Bertrand – Acting Assistant Health and Social Services Manager

Moved: Councillor Lachica

Seconded: Councillor Riel

Motion carried. (M-2023-051)

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 May 10, 2023.

Moved: Mr. Moloney

Seconded: Dr. Stelzer

Motion carried. (M-2023-052)

7. Business Arising From the Minutes

8. Staff Reports

8.1. Stewardship Committee Report: 2023 Draft Audited Financial Statements

MOTION:

That the Board of Health for Peterborough Public Health:

- receive the letter dated June 14, 2023 from Baker Tilly KDN LLP; and,
- approve the 2022 Audited Financial Statements.

Moved: Councillor Haacke

Seconded: Warden Clark

Motion carried. (M-2023-053)

8.2. Oral Report: Association of Local Public Health Agencies 2023 Annual General Meeting & Conference

MOTION:

That the Board of Health for Peterborough Public Health receive the oral report, Association of Local Public Health Agencies 2023 Annual General Meeting & Conference, for information.

Moved: Mayor Graham

Seconded: Dr. Stelzer

Motion carried. (M-2023-054)

Mr. Moloney departed the meeting at 6:36 p.m.

9. Consent Items

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, September 13, 2023, 5:30 p.m.
Multipurpose Rooms, 2nd Floor, Peterborough Public Health

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Mayor Graham

Seconded by: Dr. Stelzer

Motion carried. (M-2023-055)

The meeting was adjourned at 6:43 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Presentation: 2023-2024 Respiratory Season Update
DATE:	September 13, 2023
PREPARED BY:	Gillian Pacey, Manager, Infectious Diseases Patti Fitzgerald, Manager, Clinical Services Carolyn Pigeau, Epidemiologist
APPROVED BY:	Donna Churipuy, Director, Health Protection Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

- Title: 2023-2024 Respiratory Season Update
- Presenters:
 - Gillian Pacey, Manager, Infectious Diseases
 - Patti Fitzgerald, Manager, Clinical Services
 - Carolyn Pigeau, Epidemiologist

ATTACHMENTS

- a. [Presentation](#)

2023-2024 Respiratory Season Update

Date: September 13, 2023

Presenter(s):

Gillian Pacey (Infectious Disease Manager)

Patti Fitzgerald (Clinical Services Manager)

Carolyn Pigeau (Epidemiologist)

Fall Respiratory Planning

What we know so far...

- Update closer to the presentation, summarize most recent PHO findings: [Respiratory Virus Overview in Ontario: July 23, 2023 to August 5, 2023 \(publichealthontario.ca\)](#)
- [Ontario COVID-19 Data Tool | Public Health Ontario](#)

Variants of Interest

Generally, these are all Omicron family. No evidence of increased severity with recent EG.5 and BA 2.86, however, they and future variants remain important to watch and be vigilant about.

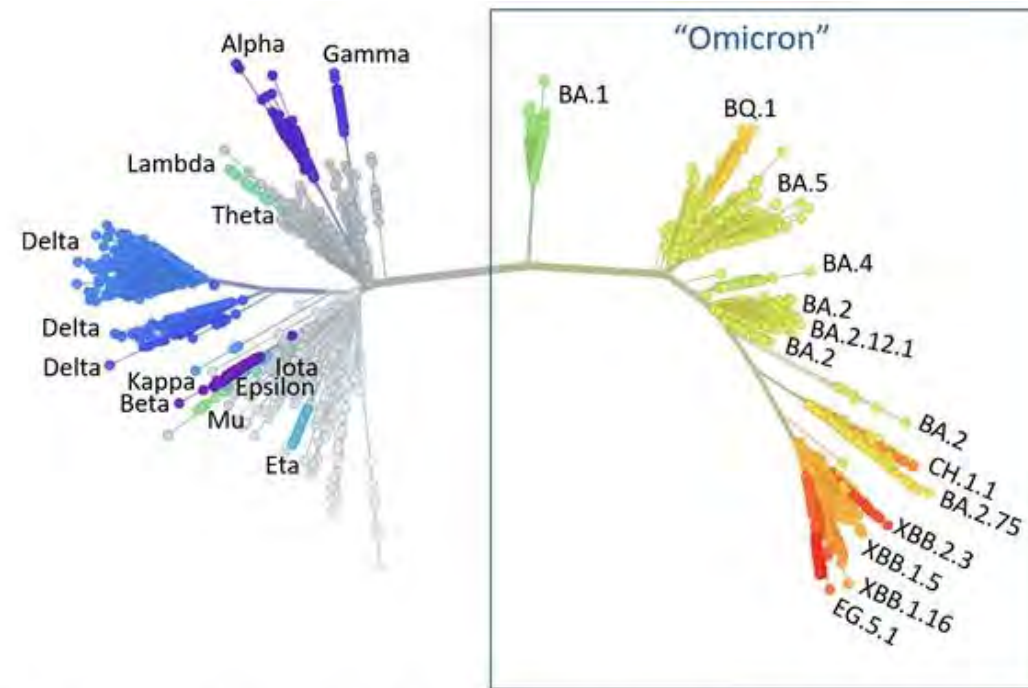


Figure 1. Phylogeny of SARS-CoV-2 variants from the beginning of the pandemic to August 2023, showing the divergence and diversity of “Omicron” variants relative to others with Greek letter labels. A) Radial format and scaled to divergence (number of mutations), B) Unrooted and scaled to divergence. Source: Nextstrain.org.



Outbreak/Surge Management Planning

- Participation in provincial, local and internal respiratory planning exercises;
- Internal respiratory outbreak surge plan developed with phased approach to staffing;
- PHN and PHI outbreak training completed;
- Townhall education session for all LTCH and RH to be held in September;

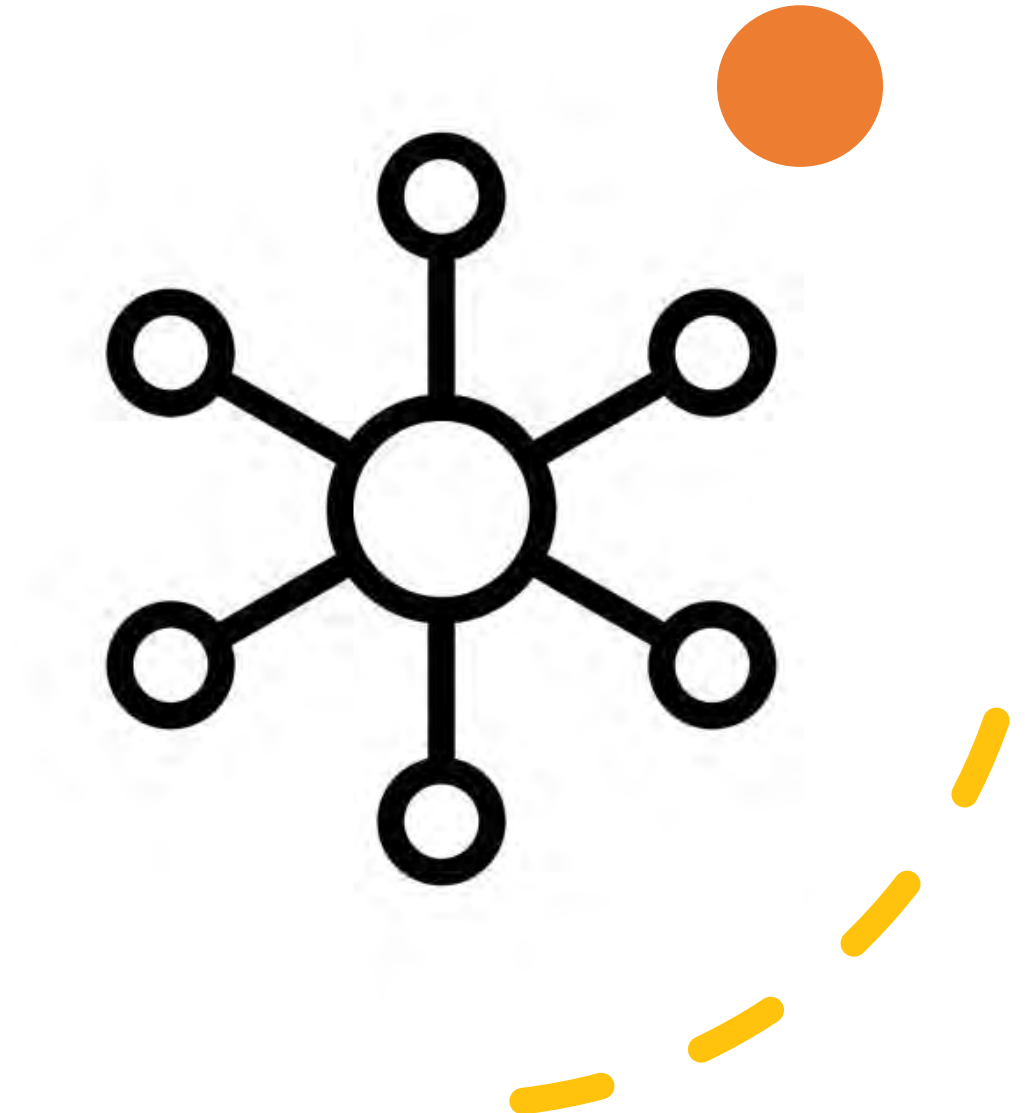
Trends in Numbers of Outbreaks

Outbreak Reported Year	Respiratory Outbreak Count (non-COVID-19)	COVID-19 Outbreaks	Total
2018	34	0	34
2019	19	0	19
2020	29	12	41
2021	15	60	75
2022	28	142	170
2023*	35	36	71

*Until August 21, 2023

IPAC Hub & Spoke

- Collaborative work with PRHC
- Internally, IPAC PHI assigned to this program
- IPAC audits and outbreak preparedness at all congregate settings (i.e. group homes and shelters)
- Continued IPAC support for high-risk settings



Vaccination Context

- Continued evidence of safety and efficacy of mRNA vaccines, particularly for high-risk populations for the COVID-19 vaccination and booster doses;
- Fall 2023 NACI **Strong** Recommendation: NACI recommends a dose of the new formulation of COVID-19 vaccine for individuals in the authorized age group if it has been at least 6 months from the previous COVID-19 vaccine dose or known SARS-CoV-2 infection (whichever is later). Immunization is particularly important for those at increased risk of COVID-19 infection or severe disease, **for example:** _____
- Approximately 78% (22,592 residents) of PPH population 70 years and older will be eligible for booster doses, given immunity has greatly waned since their last vaccination;

- Adults 65 years of age or older
- Residents of long-term care homes and other congregate living settings
- Individuals with underlying medical conditions that place them at higher risk of severe COVID-19
- Individuals who are pregnant
- Individuals in or from First Nations, Métis and Inuit communities*
- Members of racialized and other equity-deserving communities
- People who provide essential community services

Vaccine Planning

COVID and Influenza (Flu)

- Provincial alignment
- Expected arrival
- Distribution Plan
- Vaccine Types



Vaccine Eligibility

Phased roll-out, similar to previous COVID vaccine and flu campaigns



Highest risk populations,
hospitalized individuals
and staff, Long-Term
Care Home and Elder
Care Lodge residents,
staff and caregivers



Those at high-risk for
COVID-19 and/or flu
related complications
or hospitalization



General population

Note: interval for COVID remains as 6 months post COVID infection or
6 months after last dose (can be flexible in some cases)

Vaccine Clinics

COVID

- 28 local pharmacies
- PPH pop-up and/or mobile clinics (within the County, HFN, CLFN and some sites within the City) 3 days per week. (some will also offer flu)
- PPH onsite clinics in our Routine Immunization Clinic (RIC) 2 days per week. (will also offer flu)

FLU

- 43 local pharmacies
- PPH under 2 years old (and their families) without a local Primary Care Provider (PCP) in our RIC
- Millbrook - no participating pharmacy
- Local PCP

Public Reporting

Peterborough Region COVID-19 & Respiratory Virus Risk Index

- Risk Index:
 - Evidence-based guidance (Dr. Piggott research project with \$10,000 CIHR grant to strengthen)
- Tracker Dashboard:
 - COVID-19 indicators (Cases, Vaccination, Outbreaks, Wastewater)
 - Other Respiratory indicators (Flu, RSV)



Questions?

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Stewardship Committee Report – 2024 PPH Budget Considerations II
DATE:	September 13, 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:

- receive the staff report, 2024 PPH Budget Considerations II, for information; and,
- write a letter to the Ontario Minister of Health, with copies to local MPPs, expressing gratitude for the positive aspects of the recent funding announcements, emphasizing the Board of Health’s willingness to partner in strengthening the public health system and advocating for continued COVID funding into 2024.

BACKGROUND

The Committee met last on August 31, 2023. At that meeting, members considered this report and requested that it come forward to the Board at its next meeting.

The report represents a second update to the Committee from staff on planning towards the 2024 PPH Budget. The Committee was supportive of the direction outlined in the report, and specifically asked staff to prioritize the top five currently unfunded items for consideration and prioritization by Stewardship in the draft budget that will be brought forward to the Committee on October 26, 2023 and shortly thereafter to the Board of Health for final approval.

ATTACHMENTS

- a. [Staff Report](#)
- b. [CMOH Memo](#)

PETERBOROUGH PUBLIC HEALTH

STEWARDSHIP COMMITTEE – STAFF REPORT

TITLE:	2024 PPH Budget Considerations II
DATE:	August 31, 2023
PREPARED BY:	Larry Stinson, Director of Operations Dale Bolton, Manager, Finance and Property
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

- receive the staff report, *2024 PPH Budget Considerations II*, for information; and,
- provide direction for staff for further informational needs as we plan towards the final 2024 budget.

FINANCIAL IMPLICATIONS AND IMPACT

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

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

The information in this report is based on what is known at the time about anticipated expenses for the delivery of programs and services and anticipated revenue from the province and other sources. Where revenue sources fall short of identified minimum expenses, levy amounts for obligated municipalities are adjusted to reflect the required funds. The impact on local municipalities and First Nations can be significant when provincial funding increases fall short of their share of required expenditures.

DECISION HISTORY

Annual budgets have traditionally been approved by the Board of Health (BOH) at the November Board Meeting preceding the budget year. In November 2022, the BOH approved the budget for 2023. The local levy information was shared with the City of Peterborough, Peterborough County, Hiawatha First Nation and Curve Lake First Nation. While this budget represented only a 1.94% increase in expenditures due to staff salary and benefits, due to provincial funding constraints for base budget and COVID-19, the increase in local levy from 2022 to 2023 was an average of 26.3% (32.5% for the County and 22.4% for the City due to changes in population counts from recent census data). The 2023 budget was planned based on

a 0% increase in provincial contributions as directed by Ministry staff at the time it was drafted. At the time of writing of this report, the 2023 budget approvals have not been received from the province and it remains unknown whether the province will increase its contribution for 2023.

On August 22, 2023 the Minister of Health presented to the Association of Municipalities of Ontario and subsequent correspondence from the Ministry confirmed that:

- as of January 1, 2024, the funding formula for public health will return to 75% provincial and 25% local contributions;
- provincial grants will be increased annually by 1% each year, for three years, starting in 2024;
- the government will initiate a review of the OPHS in order to refine, clarify and strengthen local public health roles and responsibilities, including opportunities to shift some roles and responsibilities to a regional or provincial level; and
- this fall, the government will collaborate with public health and municipal sectors to develop criteria, parameters and accountability mechanisms for time-limited funding support for voluntary LPHA mergers.

BACKGROUND

Funding challenges for public health are complicated by the fact that the HPPA requires obligated municipalities to fund public health at adequate levels to support delivery of essential programs and services, while the province may provide a grant to Boards of Health. Over the past decade, annual increases to provincial contributions have been non-existent or limited to increases well below cost of living/operational increases in the context of inflation. Although the province has delineated an intended funding formula of 75% provincial and 25% local, the limited increases to the provincial grant have led to the need for an elevated proportion of funding from municipalities for Boards of Health to maintain services. In 2018, it was recognized that the majority of LPHAs were paying 30% or more of health unit costs despite the stated 75:25 model.

The August 22, 2023, Minister of Health announcement provides additional clarity of anticipated revenues from the province for public health. In particular, the restoration of the 75/25 base funding formula to local public health agencies and the confirmation of base funding increases of 1% annually for three consecutive years. This comes after no increases to mitigation funding since 2019, and only a 1% increase to base budget in 2022. While clarity on the 1% funding increase for three years is helpful for planning, it should be noted this is substantially lower than inflationary budget pressures are anticipated, and lower than increases received by other public sectors.

We do still lack information regarding the approval of the provincial 2023 cost-shared budget, but indications have been that there will be an increase of up to 1%. We have, therefore

planned based on scenarios of a 2023 provincial contribution increase of .5% and 1.0% to plan for 2024.

In addition to limited provincial funding increases, there are other anticipated cost-drivers that will impact the expense side of the 2024 PPH budget. The most significant of these is increases to staff salaries and benefits, which constitute 87% of the PPH budget. Certain benefits (e.g., pensions) are tied directly to wages, so will increase proportionately. Other benefit costs are less predictable and can see annual increases as high as 12% in any given year. Other anticipated 2024 operational cost drivers include to sustain needed senior leadership structure, travel due municipal mileage rates, sustaining strengthened senior leadership put in place through the pandemic and technology relating to cyber-security and hybrid work.

PPH continues to seek opportunities to deliver services as effectively and efficiently as possible, while ensuring we fulfil our mandate for the provision of public health services to the communities. These ongoing efforts include obtaining competitive quotes for contracted services or redesigning program delivery through lean strategies to remove waste and enhance service outputs.

RATIONALE

The 2024 PPH Cost-Shared budget expenses we present at this update have considered two scenarios: the resources required to fully implement all Program Requirements within the Ontario Public Health Standards; and maintaining a basic level of service that does not fully implement all of the required standards, consistent with delivery as 2023. In each scenario, budget lines have been held at a 0% increase or reduced where possible. Increases in budget lines, as previously noted, are due to external cost driver pressures such as negotiated wage increases, benefits costs and inflationary increases to supply costs.

The overall expenses required to retain minimum service levels is \$11,452,737, which is \$393,296 more than 2023 (or a 3.55% base budget increase over 2023). Based on the historical quarterly reports, many Requirements under the Ontario Public Health Standards have not been met, or only partially met. An analysis of resources required to be fully compliant with these standards indicates an additional cost of \$2,041,391, which would bring the total expense for program delivery to \$13,494,128.

The revenues for the Cost-Shared budget are derived from the provincial grant(s), local funder contributions and to a small extent, offset revenues. Calculations for the provincial contributions assume a 0.5% increase or a 1.0% increase in the provincial grant for 2023, and application of a 1.0% increase on the entire base (including addition of 2023 mitigation funding) for 2024. Based on this calculation the provincial grant for a 0.5/1.0% increase scenario will be \$8,262,964 (\$117,464 more than 2023 projected). In the 1.0/1.0% increase scenario, the provincial grant would be \$8,298,973 (\$153,473 more than 2023 projected).

The provincial increases of 1.0% a year do not match the inflationary and operational cost increases of 2023 and 2024 of 1.94% and 3.55%, which leads to the need for a larger contribution from local funders to balance the budget. Table 1 below shows the budget outcomes and impact on local funders for each expense and revenue scenario.

Table 2 demonstrates additional resources that would be required for full compliance with the OPHS. The contents of this table should be carefully reviewed for awareness and risk management by the Board of Health, as without these resources, compliance with these OPHS requirements will not be possible in 2024.

Table 1: 2024 Funding Scenarios

	REVENUE	
	0.5/1.0% Increases	1.0/1.0% Increases
Basic Service Level	Budget: \$11,452,737 Provincial Grant: \$8,262,964 Local Share Required: \$3,179,773 Percent Increase for Local Share over 2023: 9.5%	Budget: \$11,452,737 Provincial Grant: \$8,298,973 Local Share Required: \$3,143,764 Percent Increase for Local Share over 2023: 8.26%
Fully Compliant with OPHS	Budget: \$13,494,128 Provincial Grant: \$8,262,964 Local Share Required: \$5,231,164 Percent Increase Over 2023: 80.1%	Budget: \$13,494,128 Provincial Grant: \$8,298,973 Local Share Required: \$5,195,155 Percent Increase Over 2023: 78.9%

MANDATE

Ontario Public Health Standards

This report applies to the potential to deliver all Requirements under the OPHS, including Organizational Standards:

https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/

Strategic Plan

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

ATTACHMENTS

- a. Chief Medical Officer of Health Correspondence, August 22, 2023

Table 2: Additional resources required for full compliance with OPHS

Item	FTE	Cost	Link to OPHS	Rationale	Link to Strategic Plan
Indigenous health equity	+1 FTE	\$102,000	Health Equity Standard (Requirement #1-4)	Increased attention and work has been under way through the Indigenous Health Advisory Circle (IHAC) to address Indigenous health equity. In October 2023, IHAC will receive a report on staffing options and may request the addition of this position through the 2024 Budget to provide capacity to support this work. This would enhance relationships with First Nations health partners and organizations that serve Indigenous peoples in the Peterborough Public Health region.	Our System: PPH is fully committed to practising active allyship for Indigenous self-determination and health equity within the health and social system.
Oral Health	+0.2 FTE	\$23,000	Chronic Disease Prevention Standard (Requirement #5)	Since the creation of the Ontario Seniors Dental Program, our budget has increased from \$700,100 in 2019 to \$898,100 for 2023. The staffing complement has increased from 2.95 to 4.7 FTEs. Number of operatories has in 185 King St clinic has increased from 3 to 5. The work burden is challenging for current manager with only 0.8 FTE and there is less strategic work, relationships with the local Oral Health practitioner community, and support to our staff possible than is ideal.	Oral health supports health equity and improved lifelong prospects for people who are under-served.
Support for Mental Health and Addictions	+5 FTEs	\$510,000	Substance Use and Injury Prevention (Requirements #1-2)	There are currently 6 FTEs to support work on all of the community public health planning, policy, and programming related to mental health and addictions with emphasis on the opioids drug poisoning crisis. Due to insufficient staffing we have had to limit our work on alcohol, tobacco, and cannabis in the context of the drug poisoning crisis and are not meeting full requirements across substances.	Our Community: enhanced access to public health services and supports in our collaborative response to the drug poisoning crisis.
Foundational Standards Epidemiology Support	+1 FTE	\$110,000	Surveillance of public health trends and priorities across standards; & Population Health Assessment & Surveillance Protocol (Requirements #1-6)	With COVID-19 funding, we increased our epidemiology complement through COVID-19 allowing us to better surveil and assess public health priorities. Without this continued resource, we will be limited in producing this work and support systems partners in assessing community health issues.	Our System: Stronger health system through relationships with primary care and health system partners "Offer epidemiology and evaluation support opportunities to inform health system priorities around collaborative priorities."
Vision Screening	+ 1.2 FTEs	\$65,391	School Health Standard (Requirement #7)	OPHS Requirement for Vision Screening, deprioritized and removed from budget in 2024 due to competing priorities. Vision screening would enable earlier detection	None

				and referral of school children with visual impairment that may impede classroom learning and development.	
Sexual Health Clinic	+1.5 FTEs	\$116,500	Infectious Diseases Standard (Requirement #8.)	Staffing is needed to bring capacity up to pre-COVID levels and would allow expansion for outreach to meet objectives in the PPH Strategic Plan. A RPN would assist in MD clinics and with some Disease of Public Health Significance follow-up. Also, there has been an increase in rates of STBBIs in the community and access to routine testing is needed to improve control especially as there is substantial decreased access to primary care in our community.	Our Community: People who use drugs (PWUD) have enhanced access to public health services and supports in our collaborative response to the drug poisoning crisis. "PPH clinical services for equitable access for PWUD within the consumption and treatment services site or other accessible spaces."
Environmental Health Capacity for Food Safety and Vector Borne Disease	+1.77 FTEs	\$178,500	Food Safety (Requirement #4) Healthy Environments (Requirement #7)	PPH lost capacity in the Environmental Health programs including one summer student due to de-prioritization activities and shifted 0.5 PHI FTE to ensure capacity for climate change work. Low risk food premises inspections were deprioritized due to insufficient staffing, which means that convenience stores or other locations that sell ready-made foods are not inspected. This may result in an increase in foodborne illness in the community especially among those who have limited access to kitchen facilities. Prior to COVID all of the requirements were not fully met. In 2023, even with 2 additional temporary staff we are unable to meet targets for moderate risk inspections because on-demand work from health hazards and animal bites has increased in complexity. Based on a workload analysis, an additional 1.27 FTEs would support us to meet these standards. Climate change adaptation work that we have prioritized in the strategy plan needs a further 0.5 FTE in order to meet needs regarding changing impacts on heat/cold alerts and work with partners across other anticipated health adaptation needs.	Our Community: People most vulnerable to the health impacts of climate change are supported in adapting to and reducing negative health impacts.
Vaccine-preventable diseases - community Based outreach/AEF	+4 FTEs	\$324,000	Immunization (Requirement #1, #10)	The Immunization team needs to assume AEFs and cold chain excursion work to ensure full compliance with the protocols. During COVID-19 this work was supported through COVID-19 one-time funding. Due to COVID-19 vaccines available through	Our System: "Ensure a strong, collaborative, and sustainable health system and public health response to

Is/Cold chain investigation			<p>School Health (Requirement #8)</p> <p>Chronic Disease Prevention and Well-being (Requirement #2)</p>	<p>pharmacies there are a greater number of vaccine fridges and associated temperature excursions in community settings increasing this work burden. Additional capacity is required for PPH to achieve compliance with immunization status assessment in child-care and early learning settings, which is not currently completed.</p> <p>Nursing staff to support additional work associated with cold chain inspections (COVID in pharmacies all year round, increase number of pharmacies) and to support school-based program and increased demand in our routine immunization clinic due to an increase in patients without family physicians in the community.</p> <p>Additional health promotion and administrative assistant support is also required to complete work on communications, education, liaison with schools, and vaccine inventory/distribution/reporting. This work has been heightened since the advent of COVID-19 and other new vaccines.</p>	the COVID-19 pandemic and future emerging/re-emerging disease threats.”
Healthy Environment	+1 FTE	\$102,000	Healthy Environments (Requirement # 7)	Bring up to reduce exposures to health hazards and promote healthy built environments work. PPH historically had greater capacity to support local municipal/First Nation community partners for public health perspectives on planning and health public policy. This included the capacity to review Official Plans and sub-plans. Due to competing demands we no longer have this capacity at present.	Our System: . “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.”
Healthy Growth and Development	+1 FTE	\$102,000	Healthy Growth and Development (Requirement # 2)	Enhanced capacity would allow focus of ACEs to expand to early years, but also address other Healthy Growth and Development requirements including breastfeeding, healthy pregnancies, preconception health and preparation for parenting, to name a few.	Our Community: Under-served single parents and families are supported in creating healthy, safe and nurturing environments for child development.
Injury Prevention	+1 FTE	\$102,000	Substance Use and Injury Prevention	There is currently no capacity to address comprehensive injury prevention including issues such as falls prevention, road/off-road safety, violence prevention, life promotion, suicide risk and prevention	Our Community: “Develop an organizational framework for the

			(Requirements #1-2)	and concussions. Pre-COVID, PPH had one FTE assigned to injury prevention work, but due to competing priorities we are unable to meet these requirements. By being unable to address these areas of concern there is a risk of increased rates of injury in the community.	primary prevention of ACEs and trauma, recognizing the connections to substance use and community mental health and Wellbeing”
Chronic Disease Prevention	+1 FTE	\$102,000	Chronic Disease Prevention and Wellbeing (Requirement #1-2)	There is currently no PPH capacity to address oral health promotion, physical activity and sedentary behavior, healthy sleep and UV exposure prevention. Pre-COVID, PPH had one FTE assigned to the above chronic disease topics but due to competing priorities we are unable to meet these requirements. By being unable to address these areas of concern there is a risk of increased rates of chronic disease in the community.	None
School Health	+2 FTEs	\$204,000	School Health Standard (Requirement #3-4)	There is currently only 1.5 FTEs, and this is not adequate capacity to develop and implement a program of public health interventions using a comprehensive school health promotion approach to improve the health of school-aged children and youth in the community. Topics within these Requirements include concussions and injury prevention, healthy eating behaviours and food safety, mental health promotion; physical activity and sedentary behaviour, road and off-road safety and substance use and harm reduction to name a few.	Our Community: “Under-served single parents and families are supported in creating healthy, safe and nurturing environments for child development.”
Total		\$2,041,391			

Ministry of Health

Office of Chief Medical Officer
of Health, Public Health

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Ministère de la Santé

Bureau du médecin hygiéniste
en chef, santé publique

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Téléc. :416 325-8412

August 22, 2023

MEMORANDUM

TO: Local Public Health Agency (LPHA) Board Chairs, Medical Officers of Health, Associate Medical Officers of Health, and Chief Executive Officers, Business Administrators

FROM: Dr. Kieran M. Moore, Chief Medical Officer of Health of Ontario and Assistant Deputy Minister, Public Health, Ministry of Health

RE: Provincial Strategy to Strengthen Public Health In Ontario

Dear Colleagues,

Earlier today, at the 2023 Association of Municipalities of Ontario Conference, the government announced that the province is moving forward with a strategy to strengthen Ontario's public health sector.

I am excited to follow-up with some further details on the key initiatives of this strategy, which are aimed at optimizing capacity, stability and sustainability in the public health sector.

Since the SARS pandemic in 2003, there have been a series of reports that have consistently called for strengthening public health to address critical challenges

...2

such as a lack of capacity and critical mass, structural governance challenges, misalignment of the public health sector with other health and social services, as well as challenges with the public health workforce, including recruitment, retention and leadership. The COVID-19 pandemic reinforced the critical importance of a robust public health sector while once again highlighting these challenges.

Through the strategy announced today, the public health sector has an opportunity to demonstrate leadership in addressing these challenges. This strategy is grounded in a locally-driven approach, equipped with the provincial supports and resources needed to facilitate change while ensuring that we retain and strengthen front-line jobs and local public health programs and services.

Key initiatives of this strategy include:

1. Clarifying roles and responsibilities through the Ontario Public Health Standards (OPHS)

- Working in close collaboration with the public health sector, the government will initiate a review of the OPHS in order to refine, clarify and strengthen local public health roles and responsibilities, including relationships and alignment across and beyond the broader health care system.
- As part of this review, the government will seek to support Local Public Health Agencies (LPHAs) by exploring opportunities to shift some roles and responsibilities to a regional or provincial level.

2. Supporting voluntary mergers among local public health agencies

- Mergers among LPHAs have been demonstrated to be an effective solution to long-standing capacity challenges as they have significant potential to increase program delivery resources, including through the pooling of resources, greater ability to recruit and retain staff for specialized roles, and greater ability to manage surge capacity.

...3

- Beginning this fall, the government will work collaboratively with the public health and municipal sectors, and other stakeholders to develop criteria, parameters and accountability mechanisms to support a coordinated approach to voluntary mergers, informed by lessons learned from previous mergers.
- LPHAs will then have the opportunity to submit proposals to the government based on established guidelines and criteria through current reporting mechanisms (e.g., 2024 Annual Service Plan and Budget Submission).
- Where there is agreement between LPHAs to merge, the government will provide time-limited supports and resources to facilitate the merger process and support business continuity to ensure program and service delivery stability while change is underway. Any savings realized through mergers can be reinvested by the successor LPHAs to further support capacity and program and service delivery.

3. Providing stable, sustainable funding to LPHAs

- Recognizing the urgent need for stability, the government will restore \$47M in provincial base funding to LPHAs, effective January 1, 2024. This will restore funding for those impacted LPHAs and municipalities to the level previously provided under the 2020 cost-share formula.
- The province will also provide all LPHAs with growth base funding of 1% annually over the next 3 years to further support stabilization while collaborative processes are underway to review roles and responsibilities and facilitate mergers.

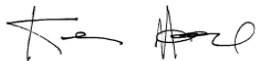
These initiatives will lay the groundwork for a longer-term approach to sustainable funding, including a review of the ministry's funding methodology for public health, based on a renewed and strengthened sector.

The Office of Chief Medical Officer of Health, Public Health is committed to collaborating with you to implement these initiatives and will be scheduling

meetings in the coming days to facilitate further discussion. If you have any immediate questions, please reach out to Colleen Kiel, Director, Public Health Strategic Policy, Planning and Communications Branch, at Colleen.Kiel@Ontario.ca, and Brent Feeney, Director, Accountability and Liaison Branch, at Brent.Feeney@ontario.ca.

As always, thank you for your continued support as we work to strengthen the public health sector in Ontario.

Yours truly,



Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health, Ministry of Health

c:

- Dr. Catherine Zahn, Deputy Minister, Ministry of Health
- Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- Elizabeth Walker, Executive Lead, Ministry of Health
- Colleen Kiel, Director, Ministry of Health
- Brent Feeney, Director, Ministry of Health
- Dr. Barbara Yaffe, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Daniel Warshafshy, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. David McKeown, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Michelle Murti, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Wajid Ahmed, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health, Ministry of Health

PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT

TITLE:	Endorsement of Huron Perth Health Unit letter – Advocacy for funding for Student Nutrition Programs in Ontario
DATE:	September 13, 2023
PREPARED BY:	Luisa Magalhaes, Registered Dietitian, Public Health Nutritionist
APPROVED BY:	Hallie Atter, Acting Director, Health Promotion Dr. Thomas Piggott, Medical Officer of Health

PROPOSED RECOMMENDATIONS

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

- receive and endorse the letter dated June 1, 2023, from Huron Perth Public Health to the provincial Minister of Children, Community and Social Services requesting increase of funding for Student Nutrition Programs for future school years; and,
- receive and endorse the letter dated June 1, 2023, from Huron Perth Public Health to the federal Ministers of Families, Children and Social Development; Agriculture and Agri-Food; and Health, urging the implementation of a Federal School Food Policy.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

BACKGROUND

Student Nutrition Programs (SNP) providing universal access to nutritious food at school are a valued step towards health equity. Increasingly seen as vital contributors to students' physical and mental health, they also support academic success (academic performance, attendance, improved student behaviour).

In Ontario, Student Nutrition Programs' funding sources vary by school, region, and from year-to-year. Less than half of program costs are covered by the Ministry of Children, Community and Social Services (MCCSS); the majority of the remainder is funded by corporate donors and local grants. Donations from the community, local businesses and school fundraisers make up the rest. Insufficient fundraising can result in less food served and early closure of programs. Locally, 51 schools (96% of publicly funded schools), offer nourishing food to almost 19,000 elementary and high school students at school each day. Last year, 802 staff and volunteers contributed 1,119 hours a week to serve 2,248,285 meals to hungry students.

The Board of Health (BOH) is a longtime supporter of local Student Nutrition Programs. In addition to staff support for SNP (Public Health Dietitian, Public Health Inspector, accounting and administrative support, media support), the BOH has sent letters in February

2013 requesting continued and increased support and funding for SNPs. In June 2019, the BOH received a staff report on supporting a national school food program and urged the federal government to work with provinces and territories towards the creation of a cost-shared national school food program.

In February 2021, the BOH supported the [six recommendations](#) of CODE/COMOH (with support from the Ontario Dietitians in Public Health) to strengthen Ontario's Student Nutrition Program's reach and impact: 1) Ministry of Education (MEDU) to use enabling language to allow SNP to operate effectively; 2) MCCSS to post updated SNP Nutrition Guidelines and mandate Public Health participation in local implementation; 3) Ministry of Health to create a free, online, SNP specific Food Handler training and certification for SNP volunteers; 4) MEDU and MCCSS jointly develop a funded, universal program (including paid coordinator position); 5) MEDU include infrastructure criteria for capital funding projects that support SNP; and 6) Ontario use the opportunity of a national school food program to secure policy and funding instruments to grow SNP.

STRATEGIC DIRECTION

This report applies to the OUR COMMUNITY strategic direction where we will provide public health services to the entire Peterborough Public Health region, while prioritizing health issues affecting under-served populations to impact health equity. In particular, this supports the goal that under-served single parents and families are supported in creating healthy, safe and nurturing environments for child development.

ATTACHMENTS

- a. [HPPH Letter – Increase in SNP Funding](#)
- b. [HPPH Letter - Federal School Food Policy](#)
- c. [2022-23 FFK Annual Report \(peterboroughpublichealth.ca\)](#)

June 1, 2023

The Honourable Michael Parsa
Minister of Children, Community and Social Services

Email: michael.parsaco@pc.ola.org

Dear Honourable Minister Parsa:

Re: Request for Immediate Funding for Student Nutrition Programs and to Increase Funding for Future School Years

I'm writing to you on behalf of Huron Perth Public Health. HPPH has recently endorsed the [Coalition for Healthy School Food](#) (CHSF). The Ontario-chapter (ON-CHSF) members – many of whom deliver school breakfast, lunch, snack or other nutrition and food literacy programs – have identified the same concerns with their local *Student Nutrition Programs* (SNPs) as we are seeing locally.¹

Currently across Ontario, many school programs are unable to meet current demands, shutting down before the end of the school year or having to limit the foods served in order to get through to the end of the year, due to insufficient funds. There has not been a substantial annual increase to core Ontario SNP funding since 2014. Many programs have felt the strain for years, but the rising food costs of the last two years² and increased demand have significantly out-paced current funding. Other schools who have not previously had a program are seeing a demand, but there are no funds for new programs-

There are urgent and immediate needs now. Children and youth need access to nourishing food to thrive and, without further investment, many schools will be unable to continue to provide adequate nourishing food through the remaining school year. ON-CHSF members report, projected budget shortfall for future years is substantial.

We are writing to you to highlight the immediate and longer-term funding needs of SNPs in Ontario. The current reliance on fundraising, volunteers, and donations is inconsistent, unsustainable, and disadvantages those schools who most need the support.

A growing body of research demonstrates that **school food programs can benefit students' physical and mental health, improve food choices, and lead to student success** (e.g. academic performance, student behaviour, and school attendance).³ These programs help reduce the **\$5.6 billion/year** in costs due to nutrition-related chronic disease injuries in Ontario. Well-designed and non-stigmatizing SNPs also have broad, positive impacts on families, **communities, and the economy by reducing household food costs, creating jobs, and strengthening Ontario's agri-food sector.**⁴

The Ontario government was among the first provincial governments to fund school food programs in Canada and **now provides an annual \$27.9M for SNPs in the province. Since Ontario's initial investment**, all provincial and

¹ The national [Coalition for Healthy School Food](#) consists of over 250 member and 125 endorser organizations from every province and territory, representing the largest school food network in Canada. Together, we are advocating for the creation of a universal cost-shared school food program that would see all K-12 students in Canada having daily access to healthy food at school.

² [Consumer Price Index, monthly, not seasonally adjusted](#). Statistics Canada. Sept 2021 to Sept 2022, food costs increased 11.5% (have rates this high since 1981).

³ [The case for a Canadian national school food program](#). Hernandez et al., 2018; [Nourishing Young Minds](#). Toronto Public Health, 2012; [The impact of Canadian School Food Programs on Children's Nutrition and Health](#). Colley et al., 2018; [Coalition for Healthy School Food](#)

⁴ [The Burden of Chronic Disease in Ontario](#). CCO & PHO 2019.

territorial governments have followed Ontario's lead. In response to recent urgent calls for additional funding because of greater participation and rising food costs, which are not unique to Ontario⁵, many provincial and territorial governments have increased their investments in school food. The 2022-23 school food funding increases include: \$500,000 in Newfoundland and Labrador; \$2 million in New Brunswick; \$2 million in emergency funding in Nova Scotia; \$1.3 million in Manitoba; \$16 million in Quebec; \$214.5 million over three years in Budget 2023 in BC; and **\$500,000 in the Yukon. Many of these increases are to the programs' annual operating budgets.** However, there has not been a substantial annual increase to core Ontario SNP funding since 2014.

We know Ontario's student nutrition programs have greatly appreciated the additional support that MCCSS provided to SNPs throughout the pandemic, and also your recent statement that no student will go hungry under your watch. We ask MCCSS to again recognize the urgent need at this time and to (1) allocate urgent funding to those programs who need it immediately, and (2) allocate more core funding to programs for the 2023/24 and future school years, when significant shortfalls are expected.

As the federal government prepares to release a National School Food Policy and invest in programs across the country, greater provincial investment in Ontario programs will be seen favourably. We believe that there is a great opportunity for Ontario to show further provincial leadership on student nutrition at this time and to ensure students are well-nourished during the school day.

Your attention to this urgent issue is needed.

Sincerely,



Bernie MacLellan, Board Chair
Huron Perth Public Health

cc. Hon. Stephen Lecce, Minister of Education (Stephen.Lecceco@pc.ola.org)
Hon. Sylvia Jones, Minister of Health (sylvia.jones@pc.ola.org)
John Nater, MP Perth-Wellington (john.nater@parl.gc.ca)
Ben Lobb, MP Huron-Bruce (ben.lobb@parl.gc.ca)
Matthew Rae MPP Perth-Wellington (matthew.rae@pc.ola.org)
Hon. Lisa Thompson MPP Huron-Bruce (lisa.thompsonco@pc.ola.org)
Ontario Boards of Health (allhealthunits@lists.alphaweb.org)

⁵ For example, see recent media coverage from [PEI](#) and [Newfoundland and Labrador](#).

June 1, 2023

Honourable Karina Gould
Ministry of Families, Children and Social Development

Email: karina.gould@parl.gc.ca

Honourable Marie-Claude Bibeau
Ministry of Agriculture and Agri-Food

Email: Marie-Claude.Bibeau@parl.gc.ca

Honourable Jean-Yves Duclos
Ministry of Health

Email: jean-yves.duclos@parl.gc.ca

Dear Federal Ministers Gould, Bibeau and Duclos:

Re: Federal School Food Policy

I write on behalf of the Huron Perth Public Health Board of Health. As the federal government prepares to release a National School Food Policy and invest in programs across the country, we wish to reiterate the call for the development of a universal, cost-shared school food program for Canada and share our concerns about the current state of student nutrition programs in Ontario and our region.

Currently across Ontario, many school programs are unable to meet current demands, shutting down before the end of the school year or having to limit the foods served in order to get through the to the end of the year due to insufficient funds. Many programs have felt the strain with limited increases to provincial funding since 2014, while the rising food costs of the last two years and increased demand have significantly out-paced current funding. Other schools who have not previously had a program are seeing a demand, but there are no funds for new programs. There are urgent and immediate needs now. Children and youth need access to nourishing food to thrive and, without further investment, many will not have access to nourishing food at school. The current state of school food programs across Canada is patchwork and resource-limited. While many schools in Ontario do have student nutrition programs partially funded by the Ministry of Children, Community and Social Services, a significant investment from the federal government would allow for expansion of services and to address existing gaps. The current reliance on fundraising, volunteers, and donations is inconsistent, unsustainable, and puts schools who most need the support at a significant disadvantage. School food programs offer many academic and nutritional benefits and should be implemented along with additional income supports to reduce health inequities and food insecurity for families across Canada. School food policy and programs alone cannot alleviate poverty and food insecurity.^{1,2} School food programs can, however, play an important role in improving nutrition

¹ PROOF, Open Letter: Stop headlining the pan-Canadian school food policy as a way to reduce food insecurity among children. Dec 9, 2022. <https://proof.utoronto.ca/resource/open-letter-on-school-food-policy-consultation/>

² Ontario Dietitians on Public Health, Position Statement and Recommendations on Response to Food Insecurity. Dec 2020. <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>

intake, supporting healthy growth and development, supporting academic success, attendance and educational attainment, and improving mental health and well-being.³

Currently many elementary schools do not have adequate facilities to allow safe food handling and production of onsite food for meal/snack programs or for hands-on food literacy learning opportunities for students. Adequate funding for infrastructure improvements would benefit school food programs and academic learning across health and physical education, science and technology and other cross-curricular learning opportunities, which can build critical food skills for students when transitioning into adulthood.

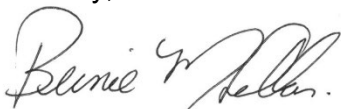
School food programs should be designed to⁴:

- serve tasty, nourishing, culturally appropriate foods
- ensure that ALL students in a school can access the program in a non-stigmatizing manner
- be a cost-shared model, including federal support
- be flexible and locally adapted to the context of the school and region, including commitment to Indigenous control over programs for Indigenous students
- support Canadian farmers and local food producers
- promote food literacy

Huron Perth Public Health Board of Health stands alongside other Boards of Health, School Boards, Municipalities, and other government agencies and organizations in supporting the Coalition for Healthy School Food's vision that every school-aged child and youth has a nutritious meal or snack at school daily.

We urge the federal Ministries of Families, Children and Social Development and Agriculture and Agri-Food to continue your work towards a comprehensive, cost-shared, universally accessible National School Food Policy and national school nutritious meal program with provinces, territories, municipalities, Indigenous partners and stakeholders.⁵ Every investment in children and youth counts.

Sincerely,



Bernie MacLellan, Board Chair
Huron Perth Public Health

BM/ikl

³ Hernandez, Kimberley & Engler-Stringer, Rachel & Kirk, Sara & Wittman, Hannah & McNicholl, Sasha. (2018). The case for a Canadian national school food program. Canadian Food Studies / La Revue canadienne des études sur l'alimentation. 5. 208-229. 10.15353/cfs-rcea.v5i3.260.

<https://canadianfoodstudies.uwaterloo.ca/index.php/cfs/article/view/260>

⁴ Coalition for Healthy School Food. Guiding Principles. 2022. <https://www.healthyschoolfood.ca/guiding-principles>

⁵ Prime Minister Mandate Letters. 2021. <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-families-children-and-social-development-mandate-letter> and <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-agriculture-and-agri-food-mandate-letter>

cc. Honourable Michael Parsa, Minister of Children Community and Social Services; michael.parsaco@pc.ola.org
Honourable Stephen Lecce, Minister of Education; minister.edu@ontario.ca
Honourable Sylvia Jones, Minister of Health; sylvia.jones@ontario.ca
John Nater, MP Perth-Wellington; john.nater@parl.gc.ca
Ben Lobb, MP Huron-Bruce; ben.lobb@parl.gc.ca
Matthew Rae, MPP Perth-Wellington; matthew.rae@pc.ola.org
Honourable Thompson, MPP Huron-Bruce; lisa.thompson@pc.ola.org
Ontario Boards of Health (allhealthunits@lists.alphaweb.org)
aPHa (info@alphaweb.org)

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Information
DATE:	September 13, 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. Letter dated June 21, 2023 from Minister Jones, in response to the Board Chair's original correspondence dated May 17, 2023 regarding prescription contraceptives.
- b. Letter dated July 7, 2023 from the Association of Ontario Public Health Business Administrators to Minister Jones and Dr. Kieran Moore regarding sustained investment for public health.
- c. Email dated July 19, 2023 from the Association of Local Public Health Agencies (alPHA) regarding Public Health Matters – A Business Case for Local Public Health.
- d. alPHA e-newsletter dated July 20, 2023.
- e. Letter dated August 22, 2023 from Minister Jones to the Board Chair regarding additional base funding and one-time funding for the 2023-24 funding year.
- f. alPHA e-newsletter dated August 25, 2023

Correspondence from Local Public Health Agencies:

- g. Bill S-254 An Act to amend the Food and Drugs Act – Sudbury and District (June 6, 2023)
- h. Funding – Sudbury and District (June 14/23)
- i. Funding – Simcoe Muskoka (June 22/23)
- j. Funding – HKPR (July 3/23)
- k. Funding – Middlesex-London (August 2/23)
- l. Smoke-Free Ontario Act & Vaping – Sudbury & District (June 28/23)

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

777, rue Bay, 5^e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
www.ontario.ca/sante



361-2023-4381

June 21, 2023

Kathryn Wilson
Chair
Peterborough Board of Health
185 King Street
Peterborough, ON K9J 2R8
% agorizzan@peterboroughpublichealth.ca

Dear Ms. Wilson:

Thank you for writing to me and Premier Doug Ford on behalf of the Peterborough Board of Health to advocate for free, universal prescription contraceptives and free menstrual products for Ontarians. I appreciate the opportunity to speak to this important issue.

The Ontario Drug Benefit (ODB) Program provides prescription drug coverage to eligible Ontarians, including children and youth 24 years old and younger through OHIP+ and people receiving social assistance benefits through the Ontario Disability Support Program and Ontario Works. Several types of oral contraceptives, hormonal intrauterine devices (IUDs) and hormone injections are listed on the ODB Formulary and are therefore covered for ODB Program recipients provided the prescription is dispensed by an Ontario pharmacy.

In addition, there are public health unit (PHU) sexual health clinics located throughout Ontario that may provide low-cost or free contraception. Sexual health clinics limit their distribution of contraceptives to their clients; PHUs do not distribute contraceptives to individuals who received a prescription from elsewhere.

Providing contraceptives is largely a secondary objective of PHUs' targeted sexual health programs. The primary objective of these programs is the prevention of sexually transmitted and blood-borne infections in alignment with the Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2019 (SH & STBBI protocol) and

the Ontario Public Health Standards' Infectious and Communicable Diseases Prevention and Control Program Standard.

PHUs use a targeted approach if they offer prescription contraceptives through their sexual health clinics, with the most common priority populations being:

- youth aged 15-24 years
- individuals with no primary care provider
- high-risk groups as per the SH & STBBI protocol (i.e. sex workers, those with unstable housing, drug users, those with history of trauma)
- individuals without OHIP
- individuals who identify as LGBTQ2S+

Turning to your request for free menstrual products for people facing period poverty, our government will keep your suggestions in mind as we consider future sexual and reproductive health initiatives to support the ongoing needs of Ontarians.

Thank you again for writing to me about such an important matter and for the board's ongoing advocacy on behalf of the people of Peterborough.

Sincerely,



Sylvia Jones

Deputy Premier and Minister of Health

- c: The Honourable Doug Ford, Premier of Ontario
Hon. David Piccini, MPP Northumberland–Peterborough South
Dave Smith, MPP Peterborough–Kawartha
Laurie Scott, MPP Haliburton–Kawartha Lakes–Brock

July 7, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health

Delivered via email: Sylvia.Jones@ontario.ca

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health

Delivered via email: Kieran.Moore1@ontario.ca

Dear Minister Jones and Dr. Moore,

On behalf of the Association of Ontario Public Health Business Administrators (AOPHBA), I write to you to express our interest in sharing our collective wisdom and experience to strengthen our public health system, enabling it to be responsive to growing demand and complexity, and accountable to Ontarians for the public dollars it spends. Our Association membership is comprised of business leaders in the 34 public health units across Ontario.

The AOPHBA wishes to acknowledge the Province of Ontario's support both past and on-going, in relation to the COVID-19 Pandemic. Whether through one-time funding for COVID-19 activities including case and contact management, enforcement, vaccination, the school-focused nurses initiative or through guidance documents, messaging, provision of cold storage units, information technology applications such as CCM and COVAX, your support allowed public health to increase capacity and our ability to respond to the ever-changing pressures of the COVID-19 pandemic. We also wish to acknowledge the exhaustive efforts of our public health units' public health professionals that went above and beyond to care for their communities. But our collective work is far from over. We now need to regroup and reflect upon the learnings of the COVID-19 Pandemic. Dr. Moore's 2022 Annual Report, *Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics*, rightly points to a call for action to be prepared to protect ourselves from future health threats, but also to invest in building a strong and resilient system and communities that create the best possible health for all. Preparedness is an on-going process, not an end state.

Above all, to be effective in reducing the demand on the health care system while simultaneously building an adaptive and resilient public health system that is responsive to threats to population health, sustainable and stable funding is required. Sustainable and stable funding will not only allow public health units to meet the requirements of the Ontario Public Health Standards (OPHS), but also the increased demand caused by the COVID-19 pandemic as well as build on current capacity to respond to emergent public health issues. The 2024 budget year presents a substantial risk to the capacity of public health units with the discontinuance of mitigation funding, rising operating costs, and increased and on-going work involving COVID-19. Head count reductions of highly valued health professionals will be required to address these pressures, negatively impacting our ability to meet the requirements of the OPHS.

We know that a balanced approach is necessary, managing the health care needs of today and preparing for the disease threats of tomorrow. Recognizing that there are always fiscal limitations, AOPHBA appreciates the need to ensure the system is designed to optimize the use of every dollar invested in public health. Our members have a keen interest and unique knowledge-base to contribute to system-wide or regional planning for an improved public health system, in particular with respect to administrative effectiveness and efficiency.

Dr. Moore's 2022 Annual Report states "To be ready for the next outbreak, Ontario's public health sector must take a collective, forward-thinking approach to pandemic planning. It must make sustained investments in strengthening sector and system, community, and societal readiness." We encourage you to create sustained public health funding levels that are supportive of public health's response to the requirements of the Ontario Public Health Standards, including sector and system readiness to emerging public health issues. We are eager for the opportunity to collaborate on the strengthening of public health and offer our collective wisdom and experience to create a strong, effective, and efficient public health system for the future.

Our Association Executive would be pleased to meet with you, in person, to discuss this matter of mutual importance and we are available at your convenience.

Sincerely,



Cynthia St. John
President

Association of Ontario Public Health Business Administrators (AOPHBA)

C: The Hon. Doug Ford, Premier
AOPHBA Membership
Association of Local Public Health Agencies (alPHA) Board of Directors
Ontario Boards of Health
Association of Municipalities of Ontario (AMO)
Dr. Catherine Zahn, Deputy Minister of Health

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** Loretta Ryan
Sent: July 19, 2023 4:05 PM
To: All Health Units <allhealthunits@lists.alphaweb.org>
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] Public Health Matters – A Business Case for Local Public Health

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

Re. Public Health Matters – A Business Case for Local Public Health

Dear alPHa Members,

The Association of Local Public Health Agencies (alPHa) is pleased to provide you with our new infographic, [Public Health Matters - A Business Case for Local Public Health](#), which highlights the business case for local public health being essential to the province's population health and the associated economic prosperity. This edition builds upon the first two infographics, [Public Health Matters \(Fall Vaccine Success\)](#) and [Public Health Matters \(A Public Health Primer\)](#).

These communications tools can be used with local decision makers to ask for their support for the goals and objectives of public health. We anticipate these infographics will be useful resources in your various engagements with stakeholders and community partners, including local councillors and MPPs. alPHa encourages you, as local public health leaders, to use and share these resources widely.

Respectfully,

Dr. Charles Gardner
President

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, 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.

From: allhealthunits
Sent: July 20, 2023 9:39 AM
To: AllHealthUnits
Subject: [allhealthunits] July 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

July 20, 2023

July 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 alPha's President** - July 2023

I am very grateful for the opportunity to be the alPha President for the year and wish to thank the alPha Board of Directors for this volunteer leadership role. Certainly, I have big shoes to fill following Trudy Sachowski as she commences her role as Past President and I am grateful to have her guidance and support, as well as the support of Wess Garrod as Vice President. I would also like to acknowledge and thank the alPha staff, **under Loretta Ryan's leadership** as Executive Director, and wish to take a moment to introduce the [alPha Board of Directors membership](#) for the year.

This year promises to be full with a number of key tasks for the alPha Board of Directors. We have been guided, throughout the course of the pandemic, with a Strategic Plan placing emphasis on fostering and supporting relationships among the membership and with partners, very much including the Province, the Office of the Chief Medical Officer of Health, Public Health Ontario, the Association of Municipalities of Ontario, Ontario Health and other leadership agencies in health care (such as the OMA) and higher education (such as the Dalla Lana School of Public Health). This engagement is critical

in the pursuit of support for the public health system and for the achievement of the health of the public. Our reviews and communication products (such as the [Public Health Matters series of infographics and videos](#)) serve these ends and have been well-received. Certainly, the contributions of the membership with the resolutions at the June conference have been key in setting priorities for advocacy for the alPHA Board of Directors.

The Association provides a unified voice for local public health as we engage with our members and our partners. Such unity is essential as we bring together the leadership, talents and dedication of the Boards of Health Section, the Council of Ontario Medical Officers of Health Section, and the leadership among the many disciplines within the Affiliates. With this approach, we will advance the cause of a resilient, sufficiently resourced, and well-positioned local public health system as we move forward from the pandemic addressing the needs and embracing the opportunities before us. Local public health is one of the three legs of the overall public health system, in partnership with the Office of the Chief Medical Officer of Health and with Public Health Ontario. As we work to develop a new Strategic Plan, commencing in 2024, our position and importance within the overall health system is paramount. With this in mind, the engagement of the alPHA membership in the development of our Strategic Plan commenced at the June conference, and the alPHA Board of Directors will carry it through to conclusion.

Our work for the year includes the revision of the alPHA constitution and policies to conform with the requirements of the Not-for-Profit Corporations Act, 2010 (ONCA) a task that when completed, will be brought to the general membership for approval at the 2024 June Annual General Meeting.

Through all of this, I am committed to serve the general membership in my role as alPHA President, pursuing our collective priorities.

*Charles
alPHA President*

Gardner

New *Public Health Matters* infographic - A Business Case for Local Public Health

Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

Our ask: We ask decision makers for their support for the goals and objectives of public health, with sustained and sufficient resources to ensure stability for Ontario's locally-based network of public health agencies. Local public health remains essential to the **province's population health and the associated economic prosperity**. Local public health supports the Ontario government in its goals to be efficient, effective, and provide value for money.

We would also like to thank everyone who contributed to the infographic, especially the staff at Simcoe Muskoka District Health Unit.

To view the infographic, click [here](#).

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

Next month, many alPHA members, particularly from the Boards of Health Section, will be attending **AMO's 2023 Annual General Meeting and Conference** taking place from August 20th to the 23rd in London, Ontario.

Whether you're an alPHA member attending the conference or participating in a delegation, here are some key alPHA resources including the latest infographic:

- [NEW: Public Health Matters Infographic – Business Case for Public Health](#)
- [Public Health Matters – Fall Vaccine Success Infographic](#) and [Video](#)
- [Public Health Matters – A Public Health Primer Infographic](#) and [Video](#)
- ["What is Public Health?"](#)
- [CMOH Annual Report](#)
- [The Future of Public Health in Ontario](#) and [Pre-Budget Consultations](#)

Looking for more information? Visit our [Boards of Health resource webpage](#) for helpful documents to help you prepare for this event.

2023 alPHA Conference and Annual General Meeting Resources

Thank you to all the members and speakers who participated in the 2023 Annual General Meeting and Conference. The [AGM Report](#), [Annual Report](#), [speaker biographies](#), and other conference-related materials can be found on the website.

An overview of the AGM and Conference is below.

June 12 - Opening Reception



alPHA members gathered in person for the first time since February of 2020 to enjoy light refreshments and remarks about the collective public health experience of the past few years and the way forward from **Dr. Eileen de Villa, Chair of alPHA's COMOH Section.**

June 13 - Conference and AGM

Call to Order, Opening Remarks, and Land Acknowledgement

alPHA President Trudy Sachowski welcomed delegates to the 2023 Annual Conference and introduced recorded greetings from Premier Doug Ford and Hon. Sylvia Jones, Deputy Premier and Minister of Health.





Keynote: Rest Refocus Recharge:
Apply the cutting-edge science of
brain states to perform at the
highest level

Dr. Greg Wells explained 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. He invited members to explore these [online resources](#).

Public Health Workforce Burnout: A Canadian Cross-sectional Study

Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer, Public Health Ontario provided an [overview of the first Canadian study to measure burnout of public health workers](#) since the COVID-19 pandemic began.



Rapid Review of Public Health Recovery, Renewal, and Resilience Building Post Pandemic: A Thematic Synthesis of Essential Organizational Imperatives

Julia Roitenberg, General Manager and Chief Nursing Officer at York Region Public Health [presented a rapid review of literature](#) to determine essential organizational imperatives for public health leaders to consider as they develop public health recovery, renewal, and resilience building plans following the

emergency stages of the COVID-19 pandemic.



Distinguished Service Awards and Board Recognition (DSA)

The DSA is given by alPHA to individuals in recognition of their outstanding contributions to public health in Ontario. **This year's recipients were Wess Garrod** (BOH Section), Dr. Charles Gardner (COMOH Section), Dr. Brian Schwartz, and Charlene Plexman (OAPHD). [The 2023 DSA Booklet is here.](#)

Combined alPHA Business Meeting and Resolutions Session

alPHA conducted its 2023 Annual General Meeting and Resolutions Session. Related materials can be accessed via the following links:

- [Agenda and reports](#)
- [Annual Report](#)
- [Disposition of Resolutions](#)

Individual Resolutions can also be found here:

- [Constitutional Amendment on Voting Delegates Allocation](#) (A23-01)
- [Toward a Renewed Smoking, Vaping, and Nicotine Strategy in Ontario](#) (A23-02)
- [Improving Indoor Air Quality to Prevent Infections and Promote Respiratory Health](#) (A23-03)
- [Ending Underhousing and Homelessness in Ontario](#) (A23-04)
- [Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates](#) (A23-05)
- [Advocating for a National School Food Program in Canada](#) (A23-06)

Additionally, the amended alPHA Constitution can be found [here](#). Changes were made to article 8.5 to reflect the new voting allocation category, which was endorsed by the membership at the Conference and AGM.

alPHa Strategic Plan Session

Maria Sánchez-Keane, Principal, Centre for Organizational Effectiveness, guided members through an [interactive feedback session](#) to inform alPHa's 2024 to 2026 Strategic Plan. She highlighted how strategic planning is a process in which an organization defines their vision for the future and identifies the organization's goals and objectives.



Emerging Successfully from the Pandemic – **What's Next?!**

Dr. Kieran Moore, Chief Medical Officer of Health and Dr. Christopher Simpson, Executive Vice-President, Medical, Ontario Health led a discussion of lessons learned from the pandemic response, including things that went well, things that we know need improvement, and strategies to ensure that preparing for future events is done on a sector-wide basis. Please note that no additional materials were provided, but many of the themes are reflected in the [CMOH's 2022 Annual Report](#).

June 14 - COMOH Section and Boards of Health Section Meetings

Materials related to these meetings are distributed directly to members of the Sections. Presentations to the Boards of Health Section are available online:

[AMO Update - June 14, 2023](#)

June 14, 2023 update to the Boards of Health Section by Lindsay Jones, Director of Policy, AMO, Michael Jacek, Senior Advisor, AMO, and Daniela Spagnuolo, Policy Advisor, AMO.

Materials related to these meetings are distributed directly to members of the Sections. Presentations to the Boards of Health Section are available online:

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June 14, 2023 update to the Boards of Health Section by Lindsay Jones, Director of Policy, AMO, Michael Jacek, Senior Advisor, AMO, and Daniela Spagnuolo, Policy Advisor, AMO.

Welcome to the 2023-2024 aPHa Board of Directors

aPHa would like to **welcome members of this year's Board of Directors. Your work will continue to reinforce Ontario's locally based public health system, strengthen its contributions to the health care system, and ensure Ontarians' health is better overall.** We look forward to working together this year!

alPHa Board of Directors

Executive Committee



Dr. Charles Gardner
President



Wess Garrod
Vice-President



Trudy Sachowski
Past-President



Dr. Eileen de Villa
Treasurer



Dr. Hsiu-Li Wang
COMOH Section Chair



Carmen McGregor
BOH Section Chair



Cynthia St. John
Affiliate Representative

Members-At-Large



Maureen Wilson



René Lapierre



Anu Sriskandarajah



Elizabeth Roy



Dr. Alex Summers



Dr. Pepi McTavish



Dr. Lianne Catton



Emma Tucker



Steven Rebellato



Dr. Vera Etches



Paul Sharma



Susan Stewart



Carolyn Doris



Jennifer Vickers-Manzin



Kevin Churchill

Save the date for the alPHa 2023 Fall Symposium, Section Meetings, and Workshops

We have an exciting line up for this year's Fall Symposium. From three Workshops to our many speakers, you won't want to miss this exciting event taking place November 22-24, 2023. The Fall Symposium will continue the important conversations on the **critical role, value, and benefit of Ontario's local public health system**. This is your chance to come together with other public health leaders from across the province **who've grappled with the same challenges** to strengthen the future of public health — and access tangible tools for healthy, resilient, and prosperous communities. Registration, which will open in September, is \$399.00 plus HST. More information will be available soon. In the meantime, here is the promotional poster and a flyer for one of the workshops.

Congratulations, Steven Rebellato!

alPHA is pleased to share the news that Steven Rebellato, alPHA Board member and Affiliate Representative for the Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO), was successful in his application for the AMS-Fitzgerald Fellowship in AI and Human-Centred Leadership with the Joint Centre for Bioethics at the Dalla Lana School of Public Health at the University of Toronto. Congratulations to Steven! More on this fellowship can be found [here](#).

Affiliates update

Ontario Dietitians in Public Health

Ontario Dietitians in Public Health coordinates submissions and advocates for both the public's nutritional health and the professional practice of public health nutrition. Recent submissions of interest include:

- A [submission to Health Canada's Consultation](#) on restricting food advertising primarily directed at children on television and digital media. It included a request to reframe the policy away from obesity prevention, which exacerbates weight bias contributing to discrimination, oppression and social injustices.
 - [Communication to the federal Minister of Agriculture](#) outlining concerns around framing the Local Food Infrastructure Fund as a program designed to reduced food insecurity.
-

Ontario Association of Public Health Nursing Leaders (OPHNL)

In 2022, OPHNL prioritized completing the [School Focused Nurses Initiative Evaluation](#) to document lessons learned from the implementation of this program during the COVID-19 pandemic response. OPHNL continues to build strategic relationships and alignment with key public health and nursing associations such as alPHA, OPHA, and RNAO; as well as the Provincial Chief Nursing Officer. In May 2023, OPHNL released documents highlighting the important contributions of PHNs and alPHA provided a [letter of support](#) of OPHNL's [Recommendation Information Sheet](#).

Health Promotion Ontario

Health Promotion Ontario hosted a series of webinars entitled “Health Promotion in a New Era”. Missed this series? No problem. Click [here](#) to view these insightful and engaging webinars.

Care for your skin this summer with the latest infographic

Summer means spending more time outside and enjoying the sun. However, it also means we have to protect ourselves. To read tips about sun protection, click on our Workplace Health and Wellness resources page [here](#). To view the infographic, please click on *Sun Safety*. Additionally, you can view previous infographics for more Workplace Health and Wellness tips!

Summer recovery tips from Tim Arnold

Tim Arnold, who has spoken at many alPHA events, has a five-minute video that has “**practical strategies that can help you navigate the summer season** with ease. Whether **you’re juggling work responsibilities, family commitments, or personal to-do lists**, these **tips are designed to be your guiding light in achieving healthy tension.**” To view the video, click [here](#).

BrokerLink Insurance

In partnership with the Association of Local Public Health Agencies (alPHA), BrokerLink is proud to introduce exclusive member discounted rates on personal home and auto insurance. Call 1.833.998.3798 or email groupinsurance@brokerlink.ca for a quote today!

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\(2022 U of T Report\)](#)
- [Boards of Health and Ontario Not-for-Profit Corporations Act](#)

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 - PH Matters #3: PH Business Case](#)
July 19, 2023, letter from the alPHA President, on behalf of the Council of Ontario Medical Officers of Health, Boards of Health Section, and Affiliate Organizations to Hon. Sylvia Jones, providing the new infographic *Public Health Matters - A Business Case for Local Public Health*. The infographic highlights how local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health.

[alPHA Letter - CYFSA/HBHC](#)

July 13, 2023, letter from the alPHA President, on behalf of the Medical Officers of Health, Boards of Health, and Affiliate organizations, to the Minister of Children, Community and Social Services to provide feedback on the 2023 Review of the Child, Youth, and Family Services Act, 2017 (CYFSA), as it pertains to the **Ministry's responsibility for the Healthy Babies, Healthy Children program, as delivered by alPHA's members.**

[Reply from Health Canada - Alcohol Warning Labels](#)

July 13, 2023, letter from the Director, Executive Correspondence Division Health Canada stating Ms. Shannon Nix, Associate Assistant Deputy Minister, Controlled Substances and Cannabis Branch and Dr. Celia Lourenco, Associate Assistant Deputy Minister, Health Products and Food Branch, Health Canada, would be available, on Honourable Jean-Yves Duclos' behalf, to meet with the alPHA Executive Committee.

[Response from Premier - Meeting with alPHA](#)

June 28, 2023, letter from the Premier, Doug Ford, thanking the alPHA Executive Committee for meeting with him on Monday, June 5, 2023.

Public Health Ontario

Public Health Ontario Resources

News Releases

- [Immunization Coverage Report for Routine Infant and Childhood Programs in Ontario: 2019-20, 2020-21 and 2021-22 School Years](#)
- [Impact of COVID-19 Pandemic on Youth Tobacco Smoking and Vaping](#)
- [Harm Reduction Services for Anyone who Smokes or Inhales Drugs, a Community Opioid/Overdose Capacity Building resource](#)
- [Opioid Toxicity and Access to Treatment among Adolescents and Young Adults in Ontario](#), collaboration with The Ontario Drug Policy Research Network and The Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service

Respiratory Virus Surveillance

- [COVID-19 Wastewater Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario](#)
- [COVID-19 Vaccine Uptake in Ontario](#)
- [Adverse Events Following Immunization \(AEFIs\) for COVID-19 in Ontario](#)

Upcoming Public Health Ontario Events

- July 20 | [PHO Rounds: Measuring the Climate Resilience of Health Systems](#)

Interested in PHO's upcoming events? Checkout their [Events](#) page to stay up-to-date with all of PHO's events.

Missed an event? Check out PHO's [Presentations](#) page for full recordings of their events.

Upcoming DLSPH Events and Webinars

- [Building Our Collective Capabilities](#) (Jul. 24)
 - [Kimberly Fairman & Dr. Sophie Roher - ONTARIO NEIHR Webinar Series 2022/2023](#) (Jul. 26)
 - [Sweat Lodge Ceremony](#) (Jul. 27)
-

RRFSS Update - 2024 RRFSS cost freeze

I am pleased to share with you some good news about joining RRFSS next year. For the first time, we are able to offer \$ savings with an early bird cost freeze for 2024 members — this means a freeze at 2023 costs for both ISR data collection contracts and RRFSS Coordination costs.

Health units have told us budget challenges are the #1 barrier to joining RRFSS. That is why, in 2024, RRFSS will be offering this “early bird” membership cost for the first time — 2024 membership at 2023 levels! To get early bird cost savings, RRFSS Letters of Intent must be dated/completed by Sept. 15th, 2023 using the 2023 costs options. After Sept 15th, 2023, costs will increase and the 2024 cost option tables will come into effect.

In addition, by participating in RRFSS, costs are reduced by sharing administrative costs associated with CATI setup, data collection and data file preparation by ISR. RRFSS also allows for custom surveys based on specific budgets. To collect 2024 RRFSS data and create a survey package and customizable budget contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca

TRAVAX renewal is here again!

Please see below for information related to [Travax subscriptions](#), which is a member benefit that provides time and financial savings by ordering in conjunction with other PHUs.

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

News Releases

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



Our mailing address is:

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

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Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

777, rue Bay, 5^e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
www.ontario.ca/sante



August 22, 2023

e-Approve-72-2023-537

Kathryn Wilson
Chair, Board of Health
Peterborough County-City Health Unit
185 King Street
Peterborough ON K9J 2R8

Dear Kathryn Wilson:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Peterborough County-City Health Unit up to \$71,400 in additional base funding and up to \$30,000 in one-time funding for the 2023-24 funding year to support the provision of public health programs and services in your community.

The Executive Lead of the Office of Chief Medical Officer of Health, Public Health Division will write to the Peterborough County-City Health Unit shortly with further details concerning this funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Jones".

Sylvia Jones
Deputy Premier and Minister of Health

c: Dr. Thomas Piggott, Medical Officer of Health, Peterborough County-City Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

From: allhealthunits
Sent: August 25, 2023 11:33 AM
To: AllHealthUnits
Subject: [allhealthunits] August 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

August 25, 2023

August 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 alPHA's President** - August 2023

As we reach the end of August, I hope that all have had the opportunity for some enjoyment and restoration, despite the environmental challenges that we have experienced around the world including in Ontario. The forest fires (and the resultant smoke exposure), tornadoes, heat events and flooding that have impacted across the country have sadly taken the lives of individuals and endangered entire communities. We face a challenging future with climate change impacts being more evident. This is yet another reason to have a strong local public health system.

On August 22, at the Association of Municipalities of Ontario (AMO) Conference, the Minister of Health announced the restoration of \$47-million in annual base funding and annual 1 per cent increases to base funding for local public health units in each of the next three years. In my letter of acknowledgement to the Minister, I indicated that while this may not be sufficient to completely meet our mandate, alPHA appreciates knowing what our thresholds will be when planning our budgets. I also noted the opportunity to work together with the province to address long-standing challenges in the system. The alPHA Board has been engaging with the province with messaging

calling for ongoing, stable and sufficient funding, including during a meeting of the alPHA Executive with Minister Jones on July 26th. We understand that with this funding announcement comes the opportunity for the local public health community to identify changes that can be put in place to increase our capacity, effectiveness and efficiency. The alPHA Board will carefully consider the roles that alPHA may play in response to this opportunity.



The timing of this allows the alPHA Board to reflect on its implications for the renewal **of alPHA's strategic plan, a work in progress through the remainder of 2023.** It is also an opportunity that we need to reflect on in our engagements such as with the Office of the Chief Medical Officer of Health, Public Health Ontario (PHO), Ontario Health, AMO and the Ontario Medical Association (OMA). In keeping with this, the alPHA Executive, as well as a number of other local public health leaders, attended the AMO Conference, raising the profile of local public health among the attendants and supporting Dr. Robert Kyle, Commissioner and Medical Officer of Health for Durham Region in his address *Transforming Health In Ontario*. We also continue engaging with PHO in the development of their own renewed strategic plan.

In follow up to our excellent alPHA Conference in June, as alPHA President, I am proud to be the signatory for the [letters](#) in support for the resolutions approved by the membership. They cover a wide range of public health topics of fundamental importance and reflect the insights and the dedication of local public health leadership across the province.

As we continue to restore and renew local public health, and to engage with the broader health care system, we also prepare for the surge in respiratory viruses that will come later in the year. Thus, the response to daily population health needs continues while we also anticipate and prepare for the needs to come. In all of this, I am always grateful for the dedication and quality of leadership in local public health throughout the province, also of the alPHA Board and Executive, and the excellent work of our alPHA staff.

Charles Gardner
alPHA President

Public Health Funding and Capacity Announcement

As noted above in the President's message, alPHA wrote to the Minister of Health, Hon. Sylvia Jones, regarding the Public Health Funding and Capacity Announcement made at the Association of Municipalities of Ontario Conference on Tuesday, August 22. A link to alPHA's submission can be found [here](#) and a link to the Minister's remarks is available [here](#).

alPHA representatives, including those from the Boards of Health Section, the Council of Ontario Medical Officers of Health Section, Affiliate organizations and alPHA staff, continue to work hard on your behalf to advocate for a strong, effective, and efficient local public health system in Ontario. Recent activities include actively participating on key tables, correspondence on important public health issues, recent meetings with the Premier and the Minister of Health, and ongoing dialogue and meetings with the Chief Medical Officer of Health and his staff.

alPHA is anticipating further dialogue and as updates are available, we will connect back with the membership.

Thank you to the alPHA members who attended the AMO Conference and helped to profile the *Public Health Matters* infographic - A Business Case for Local Public Health

alPHA would like to thank the many members who attended the AMO Conference, particularly from the Boards of Health Section. Thank you for highlighting key public health issues, the importance of local public health, and for using key alPHA

resources, including this infographic, in your discussions and delegations with Ministers.

To view the infographic, click [here](#).

Save the date for the ALPHA 2023 Fall Symposium, Section Meetings, and Workshops

Mark your calendars for November 22-24, as we prepare to host a remarkable event **that will amplify the critical role, value, and benefit of Ontario's** local public health system.

Join us for online plenary sessions with public health leaders in the morning, followed by BOH Section and COMOH Section meetings in the afternoon.

Attendees are invited, at no additional cost, to participate in workshops called: *Climate Change and Public Health, How to Use a Human Rights Based Framework in the Workplace, and the Importance of Risk Communication in a Changing World.*

This gathering provides a unique opportunity to connect with public health leaders from all corners of the province. Together, we will delve into shared obstacles and strengthen the future of public health. Expect to gain access to invaluable tools and resources that will empower local public health and their communities. Registration is \$399 plus HST and ALPHA will notify the membership when it opens in September.

For further details, [check out our flyer](#) and stay tuned for updates!

Share your climate change and health adaptation resources!

Climate change is having serious impacts on health and health systems in Ontario. This summer alone, we've witnessed the severe consequences of climate change with wildfires, heat domes, and flooding sweeping across the country. Many health authorities are taking actions to prepare for climate change through health assessments, early warning systems, training and education of staff and public education and outreach.

In response to this critical issue, alPHa is taking a proactive approach. We're excited to announce a special Climate Change Workshop at our upcoming 2023 Fall Symposium on November 22nd. We sincerely hope you will join us for this vital event.

We're continually striving to enhance our [Climate Change resource page](#). This page currently houses essential liaison reports and key resources. However, we believe that, together, we can make it even more comprehensive and valuable. We are asking members to contribute to this collective effort. If you have any climate change and health adaptation resources that you believe would be beneficial, please share them with us at gordon@alphaweb.org. Your input will help ensure that our resources remain up-to-date and relevant.

Lights, camera, action!

As part of the alPHa Fall 2023 Symposium taking place on November 22-24, there is an opportunity to showcase recent videos from public health units from across the province.

Has your PHU posted a short public health video on your website or YouTube that **you'd like to share with Symposium attendees? The Symposium is an excellent** opportunity to showcase and share your communications work on key public health issues!

Here's how to submit:

- Send the title and link to your PHU's video(s) to info@alphaweb.org
- Send only the URL(s) and do not send any video files.
- YouTube videos are preferred.
- Clips can be live-action or animated.
- Video(s) should be short and can be no longer than five minutes in length.
- Clips should be recently recorded (2023)/stand the test of time from when the videos were recorded.
- Variety is welcomed as we'd like to cover a broad range of public health topics.
- Videos must be from your PHU and not from another organization.
- Maximum of three (3) videos can be submitted.

The deadline to submit information on your video clip is 4 p.m. on Friday, November 10th. We look forward to receiving your submissions!

Update on Resolution A23-06, Advocating for a National School Food Program in Canada

alPHA is pleased to announce that the process of endorsing the work on the Coalition for Healthy School Food has been completed. This was directed by the membership through [Resolution A23-06, Advocating for a National School Food Program in Canada](#). Please note, alPHA's logo has been added to the "[Endorsers](#)" page and is the 130th endorser. We join other health units, networks, school districts, community health boards, schools, government agencies, cities, and indigenous and nonprofit organizations who have endorsed the Coalition.

Affiliates update

Ontario Dietitians in Public Health (ODPH)

ODPH's Food Insecurity Workgroup prepared a written submission for the Federal Government's Pre-Budget Consultation. The submission, with recommendations focused on the Canada Child Benefit, can be found [here](#).

BrokerLink Insurance: How to Save on Insurance

In partnership with alPHA, [BrokerLink](#) is proud to offer exclusive discounts on personal home and auto insurance to members. If you're trying to save money in different areas of your budget, it's a good idea to look over your insurance policies. Check out BrokerLink's tips on how to save money on your insurance [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)
- [The Ontario Public Health Standards](#)

- [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](#)
- [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\(2022 U of T Report\)](#)
- [Boards of Health and Ontario Not-for-Profit Corporations Act](#)

Calling all Ontario Boards of Health: Level up your expertise with our NEW training courses designed just for you!

Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario.

BOH Governance training course

Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

Social Determinants of Health training course

Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Reserve your spot for in-person or virtual training now! Visit [our website](#) to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.

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](#). These documents are publicly available and can be shared widely.

- [alPha Letter - Public Health Funding Announcement](#)
- [alPha Letter - A23-06 - National School Food](#)
- [alPha Letter - A23-05 - Food Affordability](#)
- [alPha Letter - A23-04- Underhousing](#)
- [alPha Letter - A23-03- Indoor Air Quality](#)
- [alPha Letter - A23-02 - Nicotine Strategy](#)
- [alPha Letter - Vaccine Expansion in Pharmacies](#)
- [alPha Letter - Minister/alPha Leadership Meeting](#)

Public Health Ontario

COVID-19 and Respiratory Virus Reports

- [COVID-19 Wastewater Surveillance in Ontario](#)
- [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario](#)

Additional Resources — New

- [Environmental Scan: Heat Alert and Response Systems \(HARS\)](#)
- [Rapid Review: Interventions to Mitigate Heat-related Harms among Vulnerable Populations](#)

- [Median influenza immunization coverage estimates among hospital and long-term care staff, 2022-23 influenza season, Ontario](#)
- [Updated Stimulant Harms Snapshot](#)
- [IPAC Construction, Renovation, Maintenance and Design form](#)
- [Interactive Opioid Tool Update](#)

Events

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

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

Upcoming DLSPH Events and Webinars

- [Full Moon Ceremony: Blue Moon](#) (Aug. 30)

RRFSS Update - Important RRFSS Membership information for 2024

The 2024 cost options for RRFSS 2024 membership are now available! And for the first time we are able to offer \$ savings with an early bird cost freeze for 2024 members — this means a freeze at 2023 costs for both ISR data collection contracts and RRFSS Coordination costs (currently set at \$7,000 annually).

Health units have told us that budget challenges are the #1 barrier to joining RRFSS. **That is why RRFSS will be offering this "early bird" membership cost for 2024** membership at 2023 cost levels!

To get early bird cost savings, RRFSS Letters of Intent to participate in 2024 RRFSS must be submitted by Sept 15, 2023 using the 2023 cost options. Please note this deadline only applies for Letters of Intent, payments are flexible and can be arranged for a preferred time frame later in 2023 or in 2024.

After Sept 15, 2023, costs will increase and the 2024 cost options (5 per cent increase) will come into effect.

For further information please contact, Lynne Russell, RRFSS Coordinator:
lynnerussell@rrfss.ca

News Releases

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



Our mailing address is:

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

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June 6, 2023

VIA ELECTRONIC MAIL

Honourable Jean-Yves Duclos
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6

Dear Honourable Jean-Yves Duclos:

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

The link between alcohol and chronic disease, injury, and death is a significant public health concern.

WHEREAS alcohol is a well-established risk factor for premature death and injury due to unintentional injuries, violence, cancer, liver disease, heart disease, and high blood pressure; and

WHEREAS the Canadian Center on Substance Use and Addiction released new [guidelines](#) and information in January 2023 about alcohol consumption and health; and

WHEREAS within the Public Health Sudbury & District's catchment area, only 37% of adults report that they are aware that consumption of alcohol every day may increase their risk of cancer; and

WHEREAS Public Health Sudbury & Districts has elevated and increasing rates of heavy drinking (27.9% PHSD in 2019/2020, compared with 15.6% for the province); and

WHEREAS the Ontario Public Health Association and multiple Ontario boards of health in Ontario are writing in support of Senator Brazeau's Bill S-254 – An Act to amend the Food and Drugs Act (warning label on alcoholic beverages), which, if passed, would require the industry to

Sudbury

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Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place

10 rue Elm Street
Unit / Unité 130
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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



Letter to Honourable Jean-Yves Duclos

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

June 6, 2023

Page 2

include informative labels on alcoholic bottles discussing health risks and standard drink size;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts similarly convey its support for federally mandated health risk labels on all alcohol containers sold in Canada and urge members of parliament and senators to support Bill S-254.

Based on new guidelines published by the Canadian Centre on Substance Use and Addiction, [Canada's Guidance on Alcohol and Health](#), the health risks associated with alcohol consumption are better known. However, given current perceptions and routine promotions of alcohol consumption within popular culture, a gap exists between the populations' understanding of the associated health risks and alcohol consumption behaviours. A review of data in the area served by the Board of Health for Public Health Sudbury & Districts points to an evident gap in this understanding.

The Board of Health plays a key role in advocating for the best interests of those who live in Sudbury and districts. Alcohol warning labels, including information about standard drink sizes, empower individuals to make informed decisions about their alcohol consumption and their health.

We thank you for your attention to this important health promoting initiative. We ask that you support Senator Brazeau's call through Bill S-254 to implement alcohol labelling to ensure Canadians make informed decisions about their alcohol consumption and their health.

Sincerely,



René Lapierre

Chair, Board of Health

cc: Patrick Brazeau, Senator
Donald Plett, Senator
Raymonde Saint-Germain, Senator
Scott Tannas, Senator
Jane Cordy, Senator
Marc Gold, Senator
Carolyn Bennett, Minister of Mental Health and Addictions, Government of Canada
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Dr. Kieran Moore, Medical Officer of Health, Government of Ontario
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Dr. Theresa Tam, Chief Public Health Officer of Canada
All Ontario Boards of Health



June 23, 2023

VIA EMAIL

The Honourable Sylvia Jones
Minister of Health
Ministry of Health
5th Floor, 777 Bay Street
Toronto, ON M7A 2J3
Sylvia.jones@ontario.ca

Dear Minister Jones:

Re: Public Health Funding

I am pleased to share with you Public Health Sudbury & Districts Board of Health motion in support of the Board of Health for the City of Hamilton, which calls on the provincial government to improve funding to Public Health.

At its meeting on May 18, 2023, the Board of Health carried the following resolution #31-23:

THAT the Board of Health for Public Health Sudbury & Districts endorse the recommendations of the Board of Health for the City of Hamilton and urge 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 the public health budget for 2018-2019; and,*
- *Include expectations or on-going response in the OPHS and provide permanent funding to sustain these requirements.*

Boards of Health play a key role in improving the health of communities and Public Health Sudbury & Districts is committed to an effective and accountable public health system. With inflation costs, increasing costs in wages and benefits and operating expenses, there are growing concerns about our ability

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The Honourable Sylvia Jones

June 23, 2023

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to meet the requirements of provincial legislation and related documents including the Ontario Public Health Standards (OPHS) and the increasing needs of our communities with the current provincial funding policy. It is critical that Public Health be adequately resourced. Without adequate funding, our ability to deliver on our requirements risk erosion over time impacting the health of our communities. We urge the government to support sufficient, stable, and sustained funding for local public health agencies.

We thank you for your attention to this important matter.

Sincerely,



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

cc: Jamie West, Member of Provincial Parliament, Sudbury
France G  linas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Dr. Kieran Moore, Chief Medical Officer of Health
Council of Ontario Medical Officers of Health
All Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies

June 21, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, Floor 5
Toronto, ON M7A 2J3

Email to: sylvia.jones@ontario.ca

Re: Simcoe Muskoka District Health Unit 2024 Budget

Dear Minister Jones,

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU), I wish to express appreciation for the Ontario government's investment in public health during the COVID-19 pandemic, the most extraordinary emergency response of our lifetime. Public health remains a cornerstone of the health system during pandemics and at other times, providing cost-effective services that have reduced overall provincial health care costs and kept many people out of emergency departments and hospitals, while at the same time maintaining a healthy and productive population.

Sufficient, predictable, and timely provincial funding into the future is vital to maintaining these essential cost-saving services. The [Public Health Resilience in Ontario](#) report and the [2023 pre-budget submission](#) of the Association of Local Public Health Agencies (alPHA), as well as the 2022 Annual Report from the Chief Medical Officer of Health ([Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics](#)) have spoken to the great value of the Province's ongoing investment in local public health.

The provincial Mitigation Funding of \$2.2 million provides a very important contribution to the Province's overall grant to the budget for SMDHU, which is vitally important in maintaining the Board's full range of services to the communities it serves. In addition, ongoing dedicated funding for COVID-19 would allow SMDHU to continue to respond to COVID-19 as a disease of public health significance in accordance with the provincial guidelines.

Specifically the continuation of these funds would help to ensure that residents and visitors of Simcoe Muskoka receive a full range of essential public health programs and services that have kept Ontarians out of hospitals, such as food safety inspections to prevent foodborne illness, ensuring safe drinking water to prevent community-wide outbreaks, supporting parents and families for healthy growth and development, tobacco control to prevent lung cancer and chronic obstructive pulmonary disease, promoting healthy nutrition to prevent diabetes and cardiovascular disease, improving mental health in school children, immunization against vaccine-preventable diseases, and preparations for future public health emergencies, to name but a few. Funding would also support SMDHU's continued presence throughout our region such that public health services are accessible to all via various modalities, including in our local offices and by ready phone contact.

Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

Gravenhurst:
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

Huntsville:
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

Midland:
A-925 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

Given the impacts identified above and the value achieved through ongoing funding from the Province for local public health services in our communities of Simcoe County, the District of Muskoka, and the Cities of Barrie and Orillia, the Board urges that the Province include its Mitigation Funding within its base funding grant commencing in 2024, and also continue funding for the COVID-19 response (vaccination and outbreak management). In this context, the Board notes and supports alPHA's position for a return to the provision of 75% of the funding by the Province for the base budgets of local public health units.

To maintain the public health services that are essential to the health of our communities, it is critical that local public health agencies be adequately resourced by the Province, now and into the future.

Sincerely,

ORIGINAL Signed By:

Ann-Marie Kungl
Chair, Board of Health
Simcoe Muskoka District Health Unit

cc: Councils of the Simcoe Muskoka obligated municipalities
Association of Local Public Health Agencies
Ontario Boards of Health in Ontario
MPPs of Simcoe Muskoka



July 3, 2023

Honourable Sylvia Jones, Deputy Premier and Minister of Health
Province of Ontario
Hepburn Block 10th Floor 80 Grosvenor Street Toronto,
ON M7A 1E9
Sent via email: Sylvia.Jones@pc.ola.org

Dear Minister Jones,

I want to begin by thanking you and your government for your continued commitment to keeping the health and safety of Ontarians a top priority. Your steadfast financial support for public health units throughout the COVID-19 pandemic was critical to ensuring our ongoing ability to meet the needs of our communities.

On behalf of the Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), I am writing to you to share our concerns about significant funding shortfalls anticipated for 2024.

The Province of Ontario invested significant funds across the health sector to support the response to the COVID-19 pandemic. The success of preventing the spread of COVID-19 through vaccination and other public health measures is something to celebrate. Given that COVID-19 is no longer a public health emergency of international concern, it is understandable that the scope and scale of interventions and financial support provided by the Province is pared back.

We are aware that several one-time buckets of funding are planned to end throughout 2023. This includes the School Focused Nurses Initiative, COVID-19 Extraordinary Funding, and Mitigation Funding. This leaves public health units to respond to increased community needs that arose during the pandemic (such as drug poisonings), address public health service back-logs (such as immunizations), and continue to manage COVID-19 as an endemic infectious disease using a base budget that is essentially the same as it was in 2018.

The end of the above-mentioned one-time funding, coupled with increased operational costs due to inflation, means that HKPRDHU will be challenged to meet the growing needs of our communities and the continued expanding requirements of the Ontario Public Health Standards (OPHS). Our anticipated financial shortfall to maintain our existing programs, assuming that Mitigation funding is continued, is estimated at \$1.9 million. To illustrate the gap in funding solely related to inflationary pressures, had the consumer price index been applied annually since 2018 to the HKPRDHU base budget, the provincial portion of our base budget for mandatory programs would be \$14,728.994 (an increase of \$2.7 million dollars).

Although one-time funding enabled health units to address urgent needs arising in a timely fashion, the lack of sufficient, predictable funding is a barrier to establishing a permanent strong and resilient public health system. Strong infrastructure for local public health is paramount to ensuring that Ontario is ready for the next surge in COVID-19, the next pandemic, the next extreme weather event, or the next emerging health hazard.

PROTECTION · PROMOTION · PREVENTION

HEAD OFFICE
200 Rose Glen Road
Port Hope, Ontario L1A 3V6
Phone · 1-866-888-4577
Fax · 905-885-9551

HALIBURTON OFFICE
Box 570
191 Highland Street, Unit 301
Haliburton, Ontario K0M 1S0
Phone · 1-866-888-4577
Fax · 705-457-1336

LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · 705-324-0455

Now, more than ever, our communities need a robust public health system. While the threat of COVID-19 has dimmed, the need for an agile public health response to infectious disease threats was clearly articulated in the Chief Medical Officer of Health report for 2022 (insert link to Being Ready).

Public health units are a fundamental part of the solution to address the current challenges faced in primary and acute care. By preventing the spread of infectious diseases, preventing illnesses associated with environmental exposures, and preventing chronic diseases through policy development and health promotion, public health units keep people out of emergency departments and out of hospitals. Investing in public health is a long-term, sustainable approach to building a strong health care system.

For the above reasons, the Board of Health for HKPRDHU urges the provincial government to demonstrate their ongoing support for public health by increasing the provincial contribution to mandatory programs and continuing Mitigation funding. Should Mitigation funding end, we urge the provincial government to reverse the 70/30 policy decision made in 2019.

As we look to a future that holds a strong, resilient health system for all Ontarians, we urge the Province to provide the necessary supports for the recovery and strengthening of public health in a comprehensive and sustainable way.

Respectfully,

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT



David Marshall, Chair, Board of Health

DE/nb

Cc (via email): The Hon. Doug Ford, Premier
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
David Piccini, MPP Northumberland-Peterborough South
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies

August 2, 2023

Attention:

The Honourable, Doug Ford, Premier of Ontario
The Honourable Sylvia Jones, Deputy Premier and Minister of Health of Ontario
City of London Council
County of Middlesex Council
Teresa Armstrong, Member of Provincial Parliament for London Fanshawe
Terence Kernaghan, Member of Provincial Parliament for London North Centre
Peggy Sattler, Member of Provincial Parliament for London West
Rob Flack, Member of Provincial Parliament for Elgin-Middlesex-London
Monte McNaughton, Member of Provincial Parliament for Lambton-Kent-Middlesex

RE: Middlesex-London Health Unit 2024 Budget

Dear Premier, Honourable Ministers, Members of Provincial Parliament, City of London Council, and County of Middlesex Council,

The Middlesex-London Health Unit (MLHU) is grateful to the provincial government for its continued commitment to keeping the health and safety of Ontarians a top priority, with steadfast financial support for the Health Unit throughout the pandemic. Public health provides a critical foundation for the broader public healthcare system, during pandemics and beyond, through the provision of efficient and effective interventions that keep Ontarians out of emergency departments and hospital beds. Within its mission to protect and promote the health of people in Middlesex-London, the team at the MLHU helps to prevent the spread of infectious diseases, prevent illnesses associated with environmental exposures, promote healthy growth and development for babies, children, and youth (including mental health), prevent injuries and chronic diseases, and ensure system readiness for public health emergencies. Investing in public health is therefore a critical long-term, sustainable approach to building a strong healthcare system.

The MLHU Board of Health wants to ensure the province was aware of the significant funding shortfall facing the MLHU in 2024. The MLHU anticipates funding reductions in 2024 with the end of the School Focused Nurses Initiative and COVID-19 Extraordinary Expense Funding. The proposed shift of Mitigation Funding to municipal partners introduces pressures beyond the funding increases required to keep pace with inflation, currently forecasted at 3.9% for 2024. Further, the rapidly increasing population creates greater need; between 2016 and 2021 the population of Middlesex-London grew by 10%.

Without adequate funding, it is anticipated that it will not be possible for the MLHU to execute substantial components of the Ontario Public Health Standards in 2024. One recent example is the MLHU Strathroy Dental clinic, recently opened in [June 2023](#), with capital funds from the Ontario Seniors' Dental Care Program to support low-income seniors and low-income children 17 and under. This is a vital program in Middlesex County and has a large waitlist of clients interested in seeking dental care. To date, operational funding has not been provided for this clinic, adding to the list of significant financial pressures facing the MLHU in 2024.

The MLHU shares the concerns of its public health colleagues from across Ontario regarding our collective ability to meet the [Ontario Public Health Standards](#), the legislative guideposts to ensure the health of Ontarians, set out by the Ministry of Health. We ask that the Ministry return the funding to the previous 75:25 Provincial/Municipal allocation, provide an increase to base funding sufficient to reflect ongoing accountability for managing COVID-19 as a Disease of Public Health Significance, and increase funding to address inflationary pressures. Sufficient and stable funding for public health is required to maintain the public health services that are essential to the health of our communities, now and into the future.

Sincerely,



Matt Newton-Reid
Board Chair
Middlesex-London Health Unit



Emily Williams, BScN, RN, MBA, CHE
Secretary and Treasurer
Middlesex-London Health Unit



Dr. Alex Summers MD, MPH, CCFP, FRCPC
Medical Officer of Health
Middlesex-London Health Unit

CC: All Ontario Boards of Health
Middlesex-London Board of Health Members
David Jansseune, Assistant Director, Finance, Middlesex-London Health Unit

June 28, 2023

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier Ford:

Re: Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023

Teen vaping has increased steadily across the nation and within Sudbury and districts since 2017. There are significant health risks associated with vaping and nicotine use including lung damage, changes to the brain, dependence or addiction, difficulty learning, and increased anxiety and stress. Furthermore, there is an increased risk for future tobacco cigarette use among youth who vape (Ontario Agency for Health Protection and Promotion, 2018).

Bill 103 aims to prevent youth from starting to vape and seeks to decrease vaping rates through a number of important actions, including prohibiting the promotion of vapour products, and raising the minimum age for purchasing vapour products.

At its meeting on June 15, 2023, the Board of Health carried the following resolution #35-23:

WHEREAS vaping poses substantial health risks linked to the development of chronic illness, addiction, polysubstance use, as well as risks for injury and death; and

WHEREAS vaping rates among youth have grown with 30.6% of Grade 7 to 12 students in Northern Ontario reporting having used electronic cigarettes(vaping) in 2019, compared with 22.7% for the province; and

WHEREAS Board of Health motion [48-19](#) noted the Board's longstanding history of proactive and effective action to prevent tobacco and emerging product use and urged the adoption of a comprehensive tobacco and e-cigarette strategy; and

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WHEREAS [Bill 103 – Smoke-Free Ontario Amendment Act \(Vaping is not for Kids\)](#), 2023 aims to prevent youth from initiating vaping and decrease the current usage of vaping products by targeting legislation changes, including banning the retail of flavoured vaping products, increasing minimum purchasing age to 21, and prohibiting the promotion of vapor products;

THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse Bill 103 - Smoke Free Ontario Amendment Act (Vaping is not for Kids), 2023; and

FURTHER THAT this endorsement be shared with relevant stakeholders.

Vaping among youth is a complex public health issue that requires immediate action. This suggests that a single intervention or approach will be insufficient to address the high rates of vaping among youth. At Public Health Sudbury & Districts, our efforts in addressing youth vaping involve a multi-faceted, comprehensive, upstream, and strengths-based approach that supports positive youth development. Strategies are community and school-driven and influence risk and protective factors associated with vaping. The strategies include education, policy development, prevention programs, research, collaboration, and enforcement activities, fostering the development of supportive social and physical environments in which youth can thrive and flourish. Yet, this is just one piece in a comprehensive approach addressing youth vaping.

The legislative solutions of Bill 103 are designed to make vaping less available and desirable for youth to address the increase in rates of vaping and to prevent the associated harms of vaping.

We thank you for your attention to this important health promotion initiative, and we continue to look forward to opportunities to work together to promote and protect the health for everyone.

Sincerely,



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

cc: France G  linas, Member of Provincial Parliament, Nickel Belt
Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Honourable Steve Clark, Minister of Municipal Affairs and Housing
All Ontario boards of Health
Association of Local Public Health Agencies

PETERBOROUGH PUBLIC HEALTH

BOARD OF HEALTH

TITLE:	Q2 2023 Status Report (April 1 – June 30, 2023)
DATE:	September 13, 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, Q2 2023 Status Report (April 1 – June 30, 2023), for information.

SUMMARY

Summary of Key Issues from the Medical Officer of Health

Accomplishments:

- Significant progress with strategic plan implementation, strategic plan evaluation approaches and engagement of community partners and members to direct this work.
- Progress on Indigenous health allyship activities including promotion of Section 50 agreements through provincial engagement, identification of strategies for Indigenous-directed climate change assessment work, and Indigenous data governance approaches.
- PPH has a signed agreement with Haliburton Kawartha Pine Ridge District Health Unit to co-deliver the Nurse Family Partnership with a soft launch anticipated for late August 2023.

Challenges:

- Continued human resource challenges with retention of temporary contracted staff and capacity to catch-up programs and services, notably inspection services and immunization/school health.

PROGRAM TRACKER

Status of Mandated Programs and Requirements

Ontario Public Health Standard Mandated Programs	# Requirements Compliant Q2 2023	Q1 2023
Program Standards		
Chronic Disease Prevention and Well-Being	3/5	4/5
Food Safety	4/5	4/5
Healthy Environments	10/11	10/11
Healthy Growth and Development	2/3	2/3
Immunization	10/10	10/10
Infectious and Communicable Diseases Prevention and Control	21/21	21/21
Safe Water	8/8	8/8

Ontario Public Health Standard Mandated Programs	# Requirements Compliant Q2 2023	Q1 2023
School Health	9/10	9/10
Substance Use and Injury Prevention	2/4	3/4
Foundational Standards		
Population Health Assessment	6/6	6/6
Health Equity	4/4	4/4
Effective Public Health Practice	9/9	8/9
Emergency Management	1/1	1/1
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, we are currently unable to fully analyze relevant data related to chronic disease prevention, nor fully deliver interventions using a comprehensive health promotion approach that addresses risk and protective factors of all chronic disease. We are currently prioritizing public health interventions that address healthy eating behaviours and oral health.

Food Safety

Program Compliance:

Requirement #4: Inspections are not completed in accordance with the protocol due to deprioritization of low-risk food premises inspections in order to ensure capacity for Strategic Plan priorities. It is important to note that this was originally incorrectly reported as compliant in Q1.

Healthy Environments

Program Compliance:

Requirement # 6: Implementing a program of public health 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: Vision screening has been deprioritized and will not be completed in 2023.

Substance Use and Injury Prevention

Program Compliance

Requirement #2: Due to capacity, we are currently unable to fully analyze relevant data related to injuries and substance use, nor fully deliver interventions using a comprehensive health promotion approach that addresses risk and protective factors of all preventable injuries and substance use. We are currently prioritizing public health interventions that address opioid poisonings.

Foundational Standards

Program Compliance

Increased capacity with hiring of Health Promoter Specialist to do this work.

Strategic Plan – Board of Health Q2 Reporting (April – June 2023)

Reference: PPH Strategic Plan 2023-25

Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q2
Our Team	Healthy Organizational Culture	7	Initiated	<ul style="list-style-type: none"> Champions developed theory of change and prioritized actions. Presented overview of priority goals to Senior Leadership for endorsement and management team for feedback.
	Staff Wellbeing and Development	8	Initiated	<ul style="list-style-type: none"> Champions developed theory of change and prioritized actions. Presented overview of priority goals to Senior Leadership for endorsement and management team for feedback.
	Effective Teams	9	Initiated	<ul style="list-style-type: none"> Champions developed theory of change and prioritized actions. Presented overview of priority goals to Senior Leadership for endorsement and management team for feedback.
Our Community	Drug Poisoning Crisis	3,4,5	Implemented	<ul style="list-style-type: none"> Ongoing planning of activities with First Nation Health Departments to support harm reduction efforts. Ongoing collaboration with community partners to deliver activities including the Early Warning Surveillance System (EWSS), scorecard development and continual engagement of people who use drugs to inform the response to the drug poisoning crisis.

Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q2
	Adverse Child Experiences (ACEs) Prevention & Child Development	1,2,3,4,5	Implemented	<ul style="list-style-type: none"> Plans in place, including signed MOU with HKPRD Health Unit, to deliver nurse-family partnership program. Anticipating the end of August for soft launch. In partnership with Trent University and Peterborough Children and Family Centre, preliminary plans for engaging underserved parents and families were completed. Completed initial engagement/relationship building with community partners to develop a community coalition to collaboratively reduce risk of ACEs.
	Climate Change	3,4,6	Implemented	<ul style="list-style-type: none"> Developed Climate Change Vulnerability Assessment report outline, selected indicators, and started collection of data and report writing. Ongoing internal and external communications on health impacts of climate change. Engaged external advisory group and food systems stakeholders.
Our System	Partners in Health Equity	1,3,4	Initiated	<ul style="list-style-type: none"> Advocated with local partners to address urgent need to secure appropriate emergency housing options for underhoused citizens. Internal working group collected evidence to inform public health advice related to modular communities.

Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q2
	Indigenous Allyship	3,4,5	Initiated	<ul style="list-style-type: none"> • Two Master's of Public Health students recruited to assist with Indigenous Allyship Action Plan work. • Presentation to the provincial Public Health Indigenous Engagement Network on PPH's history and impact from having Section 50 agreement. • Initiated development of a set of recommendations for IHAC's consideration: related to Indigenous representation on local committees.
	Public Health System	4	Initiated	<ul style="list-style-type: none"> • Worked with Community Emergency Management Coordinators (CEMC) from City and County to establish an Inter-Agency Emergency Preparedness table. • Participated in POHT and it's working groups (Primary Care). • Planning an inter-agency planning exercise on Fall Respiratory Preparedness. • Presentations at staff huddles on the public health system (provincial, federal/ international, associations)

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

- 1- Individual basic needs (eg. 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 (eg. 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:	September 13, 2023
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Liz Stone, Circle Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Indigenous Health Advisory Circle (IHAC) from April 28, 2023 for information;
- b. approve the community appointment of Kristy Kennedy, Métis Nation of Ontario, Peterborough & District Wapiti Métis Council (replacing Barbara Card) to the IHAC for the remainder of 2023; and,
- c. appoint Board of Health member Paul Johnston, to the IHAC for the remainder of 2023.

BACKGROUND

IHAC met last on July 14, 2023 and requested that items a & b come forward to the Board of Health at its next meeting.

Following that meeting, the Board Chair met with Mr. Johnston and Dr. Piggott to discuss Board of Health Committee appointments (item c).

ATTACHMENTS

- a. [Minutes, April 28, 2023](#)

**Indigenous Health Advisory Circle
MINUTES
Friday, April 28, 2023 – 1:00 – 2:30 p.m.
Dr. J.K. Edwards Board Room, 3rd Floor,
Peterborough Public Health**

- Present:** Ms. Angela Connors (virtual)
Councillor Dave Haacke (virtual)
Councillor Nodin Knott (virtual)
Councillor Joy Lachica
Professor David Newhouse (virtual)
Ms. Elizabeth Stone, Chair (virtual)
Ms. Rebecca Watts (virtual)
Councillor Kathryn Wilson (virtual)
- Regrets:** Ms. Ashley Safar
Ms. Barbara Card
- Staff:** Ms. Hallie Atter, Director of Health Promotion
Ms. Alida Gorizzan, Executive Assistant, Recorder
Dr. Thomas Piggott, Medical Officer of Health & CEO
Ms. Jane Hoffmeyer, Manager, Foundational Standards (virtual)
Mr. Mohamed Kharbouch, Epidemiologist (virtual)
-

1. Call to Order/Welcome

Liz Stone, Committee Chair, called the meeting to order at 1:03 p.m.

2. Confirmation of the Agenda

Professor Newhouse requested the addition of item 4.4, Celestinin Research Project.

3. Minutes of the Previous Meeting

3.1. February 28, 2023

The minutes from February 28, 2023 were approved. **ACTION: The minutes will be circulated to the Board of Health at its next meeting.**

4. New Business

4.1. Staff Report – Indigenous Identifiers in Data

Jane Hoffmeyer and Mohamed Kharbouch joined the meeting for this item.

Mohamed reviewed the staff report which provided an overview of Indigenous identifiers from local, provincial and federal level data sources and databases.

Discussion:

- If staff are creating a policy and procedure, there should be a limitation on how many indicators can be pulled at once so that an individual's identity isn't inadvertently exposed or used in way that wasn't intended.
- For PPH collection, a disclaimer should be included to ensure the client is aware of why certain data is being collected, and how it is being used.
- Professor Newhouse raised that there is no consistent definition used across all databases and agencies.
- Dr. Piggott noted that within the realm of data that PPH controls, staff can set parameters and include a disclaimer. However, for provincial databases, advocating to the Provincial Government to ensure harmonization and standardized definitions could be an additional recommendation arising from this report.
- Staff will endeavour to advance coordination on this via networks they participate in – Mohamed currently sits on a provincial working group of public health epidemiologists which meet monthly, Dr. Piggott noted he could raise this with the Public Health Indigenous Engagement Network (PHIEN).

ACTION: The Circle received the report and:

- **directed Peterborough Public Health (PPH) staff, following the review of OCAP® principles (ownership, control, access and possession) and creation of a PPH policy, to explore education with staff to increase voluntary collection of Indigenous identifiers to improve the ability to address Indigenous health and health equity questions; and,**
- **directed staff to write to the Chief Medical Officer of Health to share findings from this report, and recommend that there be harmonization and a common definition for Indigenous Peoples.**

4.2. Input - Section 50 PHIEN Presentation

Councillor Wilson, Dr. Piggott and Hallie Atter will be presenting on Section 50 Agreements at an upcoming meeting of the Public Health Indigenous Engagement Network (PHIEN) on May 17.

PHIEN is an ad-hoc network consisting of representatives from fifteen local public health agencies across Ontario. The goal of the network is to provide a venue to share best practices and progress with the Indigenous Engagement portion of the Ontario Public Health Standards (OPHS) Health Equity Foundational Standard.

Feedback:

- Important to note lack of representation of Urban Indigenous Peoples who would not be represented by a First Nation which may have a Section 50 agreement with a local public health agency (LPHA). The Health Protection and Promotion Act (HPPA) is a pre-reconciliation document, legislation should be updated to allow for Metis and Urban Indigenous Peoples.
- Professor Newhouse suggested to recognize the foundational nature of the work that PPH has done in including First Nations as formal members of the Board of Health, and benefits that have come from that (i.e., inclusion, equity).
- Highlight work done during the COVID response with Indigenous partners.
- To engage a First Nation to consider signing a Section 50 agreement, it would be the responsibility of the LPHA to reach out. Councillor Wilson noted that lack of trust in the health field and historical trauma could be potential barriers to that engagement.
- Liz noted that the Nogojiwanong territory is unique given that the Urban Indigenous community and First Nations equally support each other.
- In the HPPA, the language is permissive as it indicates health units 'may' enter into agreements. The Ontario Public Health Standards were updated in 2018 and includes more comprehensive actions around engagement of Indigenous communities. Much of this work was paused during the pandemic however it is on the Province's radar that further work needs to be done.

ACTION: A recording of the presentation will be shared with the Circle, if available.

Next steps (e.g., how to share this information further) will be discussed at the July IHAC meeting.

4.3. Review - 2023 Work Plan

Dr. Piggott reviewed the 2023 work plan for the Circle. He noted that PPH has realigned focus of one Health Promoter to assist support IHAC work, and additional support will be provided by a Master's of Public Health student from McMaster University completing a practicum placement with PPH.

Professor Newhouse noted that it may be helpful to include a community education event around Indigenous Social Determinants of Health, a collaborative opportunity with Trent University, which could occur later this year (October). **ACTION: Professor Newhouse will prepare some initial thoughts and will bring it forward to IHAC for discussion in July.**

Councillor Haacke departed the meeting at 2:00 p.m.

Liz noted that an education session for staff on non-insured health benefits may be helpful, and could be timed with presentation on Jordan's Principle. Dr. Piggott noted that it may be helpful to include information on non-insured benefits to the micro-credential course, if possible.

4.4. Celestinin Research Project

Professor Newhouse was introduced to this project this week, and noted he would share the project with IHAC. The study goal is to collaboratively develop a culturally safe and appropriate health assessment tool based on traditional Indigenous Medicine Wheel teachings to serve as a holistic and inclusive measure of wellbeing among Canadian adults.

Liz requested that a briefing note with specific requests to IHAC would be helpful to determine how the Circle can respond/provide advice. **ACTION: Professor Newhouse will follow up with the researchers to request this.**

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

July 14, 2023 – 1:00 – 2:30 p.m., PPH

October 13, 2023 – 1:00 – 2:30 p.m., PPH

December 15, 2023 – 1:00 – 2:30 p.m., PPH

6. Adjournment

The meeting was adjourned at 2:09 p.m.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Stewardship Committee Report
DATE:	September 13, 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 June 1, 2023 for information;
- b. approve the 2022-2023 Audited Financial Statement and Annual Reconciliation Report for the Healthy Babies, Healthy Children Program;
- c. approve the 2022-2023 Audited Financial Statement and Annual Reconciliation Report for the Infant and Toddler Development Program; and,
- d. receive the Q2 2023 Financial report for information.

BACKGROUND

Stewardship met last on August 31, 2023 and reviewed the appended items. The Committee requested that they come forward to the Board of Health at its next meeting.

ATTACHMENTS

- a. [Minutes, June 1, 2023](#)
- b. [HBHC 2022-23 Financial Statement](#)
- c. [ITDP 2022-23 Financial Statement](#)
- d. [Q2 2023 Financial Report](#)
- e. [HBHC & ITDP Annual Reconciliation Report](#)

**Board of Health for
Peterborough Public Health
MINUTES
Stewardship Committee Meeting
Thursday, June 1, 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: Richard Steiging, Partner, Tilly Baker KDN LLP
Chelsea Didone, Manager, Tilly Baker KDN LLP

1. Call to Order

Mayor Graham, Committee Chair, call the meeting to order at 2:31 p.m.

2. Confirmation of the Agenda

Councillor Riel requested the addition of a legal update for the closed session, in accordance with the Municipal Act, 2001, Section 239(2)(e), Litigation or potential litigation, including matters before administrative tribunals affecting the Board.

MOTION:

That the agenda be approved as circulated.

Moved: Dr. Stelzer

Seconded: Deputy Mayor Black

Motion carried. (M-2023-016-SC)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately (nil)

5. Delegations and Presentations (nil)

6. Confirmation of the Minutes of the Previous Meeting

MOTION:

That the minutes of the meeting of May 4, 2023 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Dr. Stelzer

Seconded: Councillor Riel

Motion carried. (M-2023-017-SC)

7. Business Arising From the Minutes

7.1. Exploration of Leased Vehicle/Space Opportunities with the City of Peterborough

Councillor Riel reported that he connected Dr. Piggott with City staff regarding this item, there were no further opportunities to explore related to either item.

7.2. Public Communications Campaign (to be discussed under item 8.3)

8. Staff Reports

8.1. 2022 PPH Draft Audited Financial Statements

Richard Steiginga, Partner, Tilly Baker KDN LLP

MOTION:

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

- receive for information, the presentation by Richard Steiginga, Partner, Tilly Baker KDN LLP, regarding the 2022 PPH Draft Audited Financial Statements; and,
- recommend approval of the 2022 PPH Draft Audited Financial Statements to the Board of Health at its next meeting.

Moved: Deputy Mayor Black

Seconded: Councillor Riel

Motion carried. (M-2023-018-SC)

8.2. Staff Report: Condominium Update

MOTION:

That the Board of Health for Peterborough Public Health receive the staff report, Condominium Update, for information.

Moved: Deputy Mayor Black

Seconded: Councillor Riel

Motion carried. (M-2023-019-SC)

8.3. Standing Item: 2024 Budget Planning and Advocacy

The Committee discussed advocacy opportunities, including the potential for a delegation at the upcoming Association of Municipalities of Ontario Conference which occurs in August, 2023 in London, Ontario.

9. Consent Items (*nil*)

10. New Business

11. In Camera to Discuss Confidential Matters

MOTION:

That the Stewardship Committee go In Camera at 3:48 p.m. to discuss two items under the Municipal Act, 2001, Section 239(2)

(a) the security of the property of the municipality or local board; and,

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

Moved: Deputy Mayor Black

Seconded: Dr. Stelzer

Motion carried. (M-2023-020-SC)

MOTION:

That the Stewardship Committee rise from the In Camera session at 4:03 p.m.

Moved: Dr. Stelzer

Seconded: Deputy Mayor Black

Motion carried. (M-2023-021-SC)

12. Motions for Open Session

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

August 18, 2023 – 2:30 – 4:00 p.m., Peterborough Public Health.

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Dr. Stelzer

Seconded: Councillor Riel

Motion carried. (M-2023-022-SC)

The meeting was adjourned at 4:06 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM
STATEMENT OF REVENUE AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2023**

DRAFT

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the Statement of Revenue and Expenditures (the "Statement") of Peterborough Public Health – Healthy Babies Healthy Children Program (the "Program") for the year ended March 31, 2023, and notes to the Statement, including a summary of significant accounting policies.

In our opinion, the accompanying Statement is prepared, in all material respects, for the year ended March 31, 2023 in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting and Restriction and Distribution on Use

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

Responsibilities of Management and Those Charged with Governance for the Statement

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

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

Auditor's Responsibilities for the Audit of the Statement

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
September 13, 2023

**PETERBOROUGH PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM**

**STATEMENT OF REVENUE AND EXPENDITURES
For The Year Ended March 31, 2023**

	Budget 2023 \$ (Unaudited)	Actual 2023 \$	Actual 2022 \$
Revenue			
Ministry of Children, Community and Social Services grant	928,413	928,413	928,413
	928,413	928,413	928,413
Expenditures			
Personal Services Expenditures			
Salaries and wages	692,536	685,435	435,717
Employee benefits	185,002	195,096	130,738
	877,538	880,531	566,455
Other Operating Expenditures			
Universal screening	25,575	25,575	25,575
Program supplies	5,700	5,784	10,791
Professional development	2,500	2,544	592
Purchased services	700	426	550
Travel	11,600	4,134	237
Audit and legal	1,800	1,800	2,000
Telephone	3,000	2,314	2,278
	50,875	42,577	42,023
	928,413	923,108	608,478
Amount due to Province of Ontario	-	5,305	319,935

The accompanying notes are an integral part of this Statement.

**PETERBOROUGH PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM**

**NOTES TO THE STATEMENT
For The Year Ended March 31, 2023**

NOTE 1: OPERATING NAME

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

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Accounting

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

Accounting Entity

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

Tangible Capital Assets

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

Operating Grants

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

Budget Data

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

**PETERBOROUGH PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM**

**NOTES TO THE STATEMENT
For The Year Ended March 31, 2023**

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES - (Continued)

Recognition of Revenues and Expenditures

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

Use of Estimates

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

NOTE 3: PENSION PLAN

Certain employees of the Healthy Babies Healthy Children Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the period amounted to \$69,188 (2022 - \$40,424). These amounts are included in employee benefits expenditure in the Statement.

**PETERBOROUGH PUBLIC HEALTH
INFANT TODDLER DEVELOPMENT PROGRAM
STATEMENT OF REVENUES AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2023**

DRAFT

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the Statement of Revenues and Expenditures (the "Statement") of Peterborough Public Health – Infant Toddler Development Program (the "Program") for the year ended March 31, 2023, and notes to the Statement, including a summary of significant accounting policies.

In our opinion, the accompanying Statement is prepared, in all material respects, for the year ended March 31, 2023 in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting and Restriction and Distribution on Use

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

Responsibilities of Management and Those Charged with Governance for the Statement

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

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

Auditor's Responsibilities for the Audit of the Statement

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
September 13, 2023

**PETERBOROUGH PUBLIC HEALTH
INFANT TODDLER DEVELOPMENT PROGRAM**

**STATEMENT OF REVENUES AND EXPENDITURES
For The Year Ended March 31, 2023**

	Budget 2023 \$ (Unaudited)	Actual 2023 \$	Actual 2022 \$
Revenues			
Ministry of Children, Community and Social Services grants			
Base funding	242,423	242,423	242,423
	242,423	242,423	242,423
Expenditures			
Personal Services Expenditures			
Salaries and wages	155,662	134,770	127,348
Employee benefits	35,723	34,629	41,451
	191,385	169,399	168,799
Other Operating Expenditures			
Audit and legal	1,800	1,800	1,800
Rent and utilities	15,396	15,396	15,396
Materials and supplies	3,000	4,063	1,735
Communications	600	521	644
Staff education and training	2,000	332	130
Travel	4,000	3,027	1,363
Allocated administrative	24,242	24,242	24,242
	51,038	49,381	45,310
	242,423	218,780	214,109
Amount due to Province of Ontario	-	23,643	28,314

The accompanying notes are an integral part of this Statement.

**PETERBOROUGH PUBLIC HEALTH
INFANT TODDLER DEVELOPMENT PROGRAM**

**NOTES TO THE STATEMENT
For The Year Ended March 31, 2023**

NOTE 1: OPERATING NAME

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

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Accounting

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

Accounting Entity

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

Tangible Capital Assets

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

Operating Grants

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

Budget Data

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

**PETERBOROUGH PUBLIC HEALTH
INFANT TODDLER DEVELOPMENT PROGRAM**

**NOTES TO THE STATEMENT
For The Year Ended March 31, 2023**

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES - (Continued)

Recognition of Revenues and Expenditures

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

Use of Estimates

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

NOTE 3: PENSION PLAN

Certain employees of the Infant Toddler Development Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the year amounted to \$11,107 (2022 - \$11,822). These amounts are included in employee benefits expenditure in the Statement.

Financial Update Q2 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 Jun 30	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	5,524,721	5,206,592	47.1%	318,129	Year-to-date underspending below budget from January through June 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. Underspending to date due to some staff gapping in programs as recruitment initiated later into second quarter.
Combined Cost-Shared		11,049,442	5,524,721	5,206,592	47.12%	318,129	
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 Jun 30	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Ontario Seniors Dental	100%	898,100	449,050	520,791	58.0%	(71,741)	Year to date expenditures above budget as higher costs for contract and endodontic treatment to catch up on client treatments from the prior year. Currently reviewing projected activity level for the remainder of the year to assess the need for a one-time funding from the Ministry to balance operations and meet ongoing service demand. The Ministry was recently informed of forecasted additional expenditures of \$1,205,000 to the end of year. This forecast included an increase in purchased services of \$291,000 for contract dentists and specialists to address waitlist. The program will maintain existing service delivery levels until we receive an update from the Ministry on potential one-time funding or base increase for 2023.
	Funding Type	2023 Budget Submission	YTD Budget \$ Based on 2023 Submission (100%)	Year To Date Expenditures to Jun 30	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	576,430	652,668	113.2%	(76,238)	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 \$652,668 are above budget due to higher levels of staffing hours through the first quarter. Anticipate some reduction in expenditures through the next quarter due to changes in staffing.

	Funding Type	2023 Budget Submission	YTD Budget \$ Based on 2023 Submission (100%)	Year To Date Expenditures to Jun 30	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
COVID Vaccination	100% MOH	1,026,186	513,093	568,980	110.9%	(55,887)	For 2023, COVID Vaccination expenditures expected to be covered through one-time funding request as underspending is not anticipated in cost-shared programs. The Annual Service Plan included the one-time request in the amount of \$1,026,186 to support 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 \$568,980 are just above the budget request due to higher costs associated with operating the mass immunization clinic through March 18, 2023. The clinic continues to operate out of the main office 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 Jun 30	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Covid - School-Focused Nurses Initiative (program extended to June 30/23)	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 30/23. 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. Expenditures include purchase of needles/syringes, disposal costs, and portion of program staff. 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, 2023 to March 31, 2024

	Funding Type	2023 - 2024 Approved Budget	YTD Budget \$ (100%)	Year To Date Expenditures to Jun 30	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Infant Toddler and Development Program	100% MCCSS	242,423	60,606	58,828	24.3%	1,778	Program operating just below budget for the first quarter based on submission. Budget approval pending from MCCSS. Program spending is on track and expect to operate within budget by end of fiscal year.
Healthy Babies, Healthy Children	100% MCCSS	928,413	232,103	234,071	25.2%	(1,968)	Program operating just above budget for the first quarter based on submission. Budget approval pending from MCCSS. Program spending is on track and expect to operate within budget by end of fiscal year.

Funded Entirely by User Fees January 1 to December 31, 2023							
	Funding Type	2023 Budget	YTD Revenue \$ (100%)	Year To Date Expenditures to Jun 30	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	374,600	98,683	222,828	59.5%	(124,145)	Program funded entirely by user fees. Expenditures are above budget and user fees below, resulting in a deficit of \$(124,145) above prior year results at the end of the 2nd quarter. 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	10,725	19,120	19.6%	(8,395)	Program funded entirely by fees. Program activity will commence in May through end of October 2023. Revenue is below budget and expenditures just above based on fiscal period contributing to the current deficit. Anticipate increase in revenue through the next quarter. Excess expenditures, if realized, may be offset through program reserve.
Total - All Programs		16,410,924	8,106,811	8,125,278	49.51%	(18,467)	Variance represents excess expenditures in COVID programs, Ontario Seniors Dental and Fee for Service Programs net of underspending to date in cost-shared programs based on board approved budget.

**MCCSS Budget Package 2022-23**

Reporting Period: 04/01/2022 to 03/31/2023

Saved: 08/28/2023 20:19

Expand

Validate

A) Instructions	B) Organization Information	C) Organization Address Information
D) Organization Contact Information	E) Report Contact Information	F) Services Delivered
G) Budget Report	H) Service Data Report	I) Budget Report Summary
J) Agency Financial Statement Summary	K) Declaration / Signing	

A) Instructions**How to Use and Submit the Final Report Form:**

- Download the PDF form from Transfer Payment Ontario (TPON).
- Save it to your hard drive (note the file name so that you can upload the form to TPON upon completion).
- Organizational information in this form has been pre-populated based on information supplied during the TPON registration process. Please review the instructions that appear at the top of these sections if corrections to the pre-populated information is required.
- Input the information required for each section. IMPORTANT NOTE: The form does not save automatically. Press "CTRL+S" on your keyboard to save every few minutes
- The "Declaration / Signing" section in the form must be signed digitally by a person from your community or organization with "Signing Authority" for this submission.
- Validate the Final Report Form by pressing the Validate button (top right corner of the pdf form) and making corrections as prompted. The form must be validated to be successfully uploaded into the TPON system and submitted to the ministry.
- Once validated, upload the Final Report Form to TPON. Note, you must upload the signed Report Form to TPON.

Additional Important Information:

- This Final Report Form, for the "MCCSS Budget Package 2022-23 Category", includes all Components and Services Delivered that you are responsible for reporting on.
- Review any program documentation and/or documents required to complete this Final Report Form at Step 1- Review Program Information, during the Submit Report to Ministry process in TPON.
- The budget section reflects budget allocations at the Component level.
- The "Services Delivered" section is pre-populated with information. Please ensure the accuracy of pre-populated information prior to completing the form. If the pre-populated information in this report form is incorrect, please contact your ministry program lead.
- Reports will be assessed based on the information provided within this form and additional assessments as determined by ministry staff.

MCCSS Service Objectives Document:

The Service Objectives are part of the Transfer Payment Agreement between the Minister of Children, Community and Social Services ("the Province") and the Transfer Payment Recipient. Before filling out this report form, please review the [Service Objectives](#) to ensure proper review of the "Services Delivered" section, and completion of the "Budget Report", and "Service Data Report" sections.

It is recommended that you refer to the [Service Objectives](#) while completing this Final Report Form.

TPON Technical Support

For technical support related to Transfer Payment Ontario, please contact Transfer Payment Ontario Client Care at 416-325-6691 or 1-855-216-3090 or TPONCC@ontario.ca.

Monday to Friday from 8:30 a.m. to 5:00 p.m. Eastern Standard Time.

TTY/Teletypewriter (for the hearing impaired): 416-325-3408 / Toll-free: 1-800-268-7095

For questions regarding MCCSS programs/services or funding please contact your ministry program lead.

B) Organization Information

This section displays general information about your community or organization that was submitted during the TPON registration process. Please ensure this information is correct. If this information needs to be updated, please update your community or organization information by logging into your TPON account and selecting the “View/Update Organization” menu card displayed on the Home Page and re-download the report form to reflect the changes made in the TPON system.

For more information visit: [How to View/Update Organization information.](#)

Organization Information	
Organization Name: Peterborough County -City Health Unit	
Organization Legal Name: BOARD OF HEALTH FOR THE PETERBOROUGH COUNTY-CITY HEALTH UNIT	
Website URL: www.pcchu.ca	
Type of Organization: Other	
Date Incorporated:	

C) Organization Address Information

This section displays your community’s or organization’s address information that was submitted during the TPON registration process. Please ensure this information is correct. If this information needs to be updated, please update your address information by logging into your TPON account and selecting the “View/Update Organization” menu card displayed on the Home Page and re-download the report form to reflect the changes made in the TPON system.

For more information visit: [How to View/Update Organization information.](#)

Business Address	
Street Address 1: 185 King Street	Street Address 2:
City/Town: Peterborough	Province: ON
Postal Code: K9J2R8	Country: Canada

Mailing Address	
Street Address 1: 185 King Street	Street Address 2:
City/Town: Peterborough	Province: ON
Postal Code: K9J2R8	Country: Canada

D) Organization Contact Information

This section displays general contact information about your community’s or organization’s primary staff. This information is pre-populated based on information submitted during the TPON registration process. The contacts listed in this section are not necessarily specific to this MCCSS submission.

To edit contacts within the TPON System log into your TPON account and select the “View/Update Organization” menu card displayed on the Home Page and re-download the report form to reflect the changes made in the TPON system.

For more information visit: [How to View/Update Organization information.](#)

Organization Contact	
First Name: Dale	Last Name: Bolton
Job Title: Manager, Finance and Property	
Primary Phone Number: 001-705-7431000	Secondary Phone Number: --
Email Address: dbolton@peterboroughpublichealth.ca	
Organization Contact	
First Name: Larry	Last Name: Stinson
Job Title: Director of Operations	
Primary Phone Number: 1-705-7431000	Secondary Phone Number: --
Email Address: lstinson@peterboroughpublichealth.ca	
Organization Contact	
First Name: Donna	Last Name: Churipuy
Job Title: Director of Health Protection and Promotion	
Primary Phone Number: 001-705-7431000	Secondary Phone Number: --
Email Address: dchuripuy@peterboroughpublichealth.ca	

E) Report Contact Information

The individuals listed are the primary contacts for this Final report and may be contacted by the ministry for further information regarding the elements within this form.

1. The "Primary" box should be checked if the contact is considered the main contact for all information within the "Budget Report" section.
2. The "Signing Authority" box should be checked if the contact has the authority, per your community's or organization's bylaws, to commit your community or organization to a binding agreement. More than one person can be a Signing Authority.
3. All individuals listed as "Signing Authorities" must be registered TPON users with active accounts and linked to your community or organization. The steps on how to register and access TPON can be found here: <https://www.ontario.ca/page/get-funding-ontario-government#section-3>

Communities or Organizations with Multiple Components in the "Budget Report" section.

1. Use the "Add" button to provide additional contacts for each Component being funded in the "Budget Report" section.
2. The "Title" field is an open text field that you can use to indicate the contact's Component.

Report Contact information	Add	Remove
Primary: <input checked="" type="checkbox"/>		
First Name: * Larry	Last Name: * Stinson	

Title: *	Primary Phone Number: *
Director of Operations	7057431000
Secondary Phone Number:	Email Address *
	lstinson@peterboroughpublichealth.ca
Signing Authority	<input checked="" type="checkbox"/>

F) Services Delivered

Each table within this section represents one Component and the Region or Corporate Office the Component belongs to.

The Services Delivered for each Component are pre-populated.

If the Service Delivered information or Component information is incorrect, please contact your ministry program lead

Reminder: Reference the [Service Objectives](#) for full details of each Service Delivered.

Component: Early Intervention (East Region)

Service Name	Definition
Infant and Child Development Program	To provide early intervention services and professional supports for infants & children, from birth through school entry, who have a developmental disability or are at risk of acquiring a developmental delay.

Component: Healthy Child Development (Integration Program Effectiven)

Service Name	Definition
Healthy Babies Healthy Children Program	Healthy Babies Healthy Children (HBHC) provides prevention, early identification, and intervention services to families of newborns and young children with risks to healthy child development. HBHC offers universal screening to all families just after their babies are born.

G) Budget Report

This budget report section captures financial information for all expenses and revenues at the Component Level. The Component and Ministry Allocation is indicated at the top of each table. You will be completing the Year End Actuals column of the budget report table for each Component for each Region and/or Corporate Office.

“Budget Item” indicates categories and sub-categories of expenses and revenue.

“Definition” indicates the meaning for each line item and further explains what that sub-category contains.

“Approved Amount” indicates the approved expenditures/revenues for each line item according to the definition of the budget item.

“Year End Actuals” indicates the total amount of eligible expenses incurred from April 1, 2022 to March 31, 2023.

“Variance (\$ or #)” and “Variance (%)” are the auto-calculated difference between the Approved Amount and the Year End Actuals.

Please note, for an overall Service Delivery Budget variance that is greater than +/-10% per Component, a detailed explanation must be provided in the Variance Explanation section found at the bottom of each component table.

Ministry Allocation, Approved Amount, Service Delivery Budget, Expenditure, Staffing, and Revenue are auto-calculated fields. All other fields, shaded in blue, are fillable/modifiable.

All fields marked with an asterisk (*) are mandatory fill fields. If the “Amount” is NIL, please ensure that you input a ‘0’, do not leave the field blank

Component: Early Intervention (East Region)

Ministry Allocation \$: 242423

Budget Item	Definition	Approved Amount	Year-End Actuals (Apr. 1st - Mar. 31st)	Variance (\$ or #)	Variance %
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Budget

BOH Agenda - Sept 13/23

Service Delivery Budget	Total service delivery budget by component.	\$242,423	\$218,780	\$23,643	9.8%
Expenditure		\$242,423	\$218,780	\$23,643	9.8%
Staffing	Total staffing expenditure for all services/program.	\$193,385	\$169,731	\$23,654	12.2%
* Salary	Total gross salary, wage and employee benefit payments of all service/program staff (full-time, part-time, temporary, etc.).	\$191,385	\$169,399	\$21,986	11.5%
* Permanent Compensation Enhancement Salaries	Total eligible staffing expenditures related to Personal Support Workers and Direct Support Workers Permanent Compensation Enhancement Program. (Do not include this amount in the Salary line above).	\$0	\$0	\$0	
* Staff Training	Total expenditure of training activities for all service/program staff.	\$2,000	\$332	\$1,668	83.4%
* # of FTE(s)	Number of full time service/program staff.	\$2	1.67	0.28	14.4%
* Building Occupancy	Total Building occupancy expenditures (e.g. rent, property tax, insurance, etc.) for all services/programs.	\$15,396	\$15,396	\$0	0.0%
* Travel & Communication	Total travel and communication expenses incurred conducting activities for all services/programs.	\$4,600	\$3,548	\$1,052	22.9%
* Allocated Central Administration	General operating costs associated with governing and operating an organization. Do not include cost for service/program administrative expenses that directly supports clients.	\$24,242	\$24,242	\$0	0.0%
Allocated Central Administration Percentage	Allocated Central Administration expressed as a percentage.	\$10	11.08%	-1.08%	
* Supplies and Equipment	Expenditures directly related to supplies and equipment for all service/program delivery.	\$3,000	\$4,063	\$-1,063	-35.4%
* Other Program/ Service Expenditure	Other service/program expenditures for direct program/service provision that is not capture above.	\$1,800	\$1,800	\$0	0.0%
Revenue		\$0	\$0	\$0	
* Federal Government Funding	Revenue received from the Government of Canada for all services/programs.	\$0			
* Other Provincial Government Funding	Revenue received from the Government of Ontario (other than MCCSS) for all services/programs.	\$0			
* Client Contribution Payments	Revenue received from clients for all services/programs.	\$0			
* Interest Earned	Interest earned from MCCSS funding.	\$0			
* Other Revenue	Other revenue received, from sources not captured above, for all programs/services.	\$0			
* Adjustments (+/-)	Transactions (+/-) against ministry allocation amount for program/services (e.g. one-time funds [+], or reductions [-]). Ministry approval required prior to adjustments between components.	\$0			

Variance Explanation

Program staff FTE budget of 1.90. Actual FTE below budget resulting in underspending in staffing due to vacancy of Infant Educator during portion of the first quarter. Position not eligible for full-time benefits resulting in further savings throughout the year.

Component: Healthy Child Development (Integration Program Effectiven) Ministry Allocation \$: 928413

Budget Item	Definition	Approved Amount	Year-End Actuals (Apr. 1st - Mar. 31st)	Variance (\$ or #)	Variance %
Budget					
Service Delivery Budget	Total service delivery budget by component.	\$928,413	\$923,108	\$5,305	0.6%
Expenditure		\$928,413	\$923,108	\$5,305	0.6%
Staffing	Total staffing expenditure for all services/program.	\$880,038	\$883,075	\$-3,037	-0.3%
* Salary	Total gross salary, wage and employee benefit payments of all service/program staff (full-time, part-time, temporary, etc.).	\$877,538	\$880,531	\$-2,993	-0.3%

* Permanent Compensation Enhancement Salaries	Total eligible staffing expenditures related to Personal Support Workers and Direct Support Workers Permanent Compensation Enhancement Program. (Do not include this amount in the Salary line above).	\$0	\$0	\$0	
* Staff Training	Total expenditure of training activities for all service/program staff.	\$2,500	\$2,544	\$-44	-1.8%
* # of FTE(s)	Number of full time service/program staff.	\$9	8.66	0.29	3.2%
* Building Occupancy	Total Building occupancy expenditures (e.g. rent, property tax, insurance, etc.) for all services/programs.	\$0			
* Travel & Communication	Total travel and communication expenses incurred conducting activities for all services/programs.	\$14,600	\$6,448	\$8,152	55.8%
* Allocated Central Administration	General operating costs associated with governing and operating an organization. Do not include cost for service/program administrative expenses that directly supports clients.	\$0			
Allocated Central Administration Percentage	Allocated Central Administration expressed as a percentage.	\$0	0.00%	0.00%	
* Supplies and Equipment	Expenditures directly related to supplies and equipment for all service/program delivery.	\$5,700	\$5,784	\$-84	-1.5%
* Other Program/ Service Expenditure	Other service/program expenditures for direct program/service provision that is not capture above.	\$28,075	\$27,801	\$274	1.0%
Revenue		\$0	\$0	\$0	
* Federal Government Funding	Revenue received from the Government of Canada for all services/programs.	\$0			
* Other Provincial Government Funding	Revenue received from the Government of Ontario (other than MCCSS) for all services/programs.	\$0			
* Client Contribution Payments	Revenue received from clients for all services/programs.	\$0			
* Interest Earned	Interest earned from MCCSS funding.	\$0			
* Other Revenue	Other revenue received, from sources not captured above, for all programs/services.	\$0			
* Adjustments (+/-)	Transactions (+/-) against ministry allocation amount for program/services (e.g. one-time funds [+], or reductions [-]). Ministry approval required prior to adjustments between components.	\$0			

Variance Explanation

Underspending in travel/communications as some clients met through virtual appointments due to pandemic. Underspending in "Other Program" relates to budgeted translation services but not required by program clients. Staffing and benefits higher due to increase in benefit cost than budgeted. Staff FTE lower than budget due to PHN redeployment to COVID during first quarter of year.

H) Service Data Report

This section provides a pre-populated list of service outputs for each Component in each Region and/or Corporate Office that must be reported for the Services Delivered section. Please note, it is possible that this section DOES NOT have anything for you to review/submit depending on list of Components and Services Delivered you are eligible for.

“Target” indicates the approved targeted value for the program output based on the definition provided.

“Year End Actuals” indicates the total results achieved from April 1, 2022 to March 31, 2023.

“Variance (\$ or #)” and “Variance (%)” are the auto-calculated difference between the Year End Actuals and the Target amount.

Please note, for any service target variances greater than +/-10%, a detailed explanation must be provided in the Variance Explanation section found at the bottom of each component table.

If the "Target" is NIL, please ensure that you input a '0' and do not leave the Year End Actuals fields blank.

The description of each service data output is not comprehensive. Please reference the 'Reporting Requirements' section of the [Service Objectives](#) for full definitions and list of exclusions for each service data output.

Component: Early Intervention (East Region)

Service Name	Program Output	Description	Target	Year End Actuals (Apr. 1st to Mar. 31st)	Variance	Variance %

BOH Agenda - Sept 13/23

Infant and Child Development Program	Ministry-funded Agency Expenditures: ICDP	Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Infant and Child Development Program in the Funding Year (cumulative).	\$242,423.00	\$242,423.00	\$0.00	0.0%
Infant and Child Development Program	# of Family Service Plans: ICDP	The number of family service plans for families receiving ICDP services that includes the sum of all service plans in development, completed, or being revised.	96.00	40.00	-56.00	-58.3%
Infant and Child Development Program	# of Families Served: ICDP	The number of families of children from birth to school entry receiving ICDP services, from the point of intake until transition from service.	210.00	131.00	-79.00	-37.6%
Infant and Child Development Program	# of Individuals Served (Unique): ICDP	The number of children from birth to school entry receiving ICDP services, from the point of intake until transition from service during the reporting period.	160.00	100.00	-60.00	-37.5%
Infant and Child Development Program	# of Individuals Referred: ICDP	The number of children from birth to school entry who have been referred to the ICDP for services during the reporting period.	90.00	52.00	-38.00	-42.2%
Infant and Child Development Program	Average Wait Time from Referral to Service Initiation (# of Days): ICDP	See Service Objectives for full definition. The average number of days waited from receipt of referral to ICDP case assignment.	8.00	12.00	4.00	50.0%
Infant and Child Development Program	Average Age at Referral (in Months): ICDP	Average age at referral (in months) for children referred to the ICDP during the Funding Year. Exclude transfer-in clients from other ICDP agencies.	2.00	11.00	9.00	450.0%

Variance Explanation

Variances in projected targets relate to the program receiving fewer referrals. Additionally, the program continues to build relationships with community partners after program activity was reduced throughout the pandemic.

Component: Healthy Child Development (Integration Program Effectiven)

Service Name	Program Output	Description	Target	Year End Actuals (Apr. 1st to Mar. 31st)	Variance	Variance %
Healthy Babies Healthy Children Program	Ministry-funded Agency Expenditures: HBHC	Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver this service in the Funding Year (cumulative).	\$928,413.00	\$928,413.00	\$0.00	0.0%

Healthy Babies Healthy Children Program	# of Families Served (Total - with Two or More Home Visits): HBHC	The number of families with two or more home visits in the Funding Year (that have an HBHC screen in the same period). Report the same value as the total value reported in the Monitoring Report for Question 22.	140.00	109.00	-31.00	-22.1%
Healthy Babies Healthy Children Program	# of Individuals Confirmed with Risk (Total): HBHC	The number of individuals confirmed with moderate or high risk (eligible for home visit) through an IDA during the Funding Year. The sum value of the totals reported in the Monitoring Report for Q 20.1.1, 20.1.2, 20.2.1, 20.2.2, 20.3.1, 20.3.2.	160.00	72.00	-88.00	-55.0%
Healthy Babies Healthy Children Program	# of Individuals Screened (Total - Early Childhood): HBHC	The unique number of individuals for which an Early Childhood HBHC Screen was completed during the reporting period. Report the same value as the total reported in the Monitoring Report for Question 10.	50.00	46.00	-4.00	-8.0%
Healthy Babies Healthy Children Program	# of Individuals Screened (Total - Postpartum): HBHC	The unique number of individuals for which a Postpartum HBHC Screen was completed during the reporting period. Report the same value as the total reported in the Monitoring Report for Question 6.	950.00	320.00	-630.00	-66.3%
Healthy Babies Healthy Children Program	# of Individuals Screened (Total - Prenatal): HBHC	The unique number of individuals for which a Prenatal HBHC Screen was completed during the reporting period. Report the same value as the total reported in the Monitoring Report for Question 2.	85.00	60.00	-25.00	-29.4%
Healthy Babies Healthy Children Program	# of Individuals who Received an In- Depth Assessment: HBHC	The number of families who received an In-Depth Assessment in the reporting period. Report the same value as the count (not the percentage) reported in the Monitoring Report for Question 20.	165.00	94.00	-71.00	-43.0%

Variance Explanation

Current targets are low as our program is having difficulty with getting screens from the hospital. Referrals also low when the program was primarily offering virtual visits through the challenges of the pandemic.

I) Budget Report Summary

This Budget Report Summary captures financial information for all budgets at the Component Level. The Component, Approved Amount, Year End Actuals, Variance (\$ or #), and Region and/or Corporate Office is indicated in the table. You will see a summary of all Components for each Region and/or Corporate Office.

Component	Region/ Corporate Office	Approved Amount	Year End Actuals (Apr.1st to Mar.31st)	Variance \$/ #
Early Intervention	East Region	\$242,423	\$218,780	\$23,643
Healthy Child Development	Integration Program Effectiveness	\$928,413	\$923,108	\$5,305

J) Agency Financial Statement Summary

This section provides a list of financial elements to be reported based on Audited Financial Statements (AFS) of your organization. This information is to support the reconciliation of year end financials and contracts.

Financial Element Name	Amount from AFS
Retained Earnings	7,766,935
Total Assets	13,737,132
Total Debt	2,811,224
Operating Cash Flow	4,945,167
Current Assets	5,309,632
Current Liabilities	3,158,973
Total Revenue	17,493,888
Total Gross Expenditures (Before Extraordinary)	11,889,370
Total Extraordinary Expenditures	5,566,253

K) Declaration / Signing

Declaration

The Applicant hereby certifies the following:

1. the information provided in this report form is true, correct and complete in every respect;
2. the Applicant has read and understands the information that accompanies this report form (i.e. "Service Objectives");
3. the Applicant is aware that the information contained herein can be used for the assessment of funding eligibility and for statistical reporting;
4. the Applicant understands that the information contained in this report form or submitted to the Ministry in connection to this submission is subject to disclosure under the Freedom of Information and Protection of Privacy Act;
5. I am an authorized signing officer for the Applicant.

Applicant

Larry Stinson
Director of Operations
(w): 7057431000
Email: lstinson@peterboroughpublichealth.ca

Sign Document

Signature _____ Date/Time _____

Please validate your form by clicking the validate button before submitting the form back to TP Ontario.