Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, November 8, 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.

1.2. Welcome – New Board of Health Members

- Mr. Scott Baker, Provincial Appointee
- Dr. Ramesh Makhija, Ph.D., C.Chem., FCIC, Provincial Appointee

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

Board Members: *Please identify which items you wish to consider separately from section 9 and advise the Chair when requested: 9.1 a b c d 9.2 a b c d e 9.3.1 9.3.2 9.3.3 9.3.4 9.4.1 a b 9.4.2 a b c*

5. Delegations and Presentations

5.1. Delegation: The Lack of Cannabis Use Risk Information in the Cannabis Retail Sector in Ontario

Presenter: Dr. Tom Bell

- Cover Report
- Overview
- Canada's Lower-Risk Cannabis Use Guidelines

6. Confirmation of the Minutes of the Previous Meeting

- Cover Report

a. Minutes, October 11, 2023

7. Business Arising From the Minutes

8. Staff Reports

8.1. Staff Report & Presentation: Monitoring Food Affordability and Availability, 2023

- Staff Report

a. Presentation

8.2. Stewardship Report: 2024 Budget Approval

- Cover Report

a. Staff Report
b. 2024 Budget

9. Consent Items

9.1. Correspondence for Direction

- Cover Report

a. Algoma - Income-based policy interventions / Food Insecurity
b. Huron Perth – Bill 93, Lifejackets
c. Huron Perth – Healthy Policy, Alcohol Marketplace and Sales (Sept. 8/23)
d. Simcoe Muskoka - Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023

9.2. Correspondence for Information

- Cover Report

a. alPHa – October 2023 e-newsletter
b. CMOH - Strengthening Public Health Planning Materials
c. Minister Jones/Tibollo – Inhalation Services
d. Timiskaming – Contraceptive Coverage
e. Windsor Essex – Federal School Food Policy

9.3. Staff Reports

9.3.1. PPH 2022 Annual Report

- Cover Report
- Annual Report *(web link)*

9.3.2. Q3 2023 Program Report

- Report

9.3.3. Q3 2023 Strategic Plan Report

- Report

9.3.4. Provincial Appointment Renewal Request

- Report

9.4. Committee Reports

9.4.1. Indigenous Health Advisory Circle

- Cover Report

a. Minutes, July 14, 2023
b. Indigenous Engagement Staffing Model

9.4.2. Stewardship Committee

- Cover Report

a. Minutes, August 31, 2023
b. Q3 2023 Finance Report
c. Q3 2023 Risk Management Report

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

14. Adjournment

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Delegation – Dr. Tom Bell**
DATE:	**November 8, 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 delegation for information:

- Title: The Lack of Cannabis Use Risk Information in the Cannabis Retail Sector in Ontario
- Presenter: Dr. Tom Bell

ATTACHMENTS

a. Overview
b. Canada's Lower-Risk Cannabis Use Guidelines

The Lack of Cannabis Use Risk Information in the Cannabis Retail Sector in Ontario

Presentation to Board of Peterborough Public Health, November 8, 2023 by Tom Bell MD(Ret)CCFP FCFP

Statement: There does not appear to be any Provincial requirement for cannabis retail outlets to display appropriate signage and provide unbiased, accurate information on the risks of cannabis use as a condition to operating the stores. Neither does there appear to be any plan presently to develop and provide such information by regulatory bodies.

Background

On October 17, 2018 it became legal to grow 4 marijuana plants in one's residence, and for licenced companies to grow, refine, and market cannabis products from the plants in approved and licenced outlets. The Federal Government passed supervision of the industry to the Provinces.

Since then, the proliferation of cannabis retail stores has grown incredibly; in Peterborough and environs, there are about 19 such outlets. The stores have to adhere to guidelines set by the Alcohol and Gaming Commission of Ontario (AGCO) carries the supervisory responsibility for this as well.

However, a very significant gap in this program exists and that is the lack of proper, unbiased information being available at cannabis retail stores regarding the safety of the cannabis products, especially given that there are some very serious identified risks of harm associated with cannabis use by certain groups. This is an area I would like to focus on. First, I would like to review some statistics, and then the evidence for harms but would also like to mention a very important point: **cannabis use has outstripped the research needed to verify its safety and identify risks that would inform safe use.**

Cannabis Use in Canada

- About 25% of Canadians aged 15 and up will have used cannabis in the past 12 months. (STATSCAN)
- The number of users among those aged 15 to 24 is about double those aged >24 yr. Some surveys have found 37% of Grade 12 students and up 10% of Grade 8 students have tried cannabis at least once in preceding year. McLean's magazine survey of Canadian university undergraduate student cannabis use, in 2019 found generally, 2% of the students were using cannabis every day – St. Francis Xavier took first prize, with 9.6% of the student body using daily – almost 1 in 10 students. And these stats don't look at regular use (weekly or more).

Trends in Cannabis Use Among Canadian Youth

- Numbers using dropped during pandemic and home schooling
- Numbers using picked up once kids back at school (socializing component of weed)

- Overall use by adolescents is slightly lower now compared with pre-legislation
- However, significant swing towards vaping and high THC content products
- Less dried flower product combusting, more edibles as well

Mental Health, Behavioural Issues Around Cannabis Use by Adolescents

- Psychosis triggering recognized as a risk factor
- Psychosis increasingly recognized as a risk factor for onset of schizophrenia in adulthood
- Depression can be caused by cannabis use (JAMA Psychiatry, 2019) and high prevalence of suicidality among those with depression linked to cannabis use
- Exacerbation of anxiety disorders, bringing out anxiety
- Cannabis Use Disorder (1 in 6 teens vs 1 in 9 adults)
- Cognitive/attitudinal changes resulting in poorer academic performance, early school leaving

Other Medical Issues

- Cannabis hyperemesis syndrome – peculiar chronic daily vomiting, relieved by hot bathing or showers, "cured" only by abstinence – a growing problem in Eds – initial Rx can be risky
- Pregnancy – evidence mounting as to preterm labour and other complications
- Harms to fetus: THC crosses placenta into fetal circulation, interacts with the naturally occurring endocannabinoid system. Evidence exists that offspring of cannabis-using moms have behavioural differences through developmental phases compared with controls
- Risks around driving/operating complex machinery/pilots
- Potential for increasing serum levels of medications due to alterations in drug metabolism from exposure to THC or CBD, leading to adverse drug reactions/side effects

What Needs Attention

1. There should be simple, impactful signage regarding absolute avoidance of cannabis use where indicated, such as during pregnancy or breast/chest feeding or if the person has a significant family history or personal history of significant mental illness.
2. There should be signage regarding the potential harms to mental health from using cannabis, with particular emphasis on youth avoiding use.
3. There should be a poster with Canada's Lower Risk Cannabis Use Guidelines in plain view.
4. All retail outlets should carry handouts of the Lower Risk guidelines.
5. All retail outlets should carry handouts regarding the potential interactions between cannabis and chronic medication use.
6. There should be advice regarding drinking alcohol and using recreational or medical cannabis concurrently.

7. There should be information provided regarding proper treatment of hyperemesis syndrome.

Summary

There are numerous reports now regarding adverse events due to cannabis use in youth (even adults stand a 2 – to – 4 times greater risk of developing psychosis if using recreational cannabis regularly). There is evidence of harms to pregnancies, and to offspring of moms who used cannabis. Depression and anxiety conditions are also considered to be caused by cannabis ingestion in youth. Yet the retail outlets do not seem to be carrying information to clients regarding this. Many clients will be parents. Some parents actually share their marijuana with their teens as part of friending them. There is a general consensus that cannabis is safe and there is a good reason for this, but since we have identified a specific set of exceptions to this, it behoves us to take steps to enact primary prevention strategies to reduce the burden of mental health problems in our young as they grow.

Canada's Lower-Risk Cannabis Use Guidelines

Cannabis use and health

Cannabis use is relatively common in the Canadian population, especially among adolescents and young adults. About one in seven (14.8 per cent) Canadians aged 15+ reported using cannabis in the past year. Although cannabis is sometimes perceived as a relatively safe drug, it has multiple, well-documented risks to both immediate and long-term health. The main risks include cognitive, psychomotor and memory impairments; hallucinations and impaired perception; impaired driving resulting in injuries or fatalities; mental health problems, including psychosis; cannabis use disorder; respiratory problems; and reproductive problems. However, most of these adverse health outcomes are concentrated among those who consume cannabis in high-risk ways. Fatal and non-fatal injuries from motor-vehicle collisions, as well as cannabis use disorder and other mental health problems, are the most common cannabis-related harms negatively impacting public health.

Why Lower-Risk Cannabis Use Guidelines (LRCUG)?

The goals of cannabis legalization and regulation in Canada include the protection of public health and safety. Towards that end, proactive education, prevention and guidance on cannabis use and health are important public health strategies to reduce harms and problems related to cannabis use. While cannabis use comes with the health risks described above, the likelihood or severity of adverse outcomes can be modified through informed choices.

In this context, the main objective of Canada's Lower-Risk Cannabis Use Guidelines (LRCUG) is to provide science-based recommendations to enable people to reduce their health risks associated with cannabis use, similar to the intent of health-oriented guidelines for low-risk drinking, nutrition or sexual behaviour.

How were the Lower-Risk Cannabis Use Guidelines developed? (LRCUG)

The LRCUG are based on a comprehensive review of scientific studies and data conducted by an international team of addiction and health experts. The scientific version of the Lower-Risk Cannabis Use Guidelines (LRCUG) was published in the American Journal of Public Health in 2017 (see "Reference" on back). All of the data and sources informing the LRCUG can be found in this peer-reviewed publication.

Who are the LRCUG for?

The LRCUG are a tool for:

- anyone who has made the choice to use or is considering using, as well as their family, friends and peers.
- any professional, organization or government body aiming to improve the health of Canadians who use cannabis through evidence-based information and education.

Individuals who develop problems related to their cannabis use should be encouraged to seek support from a health professional.

Non-medical cannabis use and distribution for adults is legal in Canada as of October 17, 2018. The Cannabis Act creates a strict legal framework to control the production, distribution, sale, labeling and possession of cannabis across Canada. In 2019, some additional regulations will be added in relation to the legal production and sale of edible cannabis, cannabis extracts and cannabis topicals.

Public Health Agency of Canada | Agence de la santé publique du Canada
camh
CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE
The Canadian Research Initiative in Substance Misuse is supported by the Canadian Institutes of Health Research

The LRCUG recommendations

The LRCUG's 10 recommendations are targeted at people who use cannabis or are considering using cannabis. This evidence summary provides the context for the recommendations, including an overview of research to date. Note that these recommendations are mainly for non-medical cannabis use.

Canada has among the highest cannabis use rates in the world.

Fatal and non-fatal injuries from motor-vehicle collisions, as well as cannabis use disorder and other mental health problems, are the most common cannabis-related harms negatively impacting public health.

Between 10 and 30 per cent of cannabis users are estimated to develop a cannabis use disorder (including dependence).

Abstinence

As with any risky behaviour, the safest way to reduce these risks is to avoid the behaviour altogether. The same is true for cannabis use. Those who decide to use cannabis incur a variety of risks related to acute and/or long-term adverse health and social outcomes. The likelihood and severity of these risks will vary, based on characteristics of individual users, their patterns of use, and product qualities. In addition, the risks may not be the same from person to person, or from one episode of use to another.

1 **The most effective way to avoid the risks of cannabis use is to abstain from use.**

Age of initial use

Studies show that initiating cannabis at a young age – primarily before age 16 – increases the risks for a variety of adverse health outcomes. For example, people who start using young are more likely to develop related mental health and education problems, or to experience injuries or other substance use problems. These effects are particularly pronounced in cannabis users who engage in intensive/frequent use. This may occur, in part, because frequent cannabis use affects the development of the brain, which is not completed until the mid-20s. The younger the age a person initiates cannabis use, the greater the likelihood of more severe health problems.

2 **Delaying cannabis use, at least until after adolescence, will reduce the likelihood or severity of adverse health outcomes.**

Choice of cannabis products

Cannabis consumers should be aware of the nature and composition of the cannabis products that they use. These products vary greatly in cannabis' main psychoactive ingredient, tetrahydrocannabinol (THC). Higher THC potency is strongly related to increased acute and long-term problems, such as mental health problems, cannabis use disorder or injuries. In particular, cannabis extract or concentrate products contain extremely high THC levels. Yet evidence suggests that other cannabinoid components, including cannabidiol (CBD), attenuate some of THC's effects. Using cannabis products with high CBD:THC ratios typically carries less severe health risks.

Synthetic cannabinoids (e.g., K2, Spice) are a relatively new, illegal class of products. Recent reviews on synthetics indicate that they generally have more severe psychoactive impacts and health risks, including cases of death.

3 **Use products with low THC content and high CBD: THC ratios.**

4 **Synthetic cannabis products, such as K2 and Spice, should be avoided.**

Cannabis use methods and practices

Many alternative methods for consuming cannabis now exist. Evidence suggests that smoking burnt cannabis, especially combined with tobacco, can result in respiratory problems, possibly including lung cancer. In fact, smoking is likely the most hazardous method of cannabis use. Alternative inhalation methods include vaporizers and e-cigarette devices. While these alternatives reduce key risks to health,

they are not entirely risk-free. However, rigorous studies on health outcomes are largely lacking. Ingested or "edible" cannabis products bypass inhalation-related risks, but delay the onset of psychoactive effects and may lead to the use of higher doses. If accompanied by adequate cannabis product labeling, packaging and warnings, edibles may offer the safest method of cannabis use.

When smoking cannabis, practices such as "deep-inhalation," breath-holding or forceful exhalation (the Valsalva maneuver), are done to increase the absorption of psychoactive ingredients. However, they also disproportionately increase the intake of toxic material into the respiratory system.

5 **Avoid smoking burnt cannabis and choose safer inhalation methods including vaporizers, e-cigarette devices and edibles.**

6 **If cannabis is smoked, avoid harmful practices such as inhaling deeply or breath-holding.**

Frequency and intensity of use

Frequent or intensive cannabis use – defined as daily or near-daily use – are among the strongest and most consistent predictors of severe and/or long-term cannabis-related health problems, based on the scientific evidence. Such patterns of use increase the likelihood of developing multiple health problems, including changes in brain development or functioning (especially at a younger age), mental health problems, cannabis use disorder, impaired driving, suicidality and poorer educational outcomes.

7 **Avoid frequent or intensive use, and limit consumption to occasional use, such as only one day a week or on weekends, or less.**

Cannabis use and driving

Cannabis impairs cognition, attention, reaction and psychomotor control—all of which are critical skills for driving or operating machinery. Numerous studies have shown that the risk of being involved in a collision and experiencing driving-related injuries, both non-fatal and fatal, is two to three times higher among cannabis-impaired drivers compared with non-impaired drivers. There is no evidence for safe levels of cannabis use for driving. After consuming cannabis, individuals should not drive during the period of acute psychoactive effects. These acute impairments set in shortly after use and persist for at least 6 hours, but can vary depending on individual characteristics and constitution, as well as on the potency and type of cannabis used. The risk of a collision is even higher when cannabis and alcohol are used together, since combining these drugs amplify the effects of impairment.

8 **Do not drive or operate other machinery for at least 6 hours after using cannabis. Combining alcohol and cannabis increases impairment and should be avoided.**

Special-risk populations

Some populations have higher or distinct risks for cannabis-related health problems. A substantial proportion of cannabis-related psychosis, and possibly other mental health problems (especially cannabis use disorders), occurs among those with a personal or family history of psychosis or substance use disorders. Furthermore, cannabis use during pregnancy increases the risk of adverse neonatal health outcomes, including low birthweight and growth reduction. This recommendation is based, in part, on precautionary principles.

9 **People with a personal or family history of psychosis or substance use disorders, as well as pregnant women, should not use cannabis at all.**

Combining risks or risk behaviours

While data are limited, it is likely that the combination of some of the risk behaviours described in the recommendations will magnify the risk of adverse outcomes from cannabis use. For example, early-onset of cannabis use, combined with frequent use of high-potency cannabis, is likely to disproportionately increase the risks of experiencing both acute and chronic problems.

10 **Avoid combining any of the risk factors related to cannabis use. Multiple high-risk behaviours will amplify the likelihood or severity of adverse outcomes.**

Reference

Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W., Rehm, J. & Room, R. (2017). Lower-Risk Cannabis Use Guidelines (LRCUG): A Comprehensive Update of Evidence and Recommendations. American Journal of Public Health, 107(8). DOI: 10.2105/AJPH.2017.303818.

Endorsements

The LRCUG have been endorsed by the following organizations:

Canadian Society of Addiction Medicine
La Société Médicale Canadienne sur l'Addiction

Association Médicale Canadienne
Canadian Medical Association

Canadian Public Health Association
Association canadienne de santé publique

Canadian Pharmacists Association
Association des pharmaciens du Canada

Canadian Mental Health Association
Mental health for all
Association canadienne pour la santé mentale
La santé mentale pour tous

Canadian Nurses Association
Association des infirmières et infirmiers du Canada

Canadian Centre on Substance Use and Addiction
Evidence. Engagement. Impact.
Centre canadien sur les dépendances et l'usage de substances
Données. Engagement. Résultats.

Mental Health Commission of Canada
Commission de la santé mentale du Canada

camh

Council of Chief Medical Officers of Health (CCMOH)

Acknowledgments

The Lower-Risk Cannabis Use Guidelines (LRCUG) are an evidence-based intervention initiative supported by the Canadian Research Initiative in Substance Misuse (CRISM), funded by the Canadian Institutes of Health Research (CIHR). Other versions version of the LRCUG, such as a pamphlet aimed mainly at cannabis users, are available at **camh.ca.**

Disponible en Français

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Approval of Meeting Minutes**
DATE:	**November 8, 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 October 11, 2023.

ATTACHMENTS

a. Board of Health Minutes, October 11, 2023

Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, October 11, 2023 – 5:30 p.m.
Multipurpose Rooms, 2nd Floor, PPH

In Attendance:

Board Members:	**Deputy Mayor Ron Black** **Warden Bonnie Clark** (virtual) **Mayor Matthew Graham** **Councillor Dave Haacke** (virtual) **Mr. Paul Johnston** **Councillor Nodin Knott** (virtual) **Councillor Joy Lachica** **Mr. Dan Moloney, Acting Chair** **Councillor Keith Riel** **Dr. Hans Stelzer** (virtual) **Councillor Kathryn Wilson**
Staff:	**Ms. Hallie Atter, Acting Director, Health Promotion Division** **Mr. Evan Brockest, Manager, Communications & I.T.** **Ms. Donna Churipuy, Director, Health Protection Division** **Ms. Carolyn Doris, Manager, Family & Community Health** **Ms. Alida Gorizzan, Executive Assistant (Recorder)** **Dr. Thomas Piggott, Medical Officer of Health & CEO** **Ms. Jocelyn Qualtrough, Health Promoter** **Mr. Larry Stinson, Director of Operations** **Ms. Krista Ward, Manager, Child Health**

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1. Call to Order

Councillor Wilson, Board Chair, called the meeting to order at 5:31 p.m.

2. Confirmation of the Agenda

MOTION:
That the agenda be approved.
Moved: Mayor Graham
Seconded: Mr. Moloney
Carried. (M-2023-064)

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.
Moved: Mayor Graham
Seconded: Councillor Riel
Carried. (M-2023-65)

MOTION (9.2 a,b,c,d):
That the Board of Health for Peterborough Public Health receive the following for information:
a. Letter dated September 26, 2023 from the Board Chair to Minister Jones regarding Section 50 Agreements.
b. Letter dated October 6, 2023 from the Board Chair to Minister Parsa regarding support for Student Nutrition Programs.
c. Letter dated October 6, 2023 from the Board Chair to Ministers Sudds, MacCaulay and Holland regarding implementation of a Federal School Food Policy.
d. Letter dated October 6, 2023 from the Board Chair to Minister Jones regarding strengthening public health in Ontario.
Moved: Mayor Graham
Seconded: Councillor Riel
Carried. (M-2023-066)

5. Delegations and Presentations

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 September 13, 2023, as circulated.
Moved: Mr. Johnston
Seconded: Mayor Graham
Motion carried. (M-2023-067)

7. Business Arising From the Minutes

8. Staff Reports

8.1. Presentation: Nurse-Family Partnership Program

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

- Title: Nurse-Family Partnership Program
- Presenter: Krista Ward, Manager, Child Health Services

Moved: Councillor Lachica
Seconded: Mr. Johnston
Motion carried. (M-2023-068)

8.2. Staff Report: Health Care Worker Influenza Immunization 2022-2023

MOTION:
That the Board of Health for Peterborough Public Health receive the staff report, Health Care Worker Influenza Immunization: 2022-2023, for information.
Moved: Mr. Moloney
Seconded: Mayor Graham
Motion carried. (M-2023-069)

8.3. Staff Report: Drug Poisoning Update

MOTION:
That the Board of Health for Peterborough Public Health:

- receive the staff report, Drug Poisoning Update, for information; and,
- write a follow-up letter to the Minister of Health and Associated Minister of Health and Addictions, with copies to local MPPs, requesting a status update on progress regarding safe inhalation being made available at provincially funded Consumption and Treatment Services Sites (CTS).

Moved: Mr. Moloney
Seconded: Deputy Mayor Black
Motion carried. (M-2023-070)

9. Consent Items

10. New Business

11. In Camera to Discuss Confidential Matters

MOTION:
That the Board of Health for Peterborough Public Health go In Camera at 6:23 p.m.to discuss items under the Municipal Act, 2001, Section 239(2)
(d), Labour relations or employee negotiations;
(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.

Moved: Mayor Graham
Seconded: Mr. Moloney
Carried. (M-2023-071)

MOTION:
That the Board of Health rise from the In Camera session at 7:25 p.m.
Moved: Mayor Graham
Seconded: Councillor Riel
Carried. (M-2023-072)

12. Motions for Open Session

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

Wednesday, November 8, 2023, 5:30 p.m.
Peterborough Public Health

14. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Mayor Graham
Seconded by: Dr. Stelzer
Motion carried. (M-2023-073)

The meeting was adjourned at 7:25 p.m.

Medical Officer of Health & CEO

Board Chair

PETERBOROUGH PUBLIC HEALTH

BOARD OF HEALTH – STAFF REPORT

TITLE:	**Monitoring Food Affordability and Availability, 2023**
DATE:	**November 8, 2023**
PREPARED BY:	**Lauren Kennedy, MScFN, Registered Dietitian, CDE** **Erica Diamond, Registered Dietitian**
APPROVED BY:	**Hallie Atter, Acting Director, Health Promotion** **Dr. Thomas Piggott, Medical Officer of Health and CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive *Monitoring Food Affordability and Availability, 2023,* for information; and,
- write the Ministry of Health, with copies to local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health for continued inclusion of monitoring food affordability and availability in the updated Ontario Public Health Standards to inform policy and advocacy to address systemic issues affecting food insecurity with community, provincial, and national partners.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

Monitoring food affordability connected to health equity has been a longstanding area of advocacy for the Board of Health (BOH). For example, the BOH used local food affordability data to advocate for Basic Income at the federal level (Sept. 2020), and Bill 60, establishment of a Social Assistance Research Commission at the provincial level (March 2019).

BACKGROUND

Boards of health are mandated to monitor food environments (including food access and affordability), by the Ontario Public Health Standards (OPHS). PPH staff cost 61 food items that make up Health Canada's Nutritious Food Basket, collecting data from across the County and City of Peterborough. Food costs are used to assess the cost of nutritious food for a variety of life stages based on nutrient requirements. These numbers are inputted into a variety of income scenarios to determine food affordability locally, with a focus on under-served populations.

Since 2021, PPH has co-led the collaboration with Public Health Ontario, Ontario Dietitians in Public Health (ODPH), Memorial University, and other local public health agencies (LPHA) across the province to successfully:

a) Update Ontario Nutritious Food Basket (ONFB) tools and the process of monitoring food affordability to align with Health Canada's 2019 National Nutritious Food Basket List, corresponding with the updated Canada's Food Guide;
b) Validate an online costing process to complement in-person costing, and improve efficiency of data collection by LPHAs;
c) Coordinate and share learnings within Ontario, other provinces, Health Canada, and through provincial and national trainings and conferences, and publications;
d) Improve impact of surveillance activities through adjustments to data collection and analysis to also include food availability monitoring (new as of 2022); and
e) Use pilot testing data and feedback collected from LPHAs in 2022 and 2023 to optimize efficiency and accuracy of the process.

PPH's contributions to this important work at the national, provincial, and local levels have supported the following work to reduce household food insecurity and build community food security:

- **Local reports and advocacy work,** such as the living wage calculations for Peterborough and across Ontario, to support employers and policy makers with data on incomes needed to support health and wellbeing. The United Way's *Housing is Fundamental* reports also discuss household food insecurity.
- **Information Sharing Between Local Decision Makers and Community Networks:** In 2023, the Peterborough Food Action Network (PFAN) met with local decision makers to share food affordability data collected by PPH and discuss policy opportunities for evidence-based solutions.
- **Organizational and Community Awareness Raising** of the impact of the pandemic, inflation, low incomes and other roots of household food insecurity on physical and mental health inequities. Activities include community reports, responding to media inquiries, and sharing information at all-staff huddle presentations.
- **Advocacy at the Provincial Level:** The updated process to monitor food affordability, as well as PPH's food affordability data have contributed to advocacy efforts such as ODPH's response to provincial pre-budget consultations, and the May 2023 AlPHa resolution presented by the Ontario Dietitians in Public Health.
- **Surveillance Related to Potential Impacts of Climate Change on Vulnerable Populations:** Food affordability data is being used to help understand impacts of climate change assessed in PPH's *Climate Change and Health Vulnerability Assessment* that will be released in December 2023. PPH staff were also able to use new food availability data from the expanded data collection system to analyze impacts of the derecho storm (an example of an emergency weather event), on temporary availability of food in grocery stores in the county and city of Peterborough. This supports analysis of potential health impacts of future emergency weather events.

RATIONALE

According to the Canadian Income Survey, household food insecurity in Ontario has risen since 2019, with a significant increase from 16.1% in 2021 to 18.7% in 2022.[1] Locally, the most recent household food insecurity prevalence estimate for areas served by PPH, indicate that **1 in 5 households face food insecurity**.[2] While this number needs to be interpreted with caution due to sampling variability and a small sample size, **this is the highest number we have ever seen**.

Results from 2023 food affordability analysis illustrate that some residents are having to choose between paying rent, and buying food, before even considering other bills. There is very little money left over, if any, for residents with fixed incomes. For example, based on 2023 food cost data, and housing data, a single pregnant person on the Ontario Disability Support Program (ODSP) would face a monthly deficit of $96 after paying for food and housing alone. This is a deeper deficit than 2022 ($63). There will be a community report released later in the year with further scenarios and local data.

Household Food Insecurity is linked to poor mental and physical health. It is a significant public health issue faced by communities served by PPH. Food insecurity can also have negative, long-lasting impacts on child health and well-being.[3] It is linked with adverse childhood experiences[4] and may be a source of toxic stress for families.[5] Experiences of adversity in early years of life are linked to increased risk of poor outcomes in learning, relationships, and physical and mental health, including addiction.[6] Upstream health promotion approaches can lead to life-long impacts, help to change cycles of intergenerational trauma[7] and inequity,[8] reduce burden of chronic disease, and optimize health care dollars spent.[9]

Research identifies that root causes of household food insecurity include inadequate incomes, racism, and colonialism.[10] Food insecurity disproportionately impacts Indigenous People. Indigenous Peoples living off-reserve have more than double the likelihood of experiencing food insecurity than non-Indigenous Canadians.[11] Restricted access to traditional lands, water, and food resources also impacts Indigenous Peoples' access to traditional foods, which are healthy, nutrient dense, and culturally preferred.[12]

The Board of Health has been an effective and credible advocate for food security in Peterborough for decades. PPH staff continue to play leadership roles in monitoring food affordability, addressing food insecurity and advocating for change through participation and leadership roles with ODPH and PFAN.

PPH staff have and continue to actively work towards evidence-based solutions to food insecurity in our community, and at the provincial and national level. The local evidence gathered through monitoring food affordability and availability is foundational in this work. Staff actions for 2023-2024 include:

- Continued monitoring of policy windows to address income roots of household food insecurity;
- Active involvement in ODPH Food Insecurity Working group activities and advocacy;

- Co-leadership of the ODPH Monitoring Food Affordability in Ontario subgroup;
- Continued collection, monitoring and use of food affordability and food availability data to move strategic plan priorities forward;
- Release of a 2023 community report outlining the current local status of food insecurity and food affordability;
- Chair and support PFAN. Current PFAN priorities include addressing root causes of hunger, and educating and engaging the community to address food security and poverty issues, using research to guide this; and
- Exploration of IHAC's interest in conversations about Indigenous Food Insecurity and Indigenous Food Sovereignty, and opportunities for allyship.

STRATEGIC DIRECTION

Monitoring food insecurity, food affordability, and food availability applies to the following strategic directions from PPH's 2022-2025 Strategic Plan:

- Under-served single parents and families are supported in creating healthy safe and nurturing environments for child development
- People who use drugs (PWUD) have enhanced access to public health services and supports in our collaborative response to the drug poisoning crisis.
- People most vulnerable to the health impacts of climate change are supported in adapting to and reducing negative health impacts
- PPH is fully committed to practicing active allyship for Indigenous self-determination and health equity within the health and social system

REFERENCES:

[1] Public Health Ontario (2023). Response to Scientific / Technical Request: Household Food Insecurity Estimates from the Canadian Income Survey: Ontario 2019-2022. Data Source: Statistics Canada, Centre for Income and Socioeconomic Well-being Statistics, Canadian Income Survey. Released August 2023.

[2] Ibid.

[3] PROOF (2022). What are the implications of food insecurity for health and health care? Identifying Policy Options to Reduce Household Food Insecurity in Canada. Retrieved from: https://proof.utoronto.ca/food-insecurity/what-are-the-implications-of-food-insecurity-for-health-and-health-care/

[4] Royer, M.F., Ojinnaka, C.O., Zhang, X., Thornton, A.G., Blackhorse, K., & Bruening, M. (2022). Food insecurity and adverse childhood experiences: a systematic review. Nutrition Reviews. 80(10), 2089-2099. doi: doi.org/10.1093/nutrit/nuac029

[5] Knowles, M., Rabinowich, J., Ettinger de Cuba, S., Becker Cutts, D., & Chilton, M. (2016). "Do You Wanna Breathe or Eat?": Parent Perspectives on Child Health Consequences of Food Insecurity, Trade-Offs, and Toxic Stress. Maternal and Child Health Journal. 20(1). doi: 10.1007/s10995-015-1797-8.

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[7] Ontario Agency for Health Protection and Promotion (Public Health Ontario). Carsley S, Oei T. Interventions to prevent and mitigate the impact of adverse childhood experiences (ACEs) in Canada: a literature review. Toronto, ON: Queen's Printer for Ontario; 2020.

[8] Williams DR, Costa MV, Odunlami AO, Mohammed SA. Moving upstream: how interventions that address the social determinants of health can improve health and reduce disparities. J Public Health Manag Pract. 2008 Nov;14 Suppl(Suppl):S8-17. doi: 10.1097/01.PHH.0000338382.36695.42. PMID: 18843244; PMCID: PMC3431152.

[9] National Collaborating Centre for Determinants of Health. (2016). Economic arguments for shifting health dollars upstream. A discussion paper. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

[10] PROOF (2022). Who are most at risk of household food insecurity? Retrieved from: https://proof.utoronto.ca/food-insecurity/who-are-most-at-risk-of-household-food-insecurity/

[11] Richmond, C., Steckley, M., Neufeld, H., Bezner Kerr, R., Wilson, K., & Dokis, B. (2020). First Nations Food Environments: Exploring the Role of Place, Income, and Social Connection, Current Developments in Nutrition, 4 (8). doi: doi.org/10.1093/cdn/nzaa108

[12] Richmond, C., Steckley, M., Neufeld, H., Bezner Kerr, R., Wilson, K., & Dokis, B. (2020). First Nations Food Environments: Exploring the Role of Place, Income, and Social Connection, Current Developments in Nutrition, 4 (8). doi: doi.org/10.1093/cdn/nzaa108

Food Insecurity and Food Affordability 2023 Update

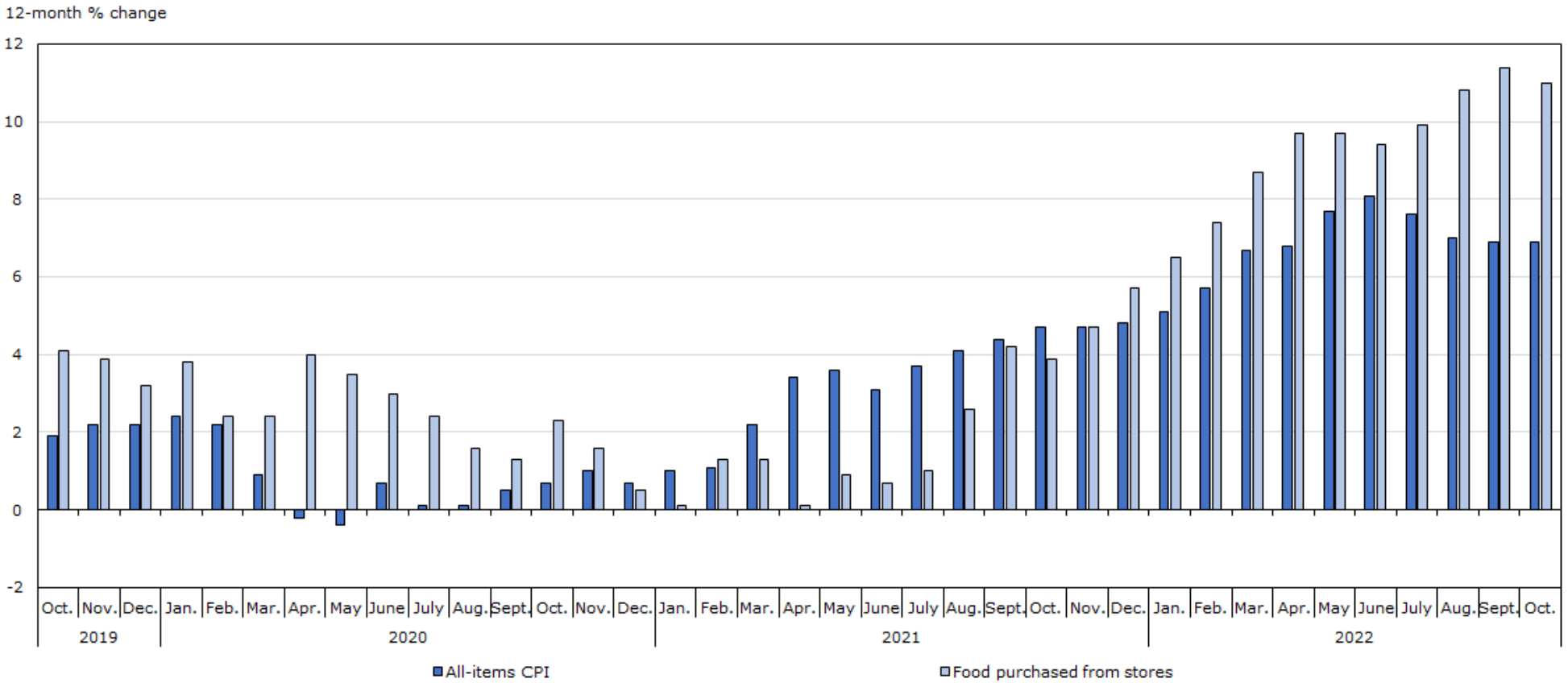
Date: November 8, 2023

Presenter: Lauren Kennedy, MScFN, Registered Dietitian, CDE

Public Health Nutritionist, Family and Community Health

The Cost of Food in Canada has **Increased**

Chart 1
Food purchased from stores has outpaced headline inflation since December 2021, Canada, October 2019 to October 2022

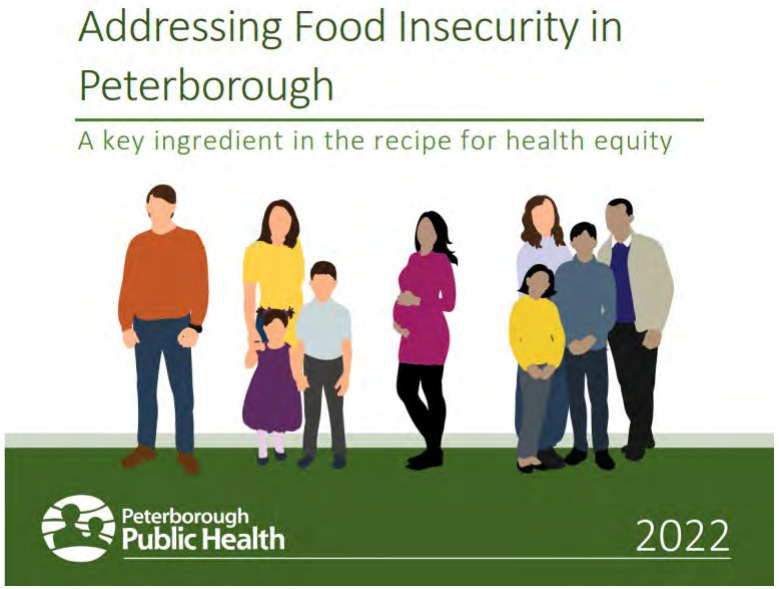


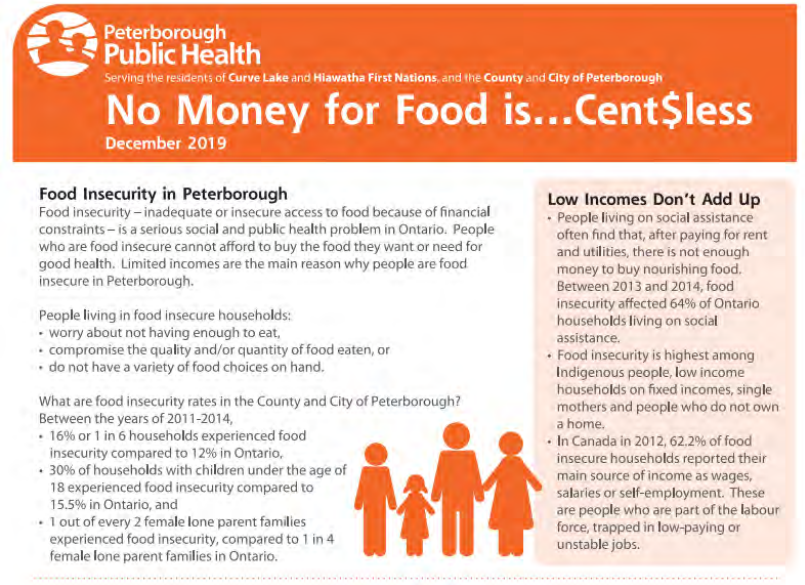
Source: Statistics Canada, table 18-10-004-01 - Consumer Price Index, monthly, not seasonally adjusted.

Retrieved from: https://www150.statcan.gc.ca/n1/pub/62f0014m/62f0014m2022014-eng.htm

Food Affordability Monitoring

- Mandated by Ontario Public Health Standards
- Methods:
  - *Ontario Nutritious Food Basket* Tool
  - Food cost data collected in May 2022 and 2023
  - Affordability assessed, housing & income data
- Report shared with the community annually





Food Affordability Case Studies

Aisha – single pregnant person, Ontario Disability Support Program

	2022	2023
Income (ODSP + benefits)	$1349	$1409
- rent (1 bdr apartment)	$1049	$1090
- cost of nutritious food	$363	$415
Money left for all other expenses	**- $63**	**- $96**

Food (and housing) have become even less affordable.

Source: Peterborough Public Health Nutritious Food Basket Data

Food Affordability Case Studies

Jesse & Morgan, Dylan (14) and Aubrey (8) – family of 4, Ontario works

	2019*	2022	2023
Income (OW + benefits)	$2623	$2760 ↑	$2794
- rent (3 bdr apartment)	$1322	$1403 ↑	$1523
- cost of nutritious food	$938	$1057 ↑	$1215
Money left for all other expenses	**$363**	**$300** ↓	**$56**

Food (and housing) have become even less affordable.

*Different food costing methodology was used in 2019, with methodology updated in 2022 reflecting the new food guide. Comparisons should not be made between food costs before and after the change in methodology.

Source: Peterborough Public Health Nutritious Food Basket Data

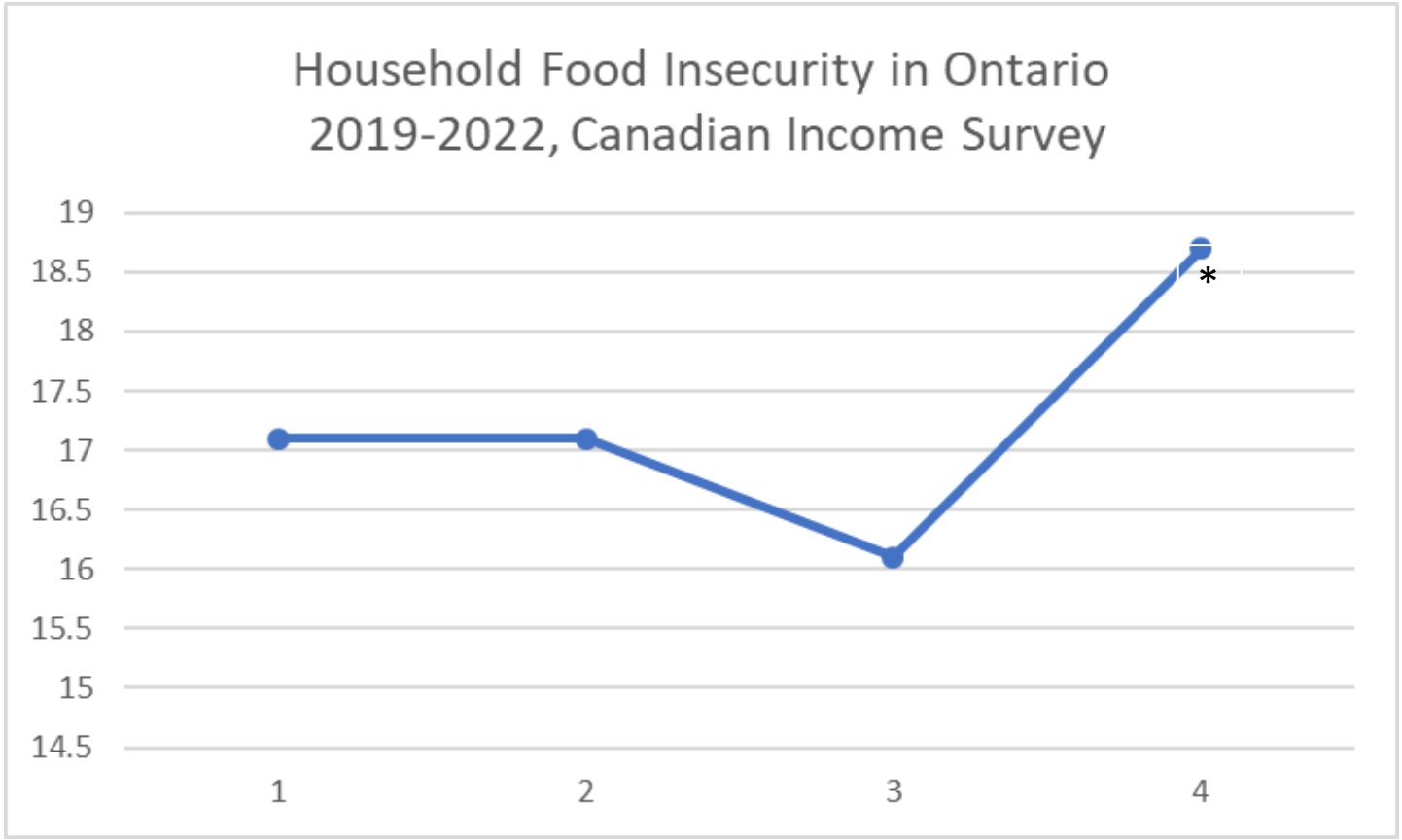
What is Household Food Insecurity?

Household Food insecurity is a serious public health problem, associated with:

- poorer **physical health**
- poorer **mental health**

Tarasuk V, Li T, & Fafard St-Germain AA. (2022) Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from: proof.utoronto.ca/

Increase in Household Food Insecurity in Ontario



***Statistically significantly higher than previous year**

Source: Public Health Ontario, analysis of Canadian Income Survey Data, 2023

Household Food Insecurity Locally

Nearly 1 in 5* local households faced food insecurity between 2020-2022.

This is the highest number we have seen, to date.

*Approximately 19%. This number needs to be interpreted with caution due to a small sample size, and variability in the sample.

Source: Public Health Ontario, analysis of Canadian Income Survey Data, 2023

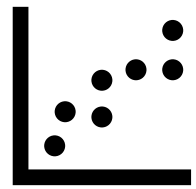
An Upstream Approach

- Household food insecurity takes a major toll on the health care system
- An upstream approach addressing root causes could result in:
  - significant savings for public health care
  - stronger, more equitable health system

Root cause of household food insecurity = inadequate incomes

Scope of PPH work and Next Steps

- Monitor for income policy windows
- Active involvement in Provincial workgroups
- Co-leadership of Monitoring Food Affordability in Ontario, continued local monitoring
- Release of 2023 community report on food insecurity
- Chair and support Peterborough Food Action Network
- Explore the Indigenous Health Advisory Circle's interest in conversation about Indigenous Food Insecurity and Food Sovereignty



Connections to PPH's Strategic Plan


thank you!

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Stewardship Committee Report – 2024 PPH Budget Approval**
DATE:	**November 8, 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 Approval, for information; and,
- approve the 2024 Cost-Shared Public Health Budget of $11,554,737, which reflects a base-level service amount of $11,452,737 and funding to support staffing related to Indigenous Health Equity work in the amount of $102,000.

BACKGROUND

Stewardship met last on October 26, 2023. At that meeting, the Committee reviewed the draft 2024 budget submission and requested that these recommendations and reports come forward to the Board of Health at its next meeting.

ATTACHMENTS

a. Staff Report – 2024 Budget Approval
b. 2024 Budget

PETERBOROUGH PUBLIC HEALTH

STEWARDSHIP COMMITTEE – STAFF REPORT

TITLE:	**2024 PPH Budget Approval**
DATE:	**October 26, 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 Approval,* for information; and,
- recommend to the Board of Health the approval of the 2024 Cost-Shared Public Health Budget based on cost estimates and public health needs identified in this report.

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 (HPPA). 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.

Based on announced funding grants to be received from the province, local funder contributions to meet local public health needs range from 8.26% to 35.48%.

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 a 1.94% increase in expenditures overall, due to an anticipated 0% increase in the provincial funding grant for cost-shared programs, 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).

In August 2023 the Minister of Health confirmed that:

- as of January 1, 2024, the funding formula for public health will return to 75% provincial and 25% local contributions; and,
- provincial grants will be increased annually by 1% each year, for three years, starting in 2024.

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.

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 and 2023. While clarity on the 1% funding increase for three years (starting in 2024) is helpful for planning, it should be noted this is substantially lower than inflationary budget pressures, and lower than increases received by other public sectors.

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 plans to sustain the needed senior leadership structure, travel increases due municipal mileage rates, and technology costs 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 are presenting consider two scenarios: the resources required maintaining a basic level of service that do not fully meet all of the required standards, consistent with delivery as 2023; and additional priorities for considered inclusion. For each scenario, most budget lines outside of staffing have been held at a 0% increase or reduced where possible. Since provincial funding contributions are the same regardless of the scenario, the required local contribution and percent increase over 2023 is identified for each scenario.

The overall expenses required to retain minimum service levels is $11,452,737, which is $393,295 more than 2023 (or a 3.55% base budget increase over 2023). As per the budgeted expenses outlined in Attachment A, the local contribution to attain a balanced budget is $3,143,764, an 8.26% increase over the 2023 levy.

This basic level of public health service does not allow PPH and its staff to fully meet all of the requirements of the Ontario Public Health Standards (OPHS) and to meet critical local needs of priority populations. On the request of the Stewardship Committee at their August 2023 meeting, Table 1, below, identifies five of the top priorities to enhance local public health outcomes, and their related cost.

Table 1: Unmet Public Health Priorities

Priority Ranking	Public Health Need	Rationale	Cost	OPHS Requirement
1	Indigenous Health Equity	Increased capacity to support Indigenous Health Advisory Circle (IHAC) work. This would enhance relationships with First Nations health partners and organizations that serve Indigenous peoples in the Peterborough Public Health region.	$102,000	Req. #1-4
2	Support for Mental Health and Addictions	Increased capacity to support work on community public health planning, policy, and programming related to alcohol, tobacco, and cannabis in the context of the drug poisoning crisis.	$204,000	Req.#1-2
3	School Health	Increased capacity to develop and implement a comprehensive school health promotion approach including topics such as 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.	$204,000	Req. #3-4 ,8

Priority Ranking	Public Health Need	Rationale	Cost	OPHS Requirement
4	Environmental Health Capacity for Food Safety and Vector Borne Disease	Increased capacity to meet the requirements for inspections of low and moderate risk food premises and to support the climate change adaptation programming such as heat/cold alerts.	$178,500	Req. #7
5	Healthy Growth and Development	Increased capacity to allow focus of adverse childhood experiences (ACEs) to expand to early years, and address other Healthy Growth and Development requirements such as breastfeeding, healthy pregnancies, preconception health and preparation for parenting.	$102,000	Req. #2

Table 2, below, outlines the additional cost, beyond basic service, for inclusion of each priority in sequence and impact on the 2024 budget and local share contributions.

Table 2: Cost of Including Additional Priorities

Budget	Expenses	Provincial Funding	Local Funding	% budget increase	% Local Share Increase
BSL	$11,452,737	$8,308,973	$3,143,764	3.55%	8.26%
BSL + 1	$11,554,737	$8,308,973	$3,245,764	4.48%	11.77%
BSL + 1-2	$11,758,737	$8,308,973	$3,449,764	6.32%	18.80%
BSL + 1-3	$11,962,737	$8,308,973	$3,653,764	8.17%	25.82%
BSL + 1-4	$12,141,237	$8,308,973	$3,832,264	9.78%	31.97%
BSL + 1-5	$12,243,237	$8,308,973	$3,934,264	10.70%	35.48%

BSL (basic level service)

It is recommended that the Board approve the budget at the level of Basic Service Level and consider inclusion of one or more of the five priorities identified for improving compliance with the Ontario Public Health Standards (OPHS).

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. 2024 Basic Service Level Cost-Shared Budget

PETERBOROUGH PUBLIC HEALTH
DRAFT 2024 - Combined Ministry of Health Cost-Shared Programs

		2024 Combined Total	2023 Combined Total	Change	% Change	Comments
	EXPENDITURES					
1	Salaries and wages	7,660,447	7,485,541	174,906	2.34%	Increase for contract settlements and staff complement net of staffing mix changes
2	Employee benefits	2,317,973	2,173,584	144,389	6.64%	Increase relates to changes in health benefit rates, Omers enrollment elibility for temporary staff & staffing mix
3	Staff Training	45,539	45,539	-	0.00%	
4	Board Expenses	35,098	48,598	(13,500)	-27.78%	Reduction for city & county representatives compensated through municipal partners
5	Travel	75,877	70,877	5,000	7.05%	Mileage allowance based on anticipated rates given higher gas prices in 2023 and increased program travel
6	Building Occupancy	718,671	718,671	-	0.00%	
7	Office Expenses, Printing, Postage	36,534	36,534	-	0.00%	
8	Materials and Supplies	429,714	429,714	-	0.00%	
9	Office Equipment	12,840	12,840	-	0.00%	
10	Professional and Purchased Services	544,050	544,050	-	0.00%	
11	Communication costs	82,111	82,111	-	0.00%	
12	Information Technology & Equipment	91,189	61,189	30,000	49.03%	Increase required to support continuation of hybrid work model and enhanced security
	EXPENDITURES	**12,050,043**	**11,709,248**	**340,795**	**2.91%**	
	FEES & OTHER REVENUES					
13	Expenditure Recoveries - Immunization Programs	29,800	31,300	(1,500)	-4.79%	Based on 2023 activity levels and anticipated student immunzation catch-up
14	Expenditure Recoveries & Offset Revenues	567,506	618,506	(51,000)	-8.25%	Reduction for fees collected as part of the Low Income Dental Program based on billing trends over the past two years.
	FEES & OTHER REVENUES	**597,306**	**649,806**	**(52,500)**	-8.08%	
	NET EXPENDITURES - Cost Shared Budget	**11,452,737**	**11,059,442**	**393,295**	**3.56%**	
	PARTNER CONTRIBUTIONS – 2024					
15	Ministry of Health - Cost Shared	8,298,973	7,130,500	1,168,473	16.39%	Cost-shared funding includes 1% increase over 2023. Funding includes base and mitigation funding, formerly funded as one-time.
16	- One-Time Mitigation	-	1,015,000	(1,015,000)	-100%	Mitigation funding included with base funding effective 2024
17	- IPHP Program	10,000	10,000	-	0.00%	Assumes no change in funding from prior year
18	City of Peterborough	1,780,723	1,644,880	135,843	8.26%	
19	County of Peterborough	1,344,128	1,241,591	102,537	8.26%	Funding increase of 8.26% required by the four local partners
20	Curve Lake First Nation	14,284	13,194	1,090	8.26%	over 2023 contribution to balance budget
21	Hiawatha First Nation	4,629	4,276	353	8.26%	
	FUNDING PARTNER CONTRIBUTIONS	**11,452,737**	**11,059,442**	**393,295**		
	Projected (Deficit)	**-**	**-**	**-**		

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Direction**
DATE:	**November 8, 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 for information and endorse the following correspondence from local public health agencies:

a. Algoma - Income-based policy interventions to effectively reduce household food insecurity (July 4/23)

b. Huron Perth – Bill 93, Lifejackets (Sept. 8/23)

c. Huron Perth – Healthy Policy, Alcohol Marketplace and Sales (Sept. 8/23)

d. Simcoe Muskoka - Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023 (Sept. 7/23)

Algoma PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

July 4, 2023

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

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

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

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

Re: Income-based policy interventions to effectively reduce household food insecurity (HFI)

On June 28, 2023, the Board of Health for Algoma Public Health (APH) passed a resolution endorsing income-based policy interventions to effectively reduce household food insecurity (HFI), which is an urgent public health problem that imposes serious consequences to the health and well-being of Ontarians.

HFI is inadequate or insecure access to food due to household financial constraints.[1, 2] It is a sign of poverty, rooted in a lack of adequate and stable income to make ends meet. In 2022, more than 2.8 million Ontarians were food insecure, and this will only get worse with recent sky-rocketing inflation.[3]

Locally, APH monitors food affordability as required by the *Ontario Public Health Standards*. Our local data shows that low-income households, especially those receiving Ontario Works (OW) and Ontario Disability Support Program (ODSP), struggle to afford basic costs of living and will be increasingly vulnerable as food prices continue to rise.[4]

Not being able to afford adequate food has profound adverse effects on people's physical and mental health and their ability to lead productive lives. This creates a heavy burden on the health care system with adults living in severely food insecure households incurring 121% higher health care costs compared to food secure households.[5] Effective income policies to reduce food insecurity could offset considerable public expenditures on health care and improve overall health.

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

Food charity is NOT a solution to the problem. Food banks may provide temporary food relief but do not address the root causes. Only about one-quarter of households experiencing food insecurity go to food banks and for those who do use them, food insecurity does not go away.[2]

We urge the province to collaborate across sectors to implement income-based policies that effectively reduce food insecurity, such as[1, 2, 5]

- increasing minimum wage to a rate that better reflects costs of living, such as a living wage,
- raising social assistance to reflect costs of living,
- indexing Ontario Works to inflation, and
- reducing income tax rates for the lowest income households.

Such income policies preserve dignity, address the root cause of the problem, give choice of which foods to buy, and ensure the basic right to food.

Sincerely,

Sally Hagman
Chair, Board of Health,

cc: Dr. J. Loo, Medical Officer of Health and Chief Executive Officer for Algoma Public Health
Local Councils
Local MPs
The Association of Local Public Health Agencies
Ontario Boards of Health

References:

1. Tarasuk V, Li T, Fafard St-Germain A-A. Household food insecurity in Canada, 2021. 2016. https://proof.utoronto.ca/wp-content/uploads/2022/08/Household-Food-Insecurity-in-Canada-2021-PROOF.pdf
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4. Food affordability in Algoma infographic. 2023.
5. alPHa Resolutions- Determinants of health. Resolution A05-18, Adequate Nutrition for works and Ontario Disability Support Program Participants and Low Wage Earners; Resolution A15- 4, Public Health Support for a Basic Income Guarantee; Resolution A18-2, Public Health Support for a Minimum Wage that is a Living Wage. Association of Local Public Health Agencies, 2009.https://www.alphaweb.org/page/Resolutions_SDOH

Huron Perth Public Health

The Honourable Peter Bethlenfalvy, Minister of Finance
The Honourable Sylvia Jones, Deputy Premier and Minister of Health
Legislative Building, Queen's Park
Toronto ON M7A 1A1

September 8, 2023

Re: Support for Healthy Public Policy Regarding Alcohol Marketplace and Product Sales

Dear Minister Bethlenfalvy and Minister Jones,

Huron Perth Public Health (HPPH) Board of Health made a motion on September 8, 2023, to endorse the Ontario Public Health Association's (OPHA) letter to you dated May 31, 2023 (attached), titled *'Modernizing alcohol marketplace and product sales'*.

The letter from the OPHA implores the Government of Ontario to not increase access, availability or affordability of alcohol and points to Ontario's report card for alcohol policy being downgraded to an F from the Canadian Alcohol Policy Evaluation (CAPE) 3.0 report released in 2023. This is a clear call for the need for, and room for, policy improvement in Ontario.[1].

The OPHA recommends five essential policy measures to decrease alcohol-related harms; all of which are supported by research:

1. Reduce retail density, especially in low socio-economic status (SES) neighbourhoods.
2. Maintain or decrease hours of sale, with no exceptions.
3. Strengthen Ontario's alcohol pricing policies including taxation, minimum pricing, or other means.
4. Stop further privatization of alcohol sales.
5. Apply a whole of government, health-in-all-policies approach to alcohol modernization.

Evidence shows that alcohol is a risk factor for numerous chronic diseases, including cancers, as well as injuries and violence. Alcohol consumption in Huron Perth is an ongoing concern. According to the Canadian Community Health Survey, in 2015 to 2020, 21.6% of adults in Huron Perth residents, ages 19 years and older reported drinking at a high-risk level (7+ drinks) in the past week.[2] This was significantly higher than the comparable provincial average of 16.3%. [2]

[1] Naimi, T., Stockwell, T., Giesbrecht, N., Wettlaufer, A., Vallance, K., Farrell-Low, A., Farkouh, E., Ma, J., Priore, B., Vishnevsky, N., Price, T., Asbridge, M., Gagnon, M., Hynes, G., Shelley, J., Sherk, A., Shield, K., Solomon, R., Thomas, G. & Thompson, K. (2023). Canadian Alcohol Policy Evaluation 3.0: Results from Ontario. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.
[2] Canadian Community Health Survey (CCHS). 2015-2020. Statistics Canada.

Huron Perth Public Health
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hpph@hpph.ca
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Huron Perth Public Health

Results from the latest COMPASS survey (2022-23) show that 45% of high school students in Huron Perth who responded to the survey reported drinking alcohol in the past month, and 28% reported binge drinking in the past month.[3] The letter from OPHA encompasses recommendations that would be beneficial to Huron Perth communities and residents.

Research has found that people of lower socioeconomic status tend to experience greater harms associated with alcohol consumption than those of high socioeconomic status.[4,5] HPPH Board of Health recommends that a health equity lens is applied when considering the potential impacts of policy levers, consequences, and public health impacts as a result of modernization of the alcohol marketplace and product sales. We strongly encourage the above five policy measures to be implemented to reduce alcohol-related health harms and burden of diseases.

Sincerely,

Bernie Maclellan
Chair, Huron Perth Public Health

cc:
The Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
The Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs and Member of Provincial Parliament Huron-Bruce
Mr. Matthew Rae, Member of Provincial Parliament Perth-Wellington
All Ontario Boards of Health

[3] Bredin C, Leatherdale ST. Methods for linking COMPASS student-level data over time. COMPASS Technical Report Series. Huron Perth Public Health. 2022-23. Waterloo, Ontario: University of Waterloo. Available at: www.compass.uwaterloo.ca
[4] World Health Organization (WHO). 4 June 2021. Addressing alcohol consumption and socioeconomic inequalities: how a health promotion approach can help. Snapshot series on alcohol control policies and practice. Brief 1.
[5] Bloomfield K. Understanding the alcohol-harm paradox: what next? The Lancet Public Health 2020; 5: e300–e301

Huron Perth Public Health

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

September 8, 2023

Re: Bill 93, Joshua's Law (Lifejackets for Life), 2023

Dear Premier Ford:

At their September 8, 2023 meeting, the Huron Perth Public Health (HPPH) Board of Health received a staff report (attached) and passed a motion supporting the implementation of Bill 93, Joshua's Law (Lifejackets for Life), 2023.

The matter of boating safety and drowning prevention is important to HPPH and our residents and visitors alike within Huron and Perth counties. According to the 2023 Drowning Report from the Lifesaving Society, which looked a data specific to water-related fatalities in Ontario between 2015-2019, 46% of water-related fatalities occurred in a lake and the 19% on a river. Being that Huron and Perth counties have lakes and rivers that residents and visitors both boat on and swim in, these statistics are particularly alarming and cause for concern. This report also notes that, according to The Royal Life Saving Society Canada, 58% of water related fatalities in Ontario involve a motor boat, and not wearing a life jacket is a factor in over 80% of fatalities in all age categories.

Wearing a life jacket is the most important preventative measure individuals across the lifespan can take to prevent a drowning incident. Not wearing lifejackets has been, and continues to be, identified as the most common risk factor in drowning deaths beyond childhood. Huron Perth Public Health Board of Health encourages you to support the passing and implementation of Bill 93.

Thank you for your attention on this important issue.

Sincerely,

Bernie Maclellan
Chair, Huron Perth Public Health

cc:
The Honourable Sylvia Jones, Deputy Premier and Minister of Health
The Honourable Prabmeet Sarkaria, Minister of Transportation
The Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs and Member of Provincial Parliament Huron-Bruce
Mr. Matthew Rae, Member of Provincial Parliament Perth-Wellington
Association of Local Public Health Agencies
All Ontario Boards of Health

simcoe muskoka
DISTRICT HEALTH UNIT

September 7, 2023

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

Dear Minister Jones:

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

Electronic cigarettes (e-cigarettes) are addicting youth to nicotine at an alarming rate. Between 2017-2019, vaping rates doubled among Ontario students in grades 7-12. In Simcoe Muskoka, 32% of students in grades 7-12 and 43% of high school students reported using an e-cigarette in the past year. This is particularly concerning when considering the highly addictive effects of nicotine in e-cigarettes is associated with an increased risk for future tobacco cigarette use among youth who vape (Ontario Agency for Health Protection and Promotion, 2018). Further, there are significant health risks associated with youth vaping as a result of the toxic and carcinogenic substances in devices including lung damage, changes to the brain, burns, dependence or addiction, difficulty learning, and increased anxiety and stress.

As chair of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health I am writing in support of Public Health Sudbury and Districts letter on June 28, 2023 regarding Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023. Bill 103's focus on preventing youth uptake of vaping is important to decrease morbidity and mortality and keep Ontarians out of the healthcare system now and in the future. This includes prohibiting the promotion of vapour products, raising the minimum age for purchasing vapour products and requiring that specialty vape stores obtain store location approval from the Board of Health.

Such amendments proposed by Bill 103 align with the philosophy of previous positions of the Board of Health, which have been focused on reducing nicotine and tobacco use in our communities. This includes previous Board communications to the Province of Ontario and the Federal Government in support of the previous 2017 Tobacco Endgame for Canada (committing to a target of less than 5% tobacco use in Canada by 2035), supporting previous tobacco tax increases (2018) and a 2014 letter to the Director General, Health Products and Food Branch Inspectorate regarding the increased use and availability of electronic cigarettes.

In 2023, the Board of Health called on the Ontario government to establish a renewed smoking, vaping and nicotine strategy which was supported from the Association of Local Public Health Agencies and the linked letter was sent in August 2023 to the Ontario Minister of Health. Such communications to government have been supported by SMDHU's comprehensive approach to smoke-free programming via education, promotion and

enforcement efforts which are required to manage increasing youth vaping rates through strategies that prevent nicotine addiction such as the Not An Experiment initiative.

The proposed requirements of Bill 103 to the Smoke-Free Ontario Act would have a positive impact on the health of Ontarians, in particular for the youth. Bill 103, if passed, would result in reducing the availability of vape devices and restrict vaping product advertising that has resulted in an increase in nicotine addiction and increasing present and future stress on the healthcare system. SMDHU would be happy to work with your government in supporting the changes proposed within Bill 103 as a part of our comprehensive strategy to reduce youth vaping and decrease nicotine addiction.

Sincerely,

ORIGINAL Signed By:

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

AMK:CG:SR:sh

cc: France Gélinas, Member of Provincial Parliament, Nickel Belt
Dr. Kieran Moore, Chief Medical Officer 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

References

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Berenbaum E, Keller-Olaman S, Manson H, Moloughney B, Muir S, Simms C, Singh H, Watson K. Current evidence on e-cigarettes: a summary of potential impacts. Toronto, ON: Queen's Printer for Ontario; 2018.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Information**
DATE:	**November 8, 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. alPHa e-newsletter dated October 18, 2023

b. Memorandum dated October 30, 2023 from Dr. Kieran Moore regarding Strengthening Public Health – Planning Materials and Next Steps.

c. Letter dated November 1, 2023 to Minister Jones and Tibollo, from Peterborough Public Health and Fourcast, regarding inhalation services.

Correspondence from Local Public Health Agencies:

d. Timiskaming – Contraceptive Coverage (Sept. 15/23)

e. Windsor Essex – Federal School Food Policy (Sept. 21/23)

From: allhealthunits
Sent: October 18, 2023 11:45 AM
Subject: [allhealthunits] October 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

October 18, 2023

October 2023 InfoBreak

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

Leader to Leader - A Message from the alPHa Executive Committee - October 2023

As we move further into fall, we know many of you are working hard on keeping our populations healthy during our annual, predictable respiratory disease cycle occurring in Ontario. We're encouraged for a better fall season as diligent work has been undertaken to improve upon last year.

Work continues on the Strengthening Public Health change initiative, collaborating with the Office of the Chief Medical Officer of Health. The Ministry of Health has stated their goal is to enhance capacity, stability and sustainability in local public health and deliver more equitable health outcomes for all Ontarians. The alPHa Board, with the alPHa Executive Committee taking the lead, continues to work diligently on your behalf. We're taking every opportunity to bring the perspectives of local public health — both staff and governance — to our colleagues at the OCMOH and the Ministry. Ongoing collaborations continue with key stakeholders who are similarly impacted.

alPHa celebrates its strong reciprocal relationships and two-way communications with key government officials and important stakeholders. Recently, alPHa representatives have met with Dr. Kieran Moore, Chief Medical Officer of Health & ADM, Ministry of Health and his staff at several stakeholder meetings.

Thank you to Dr. Kieran Moore and Michael Sherar for their attendance at the alPHa Board Meeting on September 21, 2023. And an additional thank you to Michael Sherar for also attending the alPHa Executive Committee meeting on September 15, 2023.

alPHa's Fall Symposium and Workshops, taking place November 22-24, 2023, will have key events with a dynamic agenda, line-up, and meetings. This highly anticipated symposium will amplify the critical role, value, and benefit of Ontario's local public health system. Thank you to the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous support of these events.

With one unified voice, the alPHa Board and its communications continue to represent the best interests of Ontario's public health system.

Sincerely,

alPHa Executive Committee

Update from the Ministry of Health: Strengthening Public Health

The Ministry of Health has established a Voluntary Merger Key Informant Group, comprising public health sector leaders from a cross-section of Local Public Health Agencies (LPHAs) and associations, including Board of Health members, CEOs, MOHs, municipal representatives, alPHa and AMO. alPHa representatives include Wess Garrod, Trudy Sachowski, Carmen McGregor, Dr. Hsiu-Li Wang, Dr. Lianne Catton, Dr. Piotr Oglaza, Cynthia St. John, Marilyn Herbacz, and Loretta Ryan.

The Key Informant Group was established by the Ministry on a short-term basis to provide advice on the development of the voluntary merger process. The Group has met twice so far to review draft outcomes, objectives, considerations and to provide advice on the merger proposal processes.

Information on the voluntary mergers process will be provided by the Ministry as soon as possible, likely the last week of October. It is recognized, however, by the Ministry that LPHAs may want to proceed with planning in the meantime and the Ministry encourages LPHAs to begin considering options and engaging in discussion with

surrounding LPHAs in relation to possible future mergers, provided LPHAs maintain the flexibility to consider merger objectives and parameters when these are released.

LPHAs will be invited by the Ministry to submit proposals through the ASP process. The Ministry anticipates the proposal template will be released in December 2023 and due back to the Ministry in March 2024.

Register for the alPHa 2023 Fall Symposium, Section Meetings, and Workshops

Registration for the alPHa 2023 Fall Symposium, Section Meetings, and Workshops is now open! This event will amplify the critical role, value, and benefit of Ontario's local public health system. Registration is $399 plus HST and you can register here.

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

Attendees are invited, at no additional cost, to participate in workshops called: *How to Use a Human Rights Based Framework in the Workplace* from 1-4 p.m. on November 22 and the *Importance of Risk Communication in a Changing World* from 1-4 p.m. on November 23. Please note, the previously scheduled *Climate Change and Public Health* workshop will now be held during the 2024 Winter Symposium.

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.

BOH members, speakers at the BOH Section meeting include: Carmen McGregor, BOH Section Chair; Loretta Ryan, Executive Director, alPHa; James LeNoury, Legal Counsel, alPHa; Ian Cummins, Director, Ontario Health Teams (OHTs), Strategy, Ontario Health; Lindsay Jones, Director of Public Policy, AMO, Michael Jacek, Senior Advisor, AMO, and Daniela Spagnuolo, Policy Advisor, AMO. NEW: Sabine Matheson, Principal, StrategyCorp has joined the speaking lineup.

For further details, check out our flyer, Symposium program (last updated on October 17), and BOH Section Meeting agenda (last updated on October 16). Additionally, the website has been updated with the latest content. Be sure to take a look at it regularly for updates!

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 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!

Thank you to the public health agencies who have already responded. We appreciate your submissions and participation!

Ontario's Not-for-Profit Corporations Act (ONCA)

Ontario's Not-for-Profit Corporations Act (ONCA) is a significant legislative update that replaced Ontario's Corporations Act on October 19, 2021 regarding not-for-profit corporations including alPHa. The ONCA was introduced with the aim of enhancing the legal framework governing not-for-profit organizations in the province. It provides a comprehensive set of regulations, tailored to meet the unique needs of non-profit corporations, while promoting transparency, accountability, and effective governance. alPHa has until October 18, 2024, to review, update and file governing documents with the Government of Ontario. In April 2023, alPHa formed an ONCA Compliance Working Group comprised of members of the alPHa Executive Committee along with Dr. Robert Kyle as the Chair and Loretta Ryan as staff. The purpose of the working group is to

review alPHa's current Constitution and, in consultation with legal counsel, make recommendations to the alPHa Board of Directors regarding changes to the current Constitution, as required, as it transitions to a by-law to come into compliance with the Act. The goal is to obtain approval of the By-law by the membership at the alPHa Conference and AGM in June 2024. Members of the ONCA Compliance Working Group will provide updates at the Fall and Winter Symposiums, and you can read more in the Executive Summary.

Public Health Matters: A Business Case for Local Public Health now available in French

The latest infographic, which covers a business case for public health, is now available in French. It covers topics such as reduced hospitalizations, safe communities, and healthy children. To read more, click here.

alPHa would also like to thank Eastern Ontario Health Unit for translating the infographic.

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.

Speakers are Monika Turner and Loretta Ryan.

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.

Additionally, thank you to all the public health agencies who have shown interest in our BOH courses. alPHa staff are currently coordinating the bookings and are pleased to see the uptake.

Improve your mental health with these tips

World Mental Health Day occurred on October 10 and alPHa marked the day by launching a new Workplace Health and Wellness infographic with mental health resources. alPHa's former Workplace Health and Wellness program placement student, Franger Jimenez, continues to be engaged with alPHa and created the infographic to help members better address and manage their mental health. To read more, click here. Additionally, more Workplace Health and Wellness Resources for members to use are available here.

Alcohol labelling meeting with Health Canada

The alPHa Executive Committee met with Health Canada on Friday, October 6, 2023. They discussed alPHa's support of Bill S-254, as noted in our recent Correspondence, which calls for warning labels on alcoholic beverages.

Affiliates update

Ontario Association of Public Health Nursing Leaders (OPHNL)

OPHNL is currently working with the Center for Organizational Effectiveness to develop a 5-year strategic plan. Our aim is to refresh our current strategic plan to meet the needs of public health nursing leaders across Ontario and create strategic alignment with the priorities of our interdisciplinary public health colleagues. The finalized plan will be presented to OPHNL members at our fall AGM on November 23, 2023.

Health Promotion Ontario

Health Promotion Ontario has released a White Paper on the Value of Local Health Promotion in Ontario and an accompanying infographic. This paper outlines the critical role that health promotion plays in keeping people healthy and demonstrates the effectiveness of health promotion efforts from public health units across Ontario.

Ontario Dietitians in Public Health

ODPH, in consultation with Indigenous Knowledge Keepers, has called on Health Canada to recognize the historical truth of Canada's Food Guide. ODPH acknowledges that food has been used as a weapon against Indigenous peoples to disconnect them from their land, culture, language, identity and well-being. ODPH made a submission to the Ministry of Municipal Affairs and Housing focusing on sustainable food systems, climate change adaptation and mitigation, and the future health of Ontarians.

The Association of Supervisors of Public Health Inspectors of Ontario

ASPHIO has released the *ASPHIO White Paper: Highlighting the Vital Role of Public Health Inspectors within a Responsive and Effective Public Health Workforce* (link to be provided when available). The report highlights the crucial contributions made by public health inspectors during the pandemic, their importance in supporting the delivery of public health programs and services and the vital role of public health inspectors within a responsive and effective public health workforce. The recommendations in the report provide potential opportunities and solutions to strengthen the public health workforce, and to build upon the adaptability and versatility demonstrated by public health inspectors during the pandemic.

Public Health and AI update

Innovations in artificial intelligence (AI) through the use of large language models (LLMs), machine-learning and natural language processing continue to be seen in public health. Given the mainstream use of applications like Chat GPT (Microsoft), PHUs should consider organizational policy to manage use of AI applications given the risks associated with privacy, reliability, confidentiality and plagiarism. While a collaborative

approach in sharing policy framework on AI innovation and staff use should be employed by PHUs given similar risks and activities conducted under the Ontario Public Health Standards, health units should also review the federal government's Artificial Intelligence and Data Act (AIDA) to protect Canadians and guide organizational use of AI.

BrokerLink Insurance

In partnership with alPHa, BrokerLink is proud to offer exclusive discounts on personal home and auto insurance to members. When you're shopping for insurance, you'll probably come across a lot of tips and information – but how much of what you read is actually true? Read our debunking common insurance myths here.

Call for abstracts for TOPHC 2024

Do you want to help shape the conversation for TOPHC 2024? You can do so by submitting an abstract. The deadline is October 20, 2023. For more information on how to submit, click here.

Boards of Health: Shared Resources

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

Orientation Manual for Boards of Health (Revised Feb. 2023)
Review of Board of Health Liability, 2018, (PowerPoint presentation, Feb. 24, 2023)
Legal Matters: Updates for Boards of Health (Video, June 8, 2021)
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

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

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 is a submission that has been sent in since the last newsletter. A complete online library is available here. This document is publicly available and can be shared widely.

- alPHa Letter - Strengthening Public Health (to Dr. Kieran Moore)

Public Health Ontario

COVID-19, Influenza, RSV and Other Respiratory Virus Reports

- COVID-19 Wastewater Surveillance in Ontario
- SARS-CoV-2 Genomic Surveillance in Ontario
- Ontario Respiratory Virus Tool
- Influenza Vaccines for the 2023-24 Influenza Season
- Antiviral Medications for Seasonal Influenza: Public Health Considerations

Infection Prevention and Control Resources

- IPAC Self-Assessment Audit for Long-Term Care and Retirement Homes
- Infection Prevention and Control (IPAC) Checklist for Long-Term Care and Retirement Homes
- Infection Prevention and Control Practices for Immunization Clinics
- How to Protect Yourself and Others from Respiratory Viruses

Additional Resources – New

- Fermented food safety guidelines

- Reducing Health Risks Associated with Backyard Chickens

Upcoming PHO Events

- Thursday, October 19 – PHO Rounds: Prioritizing Pathogens for Genomics – 12:00 p.m. to 1:00 p.m.

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

- Empowering Breast Health: Personalized Approaches to Canadian Breast Cancer Screening (Oct. 19)
- Driving Innovation with Real-World Evidence from Patient Generated Content (Oct. 20)
- Statistical Sciences Applied Research and Education Seminar (ARES): Robert Gould (Oct. 23)
- Tick Net Canada - Scientific Symposium (Oct. 24-25)
- Indigenizing Health Symposium: Nations Gathering on the Land (Oct. 25-26)
- Statistical Sciences Applied Research and Education Seminar (ARES): Martha White (Oct. 30)
- Biostatistics Seminar Series with Dr. Luis Enrique Nieto-Barajas on Survival Analysis via Bayesian Nonparametrics (Nov. 9)

After a three-year hiatus, Blue Cities is returning to Toronto!

Blue Cities, hosted by Canadian Water Network, is happening this October 24-25 in downtown Toronto. This year's conference includes a focus on water and public health protection. A national dialogue plenary featuring Dr. Bonnie Henry, B.C.'s provincial officer of health, will explore the future of wastewater-based surveillance in Canada. Other topics to be covered during the conference include ethics and equity related to wastewater-based surveillance, new developments in water monitoring for public health decision-making, and public health threats from water impacted by forest fires. Program and registration details can be found at bluecities.ca. More information about Blue Cities is also available here.

Now is the perfect time to join and make RRFSS your source for local health data in 2024!

There are many reasons to choose RRFSS for your Health Unit Survey. 2024 data can be collected in one, two or all three cycles in the year. Sample size is also flexible and data can be collected by landline and cell phone (up to a 50 per cent/50 per cent mix). RRFSS has hundreds of pretested survey questions available on most health-related topics including the recent Climate Change questions, newly developed Sociodemographic questions on Gender, Sexual Orientation and Race, Use of and Barriers to Recreational, Social and Spiritual Supports for Older Adults module, Smoking, Vaping and Waterpipe by-laws Awareness.

In addition, RRFSS, in partnership with ISR, is offering three online Analysis Training Sessions in November (one per week). These are open to all Ontario health units and will provide attendees with the knowledge and skills required for analyzing RRFSS data and calculating weights. For further information about joining RRFSS or the Analysis Training Sessions, contact Lynne Russell, RRFSS Coordinator at: lynnerussell@rrfss.ca or visit the RRFSS website: www.rrfss.ca

News Releases

The most up to date news releases from the Government of Ontario can be accessed here.

Ontario

Ministry of Health

Office of Chief Medical Officer of Health, Public Health

Box 12
Toronto, ON M7A 1N3

Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste en chef, santé publique

Boîte à lettres 12
Toronto, ON M7A 1N3

Téléc. :416 325-8412

October 30, 2023

MEMORANDUM

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

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

RE: Strengthening Public Health – Planning Materials and Next Steps

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Dear Colleagues:

As you are aware, in August 2023 the government announced the Ministry of Health's (ministry) commitment to working closely with local public health agencies (LPHAs), municipalities, and the broader public health sector on a strategy to strengthen public health, centred on three priorities:

1. Clarifying roles and responsibilities through the Ontario Public Health Standards (OPHS).
2. Supporting voluntary mergers among LPHAs.
3. Providing stable, sustainable funding to LPHAs.

As one of the foundational components of the strategy, voluntary mergers, particularly among smaller LPHAs, have significant potential to address long-standing challenges in the public health system and present an opportunity to work towards a vision for an optimized and better coordinated public health system.

This vision centers on LPHAs that have the critical mass and capacity, skilled personnel and competencies needed to deliver core public health services and address public health emergencies within a cohesive system that better aligns with local community and system partners.

In recent weeks, the ministry has reviewed past reports and recommendations and engaged with public health, municipal, community and other sector partners to gather input on a set of outcomes, objectives, and considerations to further articulate this future state and develop an approach to voluntary mergers that advances this vision. We are pleased to share the results of this work in the attached slide deck, *Strengthening Public Health: Outcomes and Objectives to Support Voluntary Mergers*.

In the coming days, we will be reaching out directly to LPHAs and Boards of Health to facilitate regional engagement, and support proposal development for LPHAs interested in voluntary mergers. We will be working with the Associate Chief Medical Officers of Health to schedule meetings, leveraging the existing regional engagement structure. LPHAs are also encouraged to engage with local communities and priority populations, including Indigenous and Francophone communities, early in the planning and assessment process.

Additional information on the merger proposal submission process (including merger proposal business case template and eligible expenses) will be shared with the 2024 Annual Service Plan and Budget Submission template in early December 2023 with merger proposal business cases due in March 2024.

In the coming weeks, updates will also be provided on the Roles and Responsibilities and Funding workstreams of the Strengthening Public Health Strategy.

Should you have any questions about the process, please don't hesitate to contact the ministry team at StrengtheningPH@ontario.ca.

Thank you for your continued collaboration in the interest of improving public health for all Ontarians.

Sincerely,

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

Attachment

c:

Dr. Catherine Zahn, Deputy Minister, Ministry of Health
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
Dr. Daniel Warshafsky, Associate Chief Medical Officer of Health
Dr. David McKeown, Associate Chief Medical Officer of Health
Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health
Dr. Michelle Murti, Associate Chief Medical Officer of Health
Dr. Wajid Ahmed, Associate Chief Medical Officer of Health
Michael Sherar, Public Health Ontario
LPHA Business Administrators
Colin Best, President, Association of Municipalities of Ontario
Brian Rosborough, Executive Director, Association of Municipalities of Ontario
Lindsay Jones, Director of Policy, Association of Municipalities of Ontario
Loretta Ryan, Executive Director, Association of Local Public Health Agencies

Ministry of Health | Office of Chief Medical Officer of Health, Public Health

STRENGTHENING PUBLIC HEALTH

Outcomes and Objectives to Support Voluntary Mergers

October 2023

Ontario

Context: A Strategy to Strengthen Public Health in Ontario

A Three-Pronged, Sector-Driven Approach

In August 2023, the government announced that the province is proceeding with a **three-pronged, sector-driven strategy** to optimize **capacity, stability, and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians.

1. Roles and responsibilities

Conducting a **review of the Ontario Public Health Standards (OPHS)** with an aim to refine, refocus and re-level roles and responsibilities, collaborating with partners to optimize functions, for implementation beginning January 1, 2025.

2. Voluntary mergers

Enhancing capacity by facilitating voluntary mergers between LPHAs, through a **sector-driven approach** and by providing **time-limited funding,** for implementation beginning January 1, 2025.

3. Funding

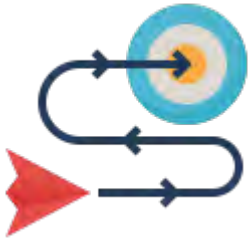
Restoring **provincial base funding** to 2020 levels by January 1, 2024, implementing 1% **growth base funding** for the next three calendar years (2024-2026), creating a **three-year Merger Support Fund** for 2024-25 to 2026-27, and reviewing public health funding methodology for sustainability.

System Vision & Strategic Approach

The public health sector, municipalities and the province have an opportunity to work in partnership towards a **vision for a public health system in Ontario** where all local public health agencies have the **critical mass** and **capacity**, **skilled personnel** and **competencies** needed to deliver core public health services and address public health emergencies **within a cohesive system** that better aligns with community and system partners.

Voluntary mergers, **particularly among smaller LPHAs**, have significant potential to advance this vision by building critical mass, strengthening human resources, and improving system alignment.

A public health sector compromised of fewer, larger, strengthened LPHAs will lead to **improved public health services** for residents, a greater ability to **respond to the unique needs** of communities, **clearer communications** and more **coordinated action for public health emergencies** and issues that cross regional boundaries.



The ministry is working with sector partners to facilitate the voluntary merger process and advance this vision by:

1. Identifying **outcomes** for the public health system
2. Setting **objectives** to achieve these outcomes
3. Establishing a process through which LPHAs can submit **proposals for mergers** that align with the vision, objectives and outcomes.

Public Health Challenges to Address

Public Health System Challenges

Long-standing challenges and opportunities in Ontario's Public Health sector have been well-documented through multiple reports over the past 20 years. Many of these reports have cited challenges with the current system and proposed merging LPHAs in order to strengthen service delivery both locally and across the province.

Capacity

Some LPHAs do not have the **critical mass** to effectively or efficiently deliver all programs and services and to meet unexpected surges in demand. This results in inconsistent **organizational performance** across the province and barriers to effective emergency response.

Human Resources

Some LPHAs have challenges recruiting and retaining skilled **human resources**, both in leadership and in front-line staff, which impacts their ability to deliver programs and services.

System Alignment & Partnerships

The number of public health units creates challenges for **alignment and coordination** across LPHAs, with key partners and with the broader system, which can lead to duplication of efforts and impede progress on common goals.

Strengths and Benefits of Larger LPHAs

Benefits of Larger LPHAs

Mergers to create larger LPHAS can address long-standing capacity (i.e., critical mass and organizational performance) and human resource challenges.

1 Larger agencies serving larger populations are better able to perform essential services, provide a greater array of services, access timely surge capacity and provide a stronger voice for public health in their region.

2 Programs and services can be strengthened in larger agencies, including through targeted service delivery to meet unique community needs.

3 Larger agencies have a greater ability to recruit and retain staff and allow for career progression, including for specialized roles.

Mergers among LPHAs can also address challenges with system alignment and support stronger community partnerships and coordination.

4 Having fewer, larger agencies can reduce duplication and strengthen coordination within the public health system and among partners to enable progress on public health goals.

Preserving and Bolstering Current Strengths

Key strengths of Ontario's current public health system can be preserved and bolstered.

	This means…
Local Service Delivery Leveraging local knowledge and relationships, including with municipalities, allows the work of public health to be responsive to the needs of their communities.	Mergers are **not intended to result in a reduction in local public health service delivery** but should maintain these relationships and strengthen LPHAs' ability to be responsive to community needs.
Skilled Workforce Public health professionals are the backbone of program and service delivery.	Mergers are **not intended to result in the loss of front-line jobs** but should increase the capacity of LPHAs and enable recruitment and retention of public health professionals.
Focus on Health Equity Public health's equity perspective is essential for improving population health outcomes.	Mergers are **intended to enhance LPHA capacity to implement health equity strategies** and consider the needs of local populations, including Indigenous partners and Francophone communities.

Desired Outcomes and Objectives

Desired Outcomes

Mergers of smaller LPHAs are a key strategy to strengthen public health in Ontario as they have significant potential to contribute to the following outcomes:

- A public health system where all LPHAs have the **critical mass and capacity** needed to optimize performance and meet unexpected surges in demand.
- A public health system where all LPHAs have the **skilled personnel and competencies needed** to fully deliver **core public health services**.
- A **cohesive public health system that better aligns with community and system partners** to support progress on improving population health outcomes while reducing health inequities.

Capacity Objective: Critical Mass

Expected Outcome: A public health system where all LPHAs have the critical mass and capacity needed to optimize performance and meet unexpected surges in demand.

1

Build critical mass through LPHAs that have a **minimum population base of approximately 500,000** (with consideration for population trends, characteristics and geography, as outlined below).

- *A systematic review found that increasing the size of population served by local public health agencies is the strongest predictor of performance and is associated with economies of scale. One study found increases in performance plateau around a population of 500,000, while Ontario specific data indicates there may be benefits up to 1,000,000.*
- *Multiple inputs from stakeholders in 2019-2020 cited that population size is a predictor of public health performance and noted target population sizes in the range of 300,000 - 500,000.*

When considering the optimal population size, potential merger partners may also consider:

- **Future population growth** as it relates to minimum population base to ensure a critical mass is achieved and maintained.
- **Population density** and **geography** recognizing that in limited circumstances, mergers of geographically large, remote and sparsely populated LPHAs may result in geographic challenges that outweigh the benefits of achieving a minimum population base of 500,000.
- The impact of **population characteristics** on LPHA capacity, including considering whether the merger would benefit from 'like to like' (e.g., multiple rural agencies merging) or the presence of an urban centre (i.e., central hub for service delivery and access to skilled workforce).

Capacity Objective: Organizational Performance

Expected Outcome: A public health system where all LPHAs have the critical mass and capacity needed to optimize performance and meet unexpected surges in demand.

2

Maximize **improvements in organizational performance**, which may include reinvestment of any expected savings.

- *Previous LPHA mergers have demonstrated they provide opportunities for integrating operations and strengthening service delivery over time.*

When considering how to maximize organizational performance, potential merger partners should also consider:

- Addressing **current or ongoing performance issues** based on local organizational assessments and/or previous audits, where applicable.
- Identifying how changes will ensure adequate **infrastructure and support services** (e.g., legal, human resources, I&IT systems, capital infrastructure).
- Identifying opportunities for **changes to the organizational management and governance structures** to maximize performance.
- Achieving an optimal **balance of administrative and program delivery expenses** and opportunities for efficiencies, recognizing that some efficiencies may only be realized in the medium to longer term.

Human Resources Objectives

Expected Outcome: A public health system where all LPHAs have the skilled personnel and competencies needed to fully deliver core public health services.

3 Build and sustain strong **leadership structures** (including MOH, AMOH, CNO and CEO, if appropriate) with the competencies and expertise necessary to navigate the complexities of leading a LPHA and enable deep pathways for succession planning.

4 Achieve and sustain **sufficient competencies and capacities for specialized positions** for which the LPHAs have historical or ongoing vacancies.

- *Issues with recruitment and retention of specialized staff can impact a LPHA's ability to meet requirements of the OPHS.*
- *Studies indicate the presence of full-time, highly qualified leadership and the number of staff and specialized employees in local public health agencies is positively correlated with performance and health outcomes.*
- *Larger agencies can enable strengthened medical leadership, including through the presence of Associate Medical Officers of Health, who can provide additional expertise, support and coverage, and allow for organizational succession planning.*

Potential merger partners should consider:

- Addressing **current or persistent recruitment challenges** for positions within the LPHA(s).

System Alignment and Partnerships Objectives

Expected Outcome: A cohesive public health system that better aligns with community and system partners to support progress on improving population health outcomes while reducing health inequities.

5 Support **improved alignment and coordination with key system partners** both within and outside the health system, to improve public health service delivery.

6 Support **strengthened alignment and partnerships with communities** and **priority populations** to address health inequities.

- *Strengthening alignment with the health system and community partners can support public health's role in delivering health services (e.g., immunization, sexual health, school health), foster action on shared goals and allow for a more coordinated response during emergencies.*

Potential merger partners should also consider:

- That they only include LPHAs with **contiguous boundaries** and **do not result in isolated LPHAs** (i.e., leaving a small neighbouring LPHA behind).
- **Avoiding divisions to existing LPHAs where possible,** unless significant benefits for critical mass, system alignment and partnerships can be achieved.
- That they **preserve relationships with municipalities**.

Implementation Approach

Approach

The objectives and key considerations are designed to support LPHAs in considering voluntary mergers that will benefit local communities while supporting system-level outcomes and priorities.

- LPHAs will be invited to submit a voluntary merger business case that demonstrates how the proposed merger is anticipated to achieve progress on these objectives and advance the intended outcomes.
    - The ministry recognizes that there is considerable diversity across LPHAs and that challenges vary across regions.
    - Based on local and regional circumstances, it is understood that proposed mergers may advance the objectives in different ways and to greater or lesser degrees, depending on the objective.
- LPHAs will also be required to provide implementation and readiness information.
- Transition costs for approved mergers will be funded by the province, along with business continuity requirements.

Implementation and Readiness Information

LPHAs will need to provide additional information for proposed mergers.

This will include:

- Resolution or other form of agreement from existing boards to request approval from the Ministry of Health to create a new LPHA.
- Description of the proposed new LPHA (boundaries, name, governance and leadership structure) and the leadership structure that will be responsible for the planning and oversight of the proposed merger (e.g., joint steering committee structure and its mandate).
- A preliminary transition budget, including funding request for up to 3-years to support merger processes based on admissible costs.

A description of how the proposed new LPHA supports broader policy objectives, including:

- Reducing the number of LPHAs.
- Maintaining or enhancing service levels through the new structure.
- Minimizing impact on frontline jobs.
- Incorporating input from local partners into the planning process and enhancing the new organization's capacity to implement health equity strategies and consider the needs of local populations, including Indigenous partners and Francophone communities.

Merger Transition Funding

The Ministry will establish a three-year Merger Transition Fund to support voluntary mergers.

Examples of merger/transition costs include, but are not limited to:

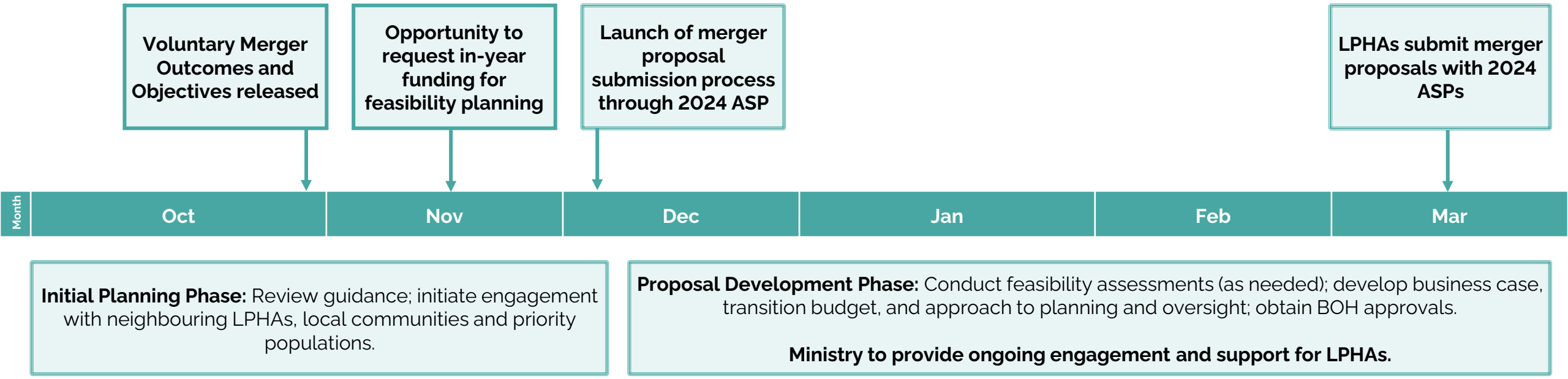
- Temporary dedicated FTEs to support transition and assist with change management
- Consulting services
- Wage harmonization
- Severance costs
- Communication and community engagement costs
- Legal costs
- Information and Information Technology supports
- Capital infrastructure supports
- Moving and relocation costs

Additional funding will also be considered for those LPHAs that are approved for mergers to support business continuity and to ensure program and service delivery stability while change is underway.

LPHAs will also have an opportunity through a 2023-24 in-year process to request one-time funding to support feasibility assessments and initial planning processes, where such costs cannot be managed from within operating funding.

Key Milestones

Additional information on the merger proposal submission process (including merger proposal business case template and eligible expenses) will be shared with the 2024 Annual Service Plan and Budget Submission template in early December 2023 with merger proposal business cases due in March 2024.



Initial Planning Phase: Review guidance; initiate engagement with neighbouring LPHAs, local communities and priority populations.

Proposal Development Phase: Conduct feasibility assessments (as needed); develop business case, transition budget, and approach to planning and oversight; obtain BOH approvals.

Ministry to provide ongoing engagement and support for LPHAs.

Next Steps

LPHAs, together with their BOHs, are encouraged to pursue the following next steps in considering voluntary mergers:

- Review the information provided and participate in ministry outreach about voluntary mergers.
- Initiate or continue discussions with other LPHAs about mergers where there is potential to advance the outcomes and objectives, considering local/regional and provincial/system-level perspectives.
- Engage with local communities and priority populations, including Indigenous and Francophone communities, early in the planning process.
- Share updates with the ministry on the status and progress of consideration of voluntary mergers, including any resolutions issued by Boards of Health.
- Consider need for one-time funding from the ministry to support merger planning or feasibility assessments, if these costs cannot be managed from within the LPHA's existing funding/budget. Information on an in-year request for one-time funding mechanism to be released in late Fall.

Questions about voluntary mergers can be emailed to StrengtheningPH@ontario.ca.

Sources

Multiple inputs were used to inform the development of the voluntary merger objectives and considerations, including:

Reports

- Public Health Modernization Discussion Paper (2019)
- Minister's Expert Panel on Public Health (2017)
- Final Report of the Funding Review Working Group (2013)
- Building Capacity – Ministry Discussion Paper (2009)
- Final Report of the Capacity Review Committee (2006)
- Walker Reports - For the Public's Health: Interim and Final Report of the Ontario Expert Panel on SARS and Infectious Disease Control (2003-04)

Other Sources

- Engagement with sector stakeholders, including the Public Health Leadership Table and the Voluntary Merger Key Informant Group, with representation from Boards of Health, LPHA Leadership (Medical Officers of Health and CEOs), Municipalities, the Association of Local Public Health Agencies, and the Association of Municipalities of Ontario.
- Syntheses of research evidence on public health performance and capacity.
- Documentation from previous LPHA mergers, including Southwestern, Huron-Perth and Simcoe-Muskoka.
- Stakeholder submissions in response to the Public Health Modernization Discussion Document (2019-2020).

November 1, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Sylvia.jones@pc.ola.org

The Honourable Michael Tibollo
Associate Minister, Mental Health and Addictions
michael.tibollo@ontario.ca

Re: Supervised Inhalation Services in Peterborough

Dear Honourable Ministers:

In November 2022, the Boards of Four Counties Addiction Services Team (Fourcast) and Peterborough Public Health (PPH) wrote to you requesting support in reducing barriers to supervised inhalation in Ontario. To date, this letter has not received a response.

The preference for using drugs by inhalation rather than injection continues to be a trend in our community and across Ontario. Local data indicates that the number of syringes/needles being distributed and collected through the Needle Exchange Program is decreasing, while the number of foils, pipes, and stems distributed continue to increase.

In July 2023, PPH partnered with Peterborough's Consumption and Treatment Services site (CTS) to survey service users to further understand the need for inhalation services locally among people who use drugs. Of the 62 survey participants, 96% said they would use a safe space like the Consumption and Treatment Services site to smoke drugs if it was available. The majority (58%) noted that they would use this service over 4 times per day. When asked to select preferred methods of consuming drugs, inhalation was chosen 57% of the time, while injection was selected only 15.7% of the time.

Peterborough's CTS has been open since June 2022 and it has become clear that there is a preference for using drugs by inhalation rather than injection. There will be a continued population preferring inhalational drug use that cannot be serviced at the CTS due to the current funding model under Ontario's provincially funded Consumption and Treatment Services program. What was clear in November 2022 continues a year later. There is a significant gap in the services available for people who use drugs and tailored services to address inhalation drug use locally and provincially are needed.

Despite evidence pointing towards increasing changes in the method of consumption of substances, of the 37 safe consumption sites in Canada with exemptions from Health Canada under section 56.1 of the Controlled Drugs and Substances Act (CDSA), only two are authorized to offer supervised inhalation. These are 'Casey House Day Health Program Supervised Consumption Services' in Toronto

(not provincially funded as a CTS) and 'Prairie Harm Reduction' located in inner-city Saskatoon, Saskatchewan.

Our provincial representative, MPP Dave Smith, has been supportive of expanding the provincial CTS program to permit supervised inhalation. We are grateful for this support and the recognition that there is a need to build trust with people who use drugs, no matter their preferred route of drug consumption through inclusive, accessible, and effective service models. It has long been said that the drug poisoning crisis is rooted in the structural determinants of health, including racism, colonialism and trauma, and will only be addressed through a systems-level response that includes services and programs designed to reduce and prevent health and social harm. This includes supervised consumption, safe supply, naloxone distribution, opioid agonist therapy, detox and treatment, etc.

Collectively, our Boards are writing to again request your support for access to supervised inhalation services at CTS' in Ontario. By aligning the provincial regulations to Health Canada's requirements for the design and implementation of supervised inhalation services under the existing Federal exemption process, barriers will be reduced and a safe environment for all methods of consumption will be provided to people who use drugs.

We look forward to working with you to advance this critical public health objective.

Sincerely,

Councillor Kathryn Wilson
Chair, Board of Health
Peterborough Public Health

Elaine Akers
Chair, Board of Directors
Fourcast

cc: Dr. Thomas Piggott, Medical Officer of Health & CEO, Peterborough Public Health
Donna Rogers, Executive Director, Fourcast
Local Councils
Peterborough Drug Strategy
Dave Smith, MPP, Peterborough Kawartha
Laurie Scott, MPP, Haliburton – Kawartha Lakes – Brock
Hon. Dave Piccini, MPP, Northumberland - Peterborough South
Michelle Ferreri, MP, Peterborough – Kawartha
Jamie Schmale, MP, Haliburton – Kawartha Lakes – Brock
Philip Lawrence, MP, Northumberland – Peterborough South
Health Canada Exemptions Branch

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www.timiskaminghu.com

September 15, 2023

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

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

Dear Premier Ford and Deputy Premier and Minister Jones:

Re: Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians

On September 6, 2023, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered the correspondence from Chatham-Kent Public Health regarding *Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians* and passed the following motion:

Motion 42R-2023):
BE IT RESOLVED THAT the Timiskaming Health Unit Board of Health recognizes the importance of access to contraception and menstrual products for all Ontarians; and

FURTHER THAT the Board encourages the Provincial government to cover the cost of all contraceptive options for all Ontario residents; and

FURTHER THAT the Premier of Ontario and Deputy Premier be so advised.

The Timiskaming Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,

Stacy Wight

Stacy Wight, Board of Health Chair

Copy to:
John Vanthof, MPP – Timiskaming-Cochrane
Anthony Rota, MP – Timiskaming-Nipissing
Charlie Angus, MP –Timmins-James Bay
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health

Municipality of Chatham-Kent
Public Health
PO Box 1136, 435 Grand Avenue West
Chatham, ON N7M 5L8
Tel: 519.352.7270 Fax: 519.352.2166

April 25, 2023

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

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

Dear Premier Ford and Deputy Premier and Minister Jones:

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

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

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

It is estimated that 30-40% of all pregnancies in Canada are unintended with those of lower socioeconomic status being one of the leading vulnerable groups impacted[1]. Timely access to effective contraception directly influences the rate of unintended pregnancies. In Canada, cost is the leading barrier preventing individuals from gaining access to effective contraceptives[2/3]. Cost should not be a barrier Ontarians face to obtain consistent and timely access to effective contraceptives.

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

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

…/2

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

Sincerely,

Original signed by

Brock McGregor
Chair, Chatham-Kent Board of Health

Copy to:
Hon. Monte McNaughton, MPP, Lambton-Kent-Middlesex, Minister of Labour, Training and Skills Development
Trevor Jones, MPP, Chatham-Kent-Leamington
Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHa)
Ontario Public Health Units

1 Nethery E, Schummers L, Maginley S, Dunn S and Norman W. “Household income and contraceptive methods among female youth:a cross sectional study using the Canadian Community Health Survey (2009-2010 And 2013-2014)”. CMAJ Open, vol. 7, no. 4, 2019 Retrieved from www.cmajopen.ca/content/7/4/E646
2 Hulme Jennifer, et al. “Barriers and Facilitators to Family Planning Access in Canada.” Healthcare Policy, Politiques De Sante, vol 10, no.3, 2015, pp. 48-63., doi:10.12927/hcpol.2015.24169
3 Black, Amanda Y., et al. “The Cost of Unintended Pregnancies in Canada: Estimating Direct Cost, Role of Imperfect Adherence, and the Potential Impact of Increased Use of Long-Acting Reversible Contraceptives.” Journal of Obstetrics and Gynaecology Canada, vol. 37, no. 12, 2015.pp. pp. 1086-1097., doi:101016/s1701-2163(16)30074-3.

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

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September 21, 2023

The Honourable Chrystia Freeland, Deputy Prime Minister
Ministry of Finance
Email: chrystia.freeland@fin.gc.ca

The Honourable Jenna Sudds
Ministry of Families, Children and Social Development
Email: jenna.sudds@parl.gc.ca

The Honourable Lawrence MacAulay
Ministry of Agriculture and Agri-Food
Email: lawrence.macaulay@parl.gc.ca

The Honourable Jean-Yves Duclos
Ministry of Public Services and Procurement
Email: jean-yves.duclos@parl.gc.ca

Dear Honourable Federal Ministers Freeland, Sudds, MacAulay and Duclos:

Investing in a Sustainable Federal School Food Policy

I am writing on behalf of the Windsor-Essex County 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.

The Government of Canada has an opportunity to advance the health and well-being of all Canadian children and lay the basis for long-term health by including an investment in school food access in the Budget 2024. We applaud the Government's commitments to healthy school food in the 2021 Liberal Party Platform and urge you to act on those commitments in the next budget cycle.

Recommended actions to fulfill commitments to healthy school food in the Budget 2024:

The current state of school food programs across Canada is a patchwork with limited resources. 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 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. *(Ref: 1,2)*

The Windsor-Essex County Board of Health supports the following recommendations proposed by the Canadian Coalition for Healthy School Food:

1. Allocate $1 billion over five years in Budget 2024 to establish a National School Nutritious Meal Program as a key element of the evolving Food Policy for Canada, with $200 million per year to contribute to provinces, territories and First Nation, Métis, and Inuit partners to fund their school food programs.

2. Enter into immediate discussions with Indigenous leaders to negotiate agreements for the creation and/or enhancement of permanent independent distinctions based First Nation, Métis, and Inuit school meal programs.

3. Create a dedicated school food infrastructure fund to provide schools with facilities and equipment for food production and preparation, so they can reliably and efficiently serve nutritious food in adequate volumes.

In addition, school food programs should be designed to *(Ref: 3)*:

- 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;
- provide conflict of interest safeguards that prevent programs from marketing to children;
- promote food literacy.

The benefits of funding a sustainable food school program in Canada

Through our work supporting the 93 OSNP-led school food programs in Windsor-Essex County, we have seen first-hand the importance of school food to our students' health and wellbeing, including their academic success and the development of lifelong eating habits. As rising costs of food stretch school food program budgets, and leave many families struggling to make ends meet, the importance of federal investments in student nutrition programming cannot be overstated.

Research has long found school meals to be one of the most successful drivers of improved health, education, and well-being in children of all ages. School food programs have also been shown to have broad, positive impacts on families, communities, and the economy by reducing household food costs, creating jobs, and strengthening sustainable food systems.

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 *(Ref: 1,2)*. School food programs can, however, play an important role in improving nutrition intake, supporting healthy growth and development, supporting academic success, attendance, and educational attainment, and improving mental health and well-being *(Ref: 4)*.

The demand for comprehensive school food programs in Windsor and Essex County (WEC) and Ontario is high.

Based on the Canadian Health Survey of Children and Youth (CHSCY), **12.9%** of children aged 1 to 17 years old in WEC lived in food-insecure households in 2019 (5). Nationally, the cost of food purchased from Canadian stores rose 9.8% in 2022, the fastest rate since 1981 (+12.0%), after rising 2.2% in 2021 *(Ref: 6)*. While many Canadians are feeling the effects of inflation and rising food costs, those living in food-insecure households are particularly vulnerable, as after paying for housing (i.e., rent or mortgage), many have little funds available for all other necessities including hydro, water, clothing and food.

Currently across Ontario, many school programs are unable to meet current demands, and as a result, these programs are left with the difficult decision of either limiting food provided or shutting down completely before the end of the school year. Many programs have been strained by limited increases to provincial funding since 2014, rising food costs, and increased demand. Locally, only $0.65 per student per week is available through the OSNP food delivery model. This equates to 1.5 servings of fresh produce a week per student, which is far below minimum nutrition requirements for growth and development. Schools who have not previously had a school nutrition program are seeing a demand and there are no funds to support new programs. In addition, 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.

The Windsor-Essex County Board of Health stands alongside other Ontario 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 *(Ref: 7)*. Every investment in children and youth counts.

Sincerely,

Fabio Costante, Board of Health Chair

Sincerely,

Dr. Kenneth Blanchette, CEO

c:

- Ontario Boards of Health
- Local School Board Directors of Education
- Local MPPs, MPs
- Senator Dr. Sharon Burey

References

1. Open Letter: Stop headlining the pan-Canadian school food policy as a way to reduce food insecurity among children. *Dec 9, 2022.*
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4. Hernandez, Kimberley & Engler-Stringer, Rachel & Kirk, Sara & Wittman, Hannah & McNicholl, Sasha. (2018). The case for a Canadian national school food program.
5. Public Health Ontario. (2023). Food Insecurity among Children using the Canadian Health Survey of Children and Youth.
6. Statistics Canada. (2023). Consumer Price Index: Annual review, 2022.
7. Prime Minister Mandate Letters, 2021.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**2022 PPH Annual Report**
DATE:	**November 8, 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 2022 Peterborough Public Health Annual Report for information

ATTACHMENTS:

a. 2022 Annual Report (web link)

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Q3 2023 Program Status Report (July 1 – September 30, 2023)**
DATE:	**November 8, 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, Q3 2023 Program Status Report (July 1 – September 30, 2023), for information.

SUMMARY

Summary of Key Issues from the Medical Officer of Health

Accomplishments:

- First draft of the Climate Change Health and Vulnerability Assessment completed
- Initiation of Immunization of School Pupils Act activities for Grade 10 students
- Completion of meetings with municipalities to plan Safe Sewage Plan program transition

Challenges:

- Human Health Resources – especially funding for short term contracts in Health Protection

PROGRAM TRACKER

Status of Mandated Programs and Requirements

Ontario Public Health Standard Mandated Programs	# Requirements Compliant Q3 2023	# Requirements Compliant Q3 2022
Program Standards		
Chronic Disease Prevention and Well-Being	2/5	2/5
Food Safety	4/5	2/5
Healthy Environments	9/11	3/10
Healthy Growth and Development	2/3	0/3
Immunization	10/10	7/10
Infectious and Communicable Diseases Prevention and Control	21/21	20/21
Safe Water	8/8	5/8
School Health	9/10	1/10
Substance Use and Injury Prevention	2/4	0/4
Foundational Standards		
Population Health Assessment	6/6	4/7
Health Equity	4/4	2/4
Effective Public Health Practice	9/9	5/9

Ontario Public Health Standard Mandated Programs	# Requirements Compliant Q3 2023	# Requirements Compliant Q3 2022
Emergency Management	0/1	0/1
Non-OPHS Mandated Programs		**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 #1 and 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.
Healthy Menu Choices Act Enforcement was not prioritized for Q3 and there has not been any progress on this work.

Food Safety
Program Compliance:
Requirement #4: Inspections are not completed in accordance with the protocol due to de-prioritization of low-risk food premises inspections in order to ensure capacity for Strategic Plan priorities.

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.
Requirement #11: Public reporting for the Consumption and Treatment Services site (CTS) inspection remains outstanding.

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 #1 and 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:

The Emergency Management Requirement has been chronically challenged by capacity due to regular staff being deployed elsewhere in the organization. Recent reorganization resulted in successful internal reassignment and new staff will transfer into the Emergency Management role in Q4 2023.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Q3 2023 Strategic Plan Status Report (July 1 – September 30, 2023)**
DATE:	**November 8, 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, Q3 2023 Strategic Plan Status Report (July 1 – September 30, 2023), for information.

SUMMARY

Strategic Plan Direction	Goal	Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q3
Our Team	Healthy Organizational Culture	7	Initiated	• Regular All Staff Huddles continue, and Drop-In Sessions initiated • New internal communications systems implemented • Foundational Standards team continues DEI/RDI (diversity, equity, and inclusion/race, diversity and intersectionality) situational assessment including literature, compiling PPH's activities to date, contacting local agencies and small sample of health units in Ontario to inform planning and recommendations • Labour Management – relationship building • Our Team priorities shared with staff on August 15th
	Staff Wellbeing and Development	8	Initiated	• Webinar and resource opportunities shared with staff • Education Fund augmented • Psychological Health and Safety - lunch & learn webinars launched

Strategic Plan Direction	Goal	Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q3
				• SharePoint Project completed • All Staff BBQ to express appreciation/thank employees • Promotion of OMERS pension information session • Launched internal training (Communications) • Introduced Recognition & Awareness Policy to commemorate and celebrate staff
	Effective Teams	9	Initiated	• Management Retreat/Planning Day completed • Administrative Assistant Capacity Overview • OPSEU Pay Equity Evaluation • Change Management learning at Management Planning Session • New positions – Infectious Diseases Manager, Health Promoter Specialists • Learning/Development component of Management meetings
Our Community	Drug Poisoning Crisis	3,4,5	Implemented	• Drug Checking at Consumption Treatment and Services site (CTS) implemented and full integration into the Early Warning and Surveillance System (EWSS). • Continued discussions with First Nation Communities to support harm reduction efforts.
	Adverse Child Experiences (ACEs) Prevention & Child Development	1,2,3,4,5	Implemented	• Launch of the Nurse Family Partnership (NFP) locally, enrolled first clients while continued training for Public Health Nurses and Manager. • Parenting engagement plan (including parent survey development) continued in partnership with Trent University

Strategic Plan Direction	Goal	Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q3
				and Peterborough Children and Family Centre. • Community Resilience Summit planning initiated. Event to take place on Nov. 15th. • Community launch of "Learn and Grow Parenting Emails" to transition to virtual post-partum packages.
	Climate Change	3,4,6	Implemented	• Drafting of Climate Change and Health Vulnerability Assessment (CCHVA) report • Ongoing communications with external partners to support CCHVA content (e.g., City Mapping Dept., Otonabee Region Conservation Authority) • Continued communication about the health impacts of climate change to community • Staff report to the Indigenous Health Advisory Circle (IHAC) to provide options for an Indigenous-led adaptation assessment/report
Our System	Partners in Health Equity	1,3,4	Initiated	
	Indigenous Allyship	3,4,5	Initiated	• Planning for community forums. Topics to include Housing, Indigenous Determinants of Health, Racism and Indigenous Health, Beyond Education: Governance and Indigenous Health • Completed review of Indigenous representation on local committees • Communications to local health and social service committees inviting submissions to IHAC for Indigenous Engagement

Strategic Plan Direction	Goal	Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q3
				• Development of a set of recommendations for IHAC's consideration: Indigenous Engagement staffing model
	Public Health System	4	Initiated	• Completion of internal and external Fall Respiratory Illness Preparedness table-top exercises. • Monthly Peterborough Interagency Pandemic Response Table meetings started again.

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

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

LONG-TERM CHANGES FOR 'OUR TEAM':

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

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

9 – Effective Teams

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

***STATUS:*

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

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

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

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

REFERENCES:

- **PPH Strategic Plan 2023-25**

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Support for Renewal of Provincial Appointment - Mr. Dan Moloney**
DATE:	**November 8, 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 express its support for the renewal of the provincial appointment for Board of Health member Mr. Dan Moloney.

BACKGROUND

Mr. Moloney's two-year term expires March 3, 2024, he has expressed interest in continuing on the Board of Health.

In order to expedite the renewal process, Warden Clarke (Chair, Governance Committee), was supportive of this request coming directly to the Board of Health for support.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Indigenous Health Advisory Circle Report**
DATE:	**November 8, 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 July 14, 2023 for information; and,

b. receive the staff report, Indigenous Engagement Staffing Model, for information.

BACKGROUND

IHAC met last on October 13, 2023 and requested that these items come forward to the Board of Health.

Regarding item b, a recommendation was provided to the Stewardship Committee to prioritize inclusion of new funds in the 2024 budget to support this new staffing model, this has been reflected in the budget report for consideration in the agenda package (item. 8.2).

ATTACHMENTS

a. Minutes, July 14, 2023
b. Staff Report - Indigenous Engagement Staffing Model

Indigenous Health Advisory Circle
MINUTES
Friday, July 14, 2023 – 1:00 – 2:30 p.m.
Dr. J.K. Edwards Board Room, 3rd Floor, PPH

Present: Ms. Angela Connors (virtual)
Ms. Kristy Kennedy
Councillor Nodin Knott (virtual)
Councillor Joy Lachica
Professor David Newhouse, Vice Chair (virtual)
Ms. Rebecca Watts (virtual)
Councillor Kathryn Wilson (virtual)

Regrets: Ms. Ashley Safar
Councillor Dave Haacke
Ms. Elizabeth Stone, Chair

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

Guests: Ms. Atiya Rehman, Master's Student
Ms. Sylvie Fernandes, Master's Student

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1. Call to Order

Professor David Newhouse, Committee Vice Chair, called the meeting to order at 1:04 p.m.

2. Welcome and Introductions

2.1. Kristy Kennedy, Métis Nation of Ontario, Peterborough & District Wapiti Métis Council

Kristy Kennedy was introduced as the new representative from the Métis Nation of Ontario, Peterborough & District Wapiti Métis Council, replacing Barbara Card.
ACTION: IHAC to request a community appointment for Ms. Kennedy to the Board of Health.

3. Confirmation of the Agenda

The agenda was approved as circulated.

4. Minutes of the Previous Meeting

4.1. April 28, 2023

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

5. Items Arising from the Minutes

5.1. Indigenous Identifiers in Data

- *From April 28/23 - Following review of OCAP® principles and creation of a PPH policy, staff directed to explore education with staff to increase voluntary collection of Indigenous identifiers to improve the ability to address Indigenous health and health equity questions.* See item 6.3.
- *From April 28/23 - 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.* The letter, sent June 28, 2023 to Dr. Kieran Moore, was included in the agenda package and provided to the Circle for information.
- Dr. Piggott noted that Dr. Moore's office responded to note they would review the letter, and that it was timely as they were currently considering the matter.
- Professor Newhouse wondered if anything further could be done in relation to PPH work. Dr. Piggott noted that if a common definition is proposed, staff will bring this forward for review by IHAC.

5.2. Public Health Indigenous Engagement Network Section 50 Presentation

- *From April 28/23 - A recording of the presentation will be shared with the Circle, if available.* Circulated.
- *From April 28/23 - Next steps will be discussed at the July IHAC meeting.* See item 6.4.

5.3. Collaborative Education Event with Trent University/Trent Fleming School of Nursing/IHAC

- *From April 28/23 - Professor Newhouse to bring forward initial thoughts to the next meeting.*

- Dr. Newhouse shared the following his desire to organize a series of public forums that would address the following topics:
    - Housing and homelessness
    - Opioids
    - Indigenous Social Determinants of Health
    - Governance and Engagement
- He has reached out to colleagues including Professor Kevin Fitzmaurice at Trent and Professor Yale Belanger from the University of Lethbridge, both have expressed interest in being involved.
- Proposed sponsors would be Trent University, Fleming College, Peterborough Public Health and IHAC.
- Timing could occur over the fall/winter, with the first forum scheduled on or around the next IHAC meeting date of October 13, 2023.
- **ACTION: Professor Newhouse, with support from PPH staff, will work to schedule the first forum in October 2023.**

5.4. **Celestinin Research Project**

- From April 28/23 - Professor Newhouse to follow-up with the researchers to request a briefing note/clarify request. *No further update to share.*

6. New Business

6.1. **Staff Report – Climate Change Support for Indigenous Perspectives**

- Staff proposed the following recommendations - That the Indigenous Health Advisory Circle (IHAC):
    - receive the staff report, Climate Change Support for Indigenous Perspectives, for information; and,
    - direct Peterborough Public Health (PPH) on ways forward for an Indigenous-led and/or focused approach to a climate change health vulnerability assessment for the Indigenous communities served by PPH.
- The Ontario Public Health Standards (OPHS) mandate public health units in Ontario to monitor and mitigate the negative health impacts of climate change within their jurisdictions.
- To align with these standards, a climate change health vulnerability assessment (VA) for the Peterborough region has been restarted as part of PPH's 2022-2025 Strategic Plan. It is anticipated that the VA will be completed by Fall of 2023 with adaptation planning to continue following its completion.
- Three options were provided for consideration for a VA:
    - Option 1: An Indigenous-led organization, such as Cambium Indigenous Professional Services, leads the VA for Indigenous populations served by

PPH.
    - Option 2: A Two-Eyed Seeing approach be used parallel to our current VA.
    - Option 3: Take a Treaty territory approach and collaborate to work towards a climate change VA with Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit.
    - **DECISION: IHAC supported a blend of all three options for this initiative. Option 1 was not mandatory, but supported if needed.**
- Professor Newhouse shared the following links which he felt may be useful to staff:
    - https://www.icce-caec.ca/
    - https://www.canadianmountainnetwork.ca/
- Councillor Lachica noted current municipal discussions around emergency management and the importance of Indigenous leadership being included in discussions, direction and strategy going forward.
- It was recommended that a meeting/engagement session of Indigenous leaders, academics, etc., would be useful. The topic also lends itself to a potential forum theme as discussed during item 5.3. An invite could be extended to the Indigenous Section of Public Safety Canada to speak either at the forum/session in 2024, or at a future IHAC meeting.
- Staff will update IHAC as this work progresses.

6.2. **Staff Report – Scan of Health-Related Committees and Boards**

- Staff proposed the following recommendations - That the Indigenous Health Advisory Circle (IHAC):
    - receive the staff report, Scan of Health-Related Committees and Boards, for information;
    - direct Peterborough Public Health (PPH) staff to explore local barriers to as well as the factors required to create meaningful Indigenous involvement on committees and boards, and create a forum for sharing these findings; and,
    - explore how IHAC could serve in a consultative role for other agencies to support Indigenous engagement.
- The scan found 22 health care or service delivery-related committees and boards in the PPH catchment. Of these, 8 were identified with Indigenous representation as part of their governance structure. It was important to note that due to the limitations of the search method, this was only a snapshot and should not be considered an exhaustive list.
- Dr. Piggott acknowledged the potential burden on specific individuals who may be relied upon for engagement, especially in such a small community. An alternative approach being proposed was that IHAC could perform this consultative role. Requests could be submitted in writing to the Chair, and presentations to IHAC could be arranged.

- Members were asked if their respective organizations have been approached in the past by local municipalities for consultation. The recent encampment crisis was discussed as an example:
    - Neither the Nogojiwanong Friendship Centre nor Niijkiwendidaa Anishnaabekwewag Services Circle have been approached.
    - On a related note, neither organization received any funding recently announced by the United Way for homelessness and housing.
    - Councillor Lachica shared there would be interest in consulting with IHAC on the City's Housing and Homelessness Strategy, as well as the Age-Friendly Peterborough Consultation.
- Rebecca raised a recent issue which arose at Peterborough Regional Health Centre (PRHC) regarding a local Indigenous resident. Representation on their Board, or Committees, would be helpful in this regard.
    - Dr. Piggott reminded IHAC of the recent attendance by Jane Mark regarding PRHC's Health Equity Diversity and Inclusion Committee which is currently under development.
    - Dr. Newhouse commended work done by Brantford General Hospital (BGH) which has been significant over the course of the past decade. BGH has an Indigenous-led team which includes an Indigenous Patient Navigator, as well as a dedicated space for Indigenous families to utilize.
    - Dr. Piggott noted that he recently spoke with PRHC's new President & CEO, Dr. Lynn Mikula, who expressed interested in attending a future IHAC meeting. PRHC is also currently working on their new strategic plan. **ACTION: Dr. Piggott will extend an invitation to Dr. Mikula to attend a future meeting.**
- **DECISION: Members were supportive for IHAC to be utilized as an advisory body if approached by local organizations for consultation on health-related matters.**
- **ACTION: Staff will work with the IHAC Chair to prepare a communication regarding the above-noted item.**

6.3. **Staff Report – Indigenous Data Sovereignty: Principles for Staff Training and Policy**

- It was suggested that perhaps a presentation/course/workshop on Indigenous data sovereignty may be useful for all staff, or invite a speaker to a future IHAC meeting.
- For key staff who receive OCAP® training (those involved in data governance work) it would be helpful for them to share what they have learned at a future IHAC meeting.
- Professor Newhouse shared this resource: https://www.cihi.ca/sites/default/files/document/path-toward-respectful-

governance-fnim-2020-report-en.pdf.

- It would be ideal to raise this issue at a provincial level. Options discussed were for PPH to bring a resolution to alPHa next year, or to raise at the next meeting of the Public Health Indigenous Engagement Network (PHIEN).

- **ACTIONS:**
  - **Staff will review the April 2023 report to IHAC on Indigenous Identifiers in Data to determine if OCAP® intersects any of the data sources listed.**
  - **For new data, a policy/procedure will be developed.**
  - **Dr. Piggott will raise the issue at the next meeting of PHIEN.**

6.4. **Staff Report – Promoting the Importance of Section 50 Agreements**

- This presentation was given to the PHEIN on May 17, 2023 by Dr. Piggott, Hallie Atter and Councillor Kathryn Wilson. A copy of the slide deck and a recording of the presentation was circulated.
- As noted in the staff report, the PHIEN's additional activities on this item will include:
  - the development of a position paper on working towards formal/informal Indigenous participation in health unit governance;
  - a letter to Province advocating for urban Indigenous representation on Boards of Health; and,
  - plans for future education for Boards of Health and public health unit staff.
- For PPH specifically, future plans to further promote this work include:
  - a dedicated page, Indigenous Governance in Public Health, on the PPH website;
  - re-recording of the presentation for posting on the site; and,
  - an all staff huddle presentation this Fall.

6.5. **2023 Work Plan Review**

- The remainder of the 2023 work plan was reviewed.
- With respect to Jordan's Principle, the following was noted regarding training for staff:
  - Angela shared that her staff recently provided training to Five Counties Children's Centre which could be adapted.
  - At Hiawatha First Nation, their cultural coordinator would be the best point of contact.
  - **ACTION: Staff will follow up on these potential options for training.**
- Dr. Newhouse shared he could approach Cindy Blackstock, this could be related to Jordan's Principle, but perhaps even more broadly to meet with IHAC as a whole. **ACTION: Dr. Newhouse will follow up on this item.**

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

October 13, 2023 – 1:00 – 2:30 p.m., PPH
(Potential to tie in forum on this date, add meal if possible)

8. Adjournment

The meeting was adjourned at 2:55 p.m.

PETERBOROUGH PUBLIC HEALTH

INDIGENOUS HEALTH ADVISORY CIRCLE – STAFF REPORT

TITLE:	**Indigenous Engagement Staffing Model**
DATE:	**October 13, 2023**
PREPARED BY:	**Janet Dawson, Health Promoter Specialist**
APPROVED BY:	**Hallie Atter, Acting Director, Health Promotion** **Thomas Piggott, Medical Officer of Health and CEO**

PROPOSED RECOMMENDATIONS

That the Indigenous Health Advisory Circle (IHAC):

- receive the staff report, Indigenous Engagement Staffing Model, for information;
- direct PPH staff to implement an Indigenous engagement staffing model based on the options listed below in early 2024 that supports PPH's Indigenous Engagement and activities of IHAC:
    1. Staffing model that includes a new position, appropriate reporting structure that allows responsive support to the IHAC workplans and positioned within the organization to ensure coordination, communication and collaboration of engagement across all divisions; or
    2. Staffing model that uses an existing position with the same reporting structure and positioned within the organization as described above;
- provide direction to staff on preferred qualifications for staffing model, including whether to require the incumbent to self-identify as Indigenous; and,
- if option 1 above is supported, write to the chair of the PPH Stewardship to prioritize inclusion of new funds in the 2024 budget to support this new staffing model.

FINANCIAL IMPLICATIONS AND IMPACT

If option #1 is preferred and a new position is supported, it will require inclusion of new funds in the 2024 budget to support this new staffing model.

DECISION HISTORY

There is no known prior history of providing IHAC with information on this topic.

BACKGROUND

Peterborough Public Health recognizes, respects, and aims to address the distinct health needs of the Indigenous (First Nations, Métis and Inuit) population of Peterborough. PPH has a long working relationship working with Curve Lake First Nation, Hiawatha First Nation and agencies serving Indigenous People. PPH has a section 50 agreement with CLFN and HFN and thus has representation on the Board of Health from those two communities. A number of years ago,

the IHAC was created as a sub-committee of the Board of Health. It has recently been expanded to include more representation from agencies serving the urban Indigenous population.

Over the years, opportunities for engagement, collaboration with, or request for service from our Indigenous communities have been achieved through direct engagement with the Board of Health members or the IHAC and through direct links to program staff. Most recently, within the pandemic response, it was apparent the need for a point person to collaborate and coordinate with Indigenous partners to ensure clear communication, reduce duplication of effort, and promote reciprocity and respect to deliver culturally appropriate vaccination clinics. As a result, the Liaison Chief position was given the responsibility throughout the pandemic.

In the spring of 2022, PPH held strategic plan stakeholder engagement sessions. During the IHAC Strategic Plan session held on June 22, 2022, there were recommendations for PPH to hire/have representation of Indigenous Peoples as part of employed staff and a need to look at internal policies to ensure alignment with the Indigenous Culture. Further, it was suggested that PPH have an in-house staff person/advocate that focusses on Indigenous Engagement. The goal would be to ensure that Indigenous voices are elevated, traditional and cultural knowledge are elevated, and traditional ways are included in public health approaches. Since this time, Health Promoter Specialists and Masters students on the Foundational Standards team have been providing support to the IHAC workplan objectives, as an interim measure until a more permanent solution is possible.

ANALYSIS

1. Past Practice at PPH:

In the early days of the PPH section 50 agreement with CLFN, a Public Health Nurse (PHN) was assigned the role of Liaison between PPH and the CLFN community. This was in line with the public health nursing model at the time, which was to have PHNs assigned by geographical area. When this model was disbanded in the late 1990s to go with topic-focused assignments, this also meant CLFN no longer a focal point liaison with PPH. Over the years, many staff have worked with Indigenous partners on a topic-by-topic basis; however, it was during the pandemic response a more focused Indigenous Liaison position was temporarily created.

PPH has a past practice of assigning “liaison roles” that are not content/topic limited; these roles have helped us to build relationships with sectors (examples include schools and municipalities). These roles usually evolve and change with the context.

2. Practices in the Sector:

A review of 12 local public health agencies (LPHAs) staffing practices was completed using information collected by those health units who responded from the Public Health Indigenous Engagement Network (PHIEN); these LPHAs do not have section 50 agreements and the relationships that PPH has established with First Nations and other Indigenous communities.

The review revealed that all 12 LPHAs are actively involved with Indigenous Engagement activities and there are three common staffing models for this work:

i. Seven LPHAs have specific "Indigenous Liaison/Engagement" positions.
ii. Two LPHAs have "health equity" positions that have a focus on "Indigenous Engagement".
iii. Three LPHAs do not have program staff positions and instead, have assigned a leadership role to implement their Indigenous Engagement Strategy (e.g., Manager of Communications, Director of Health Promotion).

In-depth interviews were conducted with representatives from four LPHAs to learn more about the successes and challenges of the first two staffing models which produced the following themes:

- Time - All four LPHAs interviewed indicated that time is an important ingredient to successful Indigenous engagement. The position(s) need to be allocated enough time for local learning and relationship building. Both of these require focused energy of the staff involved and depending on the size of the Indigenous population and geographical size of the LPHA, a minimum of 1.0 FTE or more would be needed. Of the two LPHAs that are using "healthy equity" positions for their Indigenous Engagement, one is moving away from this model and is in the process of hiring specific Indigenous Engagement staff.
- Role – The role of the Indigenous Liaison position needs to balance internal and external work. For example, relationship building and collaboration should be the focus of the external work, but also knowledge exchange, training, and staff consultation should be incorporated to build internal capacity.
- Qualifications – When reviewing job descriptions from other LPHAs, only one explicitly requires incumbents to be from an Indigenous Community. The remaining LPHAs only require extensive knowledge of Indigenous health issues, Indigenous world views, and/or lived experience. Given these requirements, most LPHAs have found that applicants for these positions often self-identify as Indigenous but generally, are hired based on skill and experience working with Indigenous communities and agencies. A review of four Indigenous Engagement job descriptions revealed common Indigenous-specific qualifications, some of which include:
    - Strong understanding of Indigenous perspectives, cultures, and local Indigenous and community groups and agencies. This includes working with Elders and Knowledge Keepers.
    - In-depth knowledge and understanding of the social, historical, political and economic factors that shaped and continue to shape the health of Indigenous Peoples (preferably through lived experience).
    - Understanding of and experience working with anti-racist, anti-oppressive and culturally safe approaches, and in creating safe and inclusive environments.
    - Knowledge of techniques and methodologies for establishing relationships with Indigenous organizations.
    - Understanding of OCAP® principles, and the landscape of health information involving Indigenous communities, with ability to support Indigenous-defined and Indigenous-controlled approaches.

- Hiring – All of the LPHAs with specific Indigenous positions indicated that given the unique skills and qualifications required, new job descriptions were created. This process took longer than the development of a typical job description as it required some HR policy updates to ensure culturally appropriate hiring and recruitment practices.

3. Literature Findings:

A small sampling of documents[1,5,6] specific to cultural competency in the local public health context were reviewed. These documents all state that to better serve Indigenous People and have true engagement it requires:

- A commitment to reconciliation, which is an ongoing process;
- an open mind;
- careful listening;
- a commitment to explore what can and cannot be done;
- learn new ways to work and transition into a different approach;
- a commitment of dedicated resources[1]; and
- patience and time.

In addition to the local public health recommendations, in June 2023, the Chief Public Health Officer for Canada produced a document titled Principles for Engaging with First Nation, Inuit, and Métis. These principles were developed in collaboration with 19 national health organizations to provide a foundation from which to support organizational efforts in working collaboratively with Indigenous Peoples and communities to improve health equity and cultural safety in Canada's health system. The principles stated in this report align with the findings from the local public health literature.

4. Key Considerations

Given the present context within the public health sector, as well as PPH's strategic plan goals, the following considerations should be incorporated into any next steps decision.

- OPHS Review - The Ministry of Health has announced a review of the Ontario Public Health Standards (OPHS), Guidelines, and Protocols. The parameters of the review have not been announced, however, the implementation of new OPHS is expected to commence January 1, 2025. This may have implications for the current OPHS guideline: "Relationship with Indigenous Communities Guidelines", however, given the increased attention and prominence that Indigenous engagement saw through the COVID-19 pandemic the expectations are not anticipated to decrease.
- PPH Strategic Plan (allyship) – Through our new strategic plan, PPH has confirmed and expanded the commitment to practicing active allyship for Indigenous self-determination and health equity within the health and social system. Implementation of an Indigenous Liaison role is best practice for the sector and an important commitment of resources that will advance PPH's strategic goal of allyship.

- PPH Strategic Plan (Our Team) – The "Our Team Goal" of the PPH Strategic Plan includes a commitment to diversity, equity, inclusion, reconciliation, decolonization, and Indigenization (DEI/RDI) policies at the Board of Health and organization levels. This work is in the beginning phases and PPH staff are currently conducting a situational assessment of policies and best practices within the local public health sector to inform the development of a PPH DEI/RDI strategy. Part of this strategy will be to assess and update PPH's policies, particularly in the area of human resources to ensure staff retention and recruitment align with the DEI/RD strategy.
- Traditional public health system – PPH is a non-Indigenous governed organization which operates within the broader public health system that is founded using colonial practices and policies. From a cultural safety perspective, further evidence collection on practices within jurisdictions outside of Ontario is needed to understand the implications for hiring and integrating Indigenous People in a non-Indigenous governed organization. Furthermore, the LPHAs who have recruited specific Indigenous Liaison positions indicated that there are few candidates coming forward with the required public health education and experience, as well as a significant amount of Indigenous knowledge and skills. As a result, organizations may need to consider a combination of strategies (e.g., a team approach, where there is a mix of staff who bring the required mix of education, skills, and experience to complete the work). Depending on the staff models chosen, PPH will need to consider the level of decision-making abilities the Indigenous Engagement staff will have. A review of the job descriptions from other LPHAs show that Indigenous Engagement staff are not typically Managers or Directors but do need to hold a higher level of influence within a traditional organizational decision-making structure than a typical front-line staff member.
- Organizational commitment – Findings from the key informant interviews as well as the scan of literature all spoke about the time and resources needed to ensure Indigenous Engagement is successful and does not inadvertently cause further harm to support to Indigenous People. As a result, PPH must ensure that the staffing model developed to do this important Indigenous Engagement is sufficient to support the necessary time and resources to complete this work.

STRATEGIC DIRECTION

This report applies to the following strategic direction(s):

- Our Systems: PPH is fully committed to practising active allyship for Indigenous self-determination and health equity within the health and social system.

REFERENCES:

1. Davis, K.F. (2019). Creating Our Way Forward: Recommendations for Improving Niagara Region Public Health & Emergency Services' Indigenous Engagement. Niagara Region Public Health & Emergency Services.

2. Indigenous Studies 3813 Class. (2022). Indigenous Engagement in COVID-19 Vaccination Clinics: Urban Indigenous Vaccine Working Group and Peterborough Public Health. Chanie Wenjack School For Indigenous Studies, Trent University.

3. Ministry of Health and Long-Term Care. (2018). Relationship with Indigenous Communities Guideline. Ontario Public Health Standards.

4. Public Health Agency of Canada. (2023). Principles for Engaging with First Nation, Inuit and Metis: Chief Public Health Officer Health Professional Forum. Ottawa, ON. Available: https://www.canada.ca/content/dam/hc-sc/documents/services/publications/health-system-services/chief-public-health-officer-health-professional-forum-principles-engaging-first-nations-inuit-metis/principles-engagement-en2.pdf

5. Public Health Sudbury & Districts. (2018) Finding Our Path Together. Public Health Sudbury & Districts.

6. Talking Together to Improve Health Project Team. (2018). Talking Together to Improve Health: Ontario Public Health Unit Survey. Sudbury, ON: Locally Driven Collaborative Projects.

APPENDIX:

A selection of job descriptions from three LPHAs are appended below:

a. Algoma Public Health
b. Middlesex-London Health Unit
c. Ottawa Public Health

Algoma Public Health Courtesy Posting

Position:	**Indigenous Engagement Facilitator**	
Status:	**Permanent Full-Time**	
Location:	**Sault Ste. Marie**	
Program:	**Foundations and Strategic Support**	
Reporting to:	**Manager of Effective Public Health Practice**	
Closing Date:	**May 27, 2022 up to 4:30pm**	**Competition # IEF-2022-FASST-01**

Position Summary

As part of the Foundations and Strategic Support Team, the Indigenous Engagement Facilitator (IEF) will work to facilitate the fostering and creation of meaningful relationships, starting with engagement through to collaborative partnerships, between local public health, local Indigenous communities, and local, provincial and federal Indigenous health service organizations in culturally-safe, culturally-humble, and trauma-informed ways. Through the principles of trust, respect, commitment and self-determination, the IEF will work with Indigenous partners and public health to embed wise practices of relationship building and working together throughout public health programs and services, as well as collaborative projects.

The IEF will lead the development, implementation, and evaluation a comprehensive Indigenous Engagement Strategy across the health unit that focuses on internal capacity building and the creation of partnerships between public health and First Nation, Métis and Inuit, and Urban Indigenous, communities and organizations. The IEF will address emerging Indigenous engagement evidence and practice, support strength-based program planning, and influence effective public health interventions, by staying appraised of key local, regional and provincial Indigenous engagement initiatives and opportunities needed to build relationships with Indigenous partners and stakeholders to advance health promotion, protection and disease and injury preventing through upstream, culturally appropriate approaches that decrease health inequities and improve community health and wellbeing.

This work will involve working directly with First Nation, Métis, Inuit and Urban Indigenous service providers, community leadership, and other relevant partners and community tables, as well as all programs within Algoma Public Health, to meet the requirements of the *Ontario Public Health Standards (2018 or as current) Foundational Standard* of *Health Equity*, and more specifically *Relationship Building with Indigenous Communities Guideline* (2018 or as current). The IEF will also support other mandated work in the areas of Effective Public Health Practice and Health Equity, through researching, planning, developing, implementing and evaluating a range of comprehensive health promotion and protection initiatives in partnership with Indigenous health partners.

Qualifications, Experience, and Skills for this position include (but not limited to):

- Master's degree in Indigenous studies, public health, health policy, health promotion, health science, social sciences or related discipline preferred and/or combined relevant experience;
- Ownership, Control, Access and Possession (OCAP) training completion will be considered an asset;
- Minimum 2 years of experience working in a public health setting, preferably in Ontario;
- Minimum 2 years of relevant experience working with First Nation, Métis and Inuit Peoples, communities, and organizations in health programming at local, provincial, or federal levels;
- Knowledge and appreciation of Indigenous culture, history, traditions and language within the Algoma, Ontario and Canadian contexts;
- Knowledge of Indigenous social determinants of health, and current and emerging public health priorities identified by Indigenous communities and organizations;
- Ability to apply a population health promotion approach to the analysis of health and social issues;
- Knowledge and ability to apply existing Indigenous frameworks and strategies that support wellness;

- Knowledge of community engagement and development within the context of local Indigenous, provincial, and federal health systems;
- Familiarity with First Nations, Métis, Inuit and Urban Indigenous engagement protocols and practices, as well as governing bodies;
- Understanding of OCAP principles, and the landscape of health information involving Indigenous communities, with ability to support Indigenous-defined and Indigenous-controlled approaches;
- Demonstrated ability to work in a manner respectful of First Nations, Métis and Inuit histories, cultures, languages, values, and beliefs;
- Demonstrated skills related to knowledge exchange, consultation, facilitation, and capacity building among diverse audiences;
- Experience in planning and evaluation with a variety of internal and external stakeholders;
- Experience in coordinating projects with multiple stakeholders;
- Experience in preparing and delivering high quality written reports and presentations for diverse audiences and purposes;
- Experience delivering or facilitating knowledge sharing sessions for staff and/or students;
- Demonstrated commitment to continuous learning and quality improvement;
- Excellent interpersonal, communication and organizational skills;
- Ability to work in a self-directed, and highly responsive manner, to establish priorities and balance multiple projects;
- Competence in Microsoft Office applications, including Word, Excel, PowerPoint, and Outlook;
- The ability to communicate (verbally and in writing) in an Indigenous language (e.g. Anishinaabemowin, Michif, etc.), French, and/or any other language will be considered an asset;
- Must be reliable and have a good attendance record;
- Ability to work outside regular business hours, including weekends and evenings, as required;
- A valid "G" Ontario Driver's License and use of a reliable vehicle;
- A current Police Vulnerable Sector Check (PVSC) with satisfactory clearance is a condition of employment, at own expense;
- As a condition of hire, you are required to be fully vaccinated with a COVID-19 vaccine series, per our COVID-19 Immunization policy. Should you be the successful candidate, you will be required to comply with our COVID-19 Immunization policy that is in effect.

If you have any questions about this position or are interested in applying, please email: recruitment@algomapublichealth.com quoting job #IEF-2022-FASST-01

A cover letter and current resume must be provided in order to be considered for this position.

In accordance with the Ontario Human Rights Code and the Ontarians with Disabilities Act, Algoma Public Health will provide accommodation for candidates with disabilities, upon request.

POSITION VACANCY
CUPE LOCAL 101

Position Vacancy: Health Promotion Specialist, Indigenous Health (1 permanent full-time position)
Salary: $71,278.53 - $89,098.34
Date Posted: May 10, 2023
Closing Date: May 16, 2023
Posting Number: #438

Area of work: Initial assignment to the Health Equity and Indigenous Reconciliation team in the Public Health Foundations Division at Citi Plaza, London, ON.

Key Responsibilities: Under the direction of the Manager, Health Equity & Indigenous Reconciliation with matrix reporting to the Medical Officer of Health and the Chief Executive Officer, the successful candidate will:

- Coordinate and actively engage in refining and implementing all recommendations in MLHU's Taking Action for Reconciliation Plan;
- Contribute to a positive work environment, work collaboratively with others and establish positive and constructive internal and external working relationships, with a focus on engagement of local Indigenous populations, First Nations, and Indigenous-led organizations;
- Provide consultative support to employees at all levels across the organization regarding Indigenous reconciliation and act a liaison where needed;
- Develop and produce written materials and knowledge mobilization tools including but not limited to: reports, technical documents, scoping reviews, health communications, presentations, educational resources and literature reviews and analysis, etc.;
- Implement project management tools and processes to organize and support project completion;
- Develop and provide knowledge translation for health promotion theories, strategies, and policies in key public health areas, including providing advice and recommendations to leadership as it relates to policy recommendations, legislation and initiatives at various levels of government;
- Assess and critically appraise evidence for health promotion action, healthy public policy options and health equity implications;
- Conduct environmental scans, needs assessments, and situational assessments to identify community perspectives, assets, resources, challenges, and gaps;
- Able to engage in culturally humble ways with partners and other relevant parties with the aim of enhancing collective capacity to address social determinants of health and Indigenous health;
- Perform other duties as assigned.

Qualifications:

- Master's degree in Health Promotion, Public Health, Behavioural Sciences, Education or related field;

- Minimum of 5 years of health promotion experience with demonstrated advanced skills in population and community health, health communications, and healthy public policy;
- Advanced skills in applied health promotion, including policy development, community needs assessment, situational assessments, health communication, educational and skill building at individual, group and community levels, community development and mobilization, diversity and inclusion, continuous quality improvement, and healthy public policy development and implementation;
- Ability to work independently;
- Extensive experience in community engagement, capacity building and community mobilization;
- Understanding of and experience working with anti-racism, anti-oppression, de-colonization and culturally safe approaches, and in creating safe and inclusive environments for diverse populations;
- Understanding of Indigenous history, colonization, racism, and Calls to Action;
- Significant expertise and experience working with Indigenous people, First Nations, and Indigenous-led organizations; established relationships with local and/or regional Indigenous communities/organizations preferred;
- Advanced interpersonal, presentation and written and oral communication skills with demonstrated experience creating project proposals, evidence briefs, technical documents and correspondence to communicate epidemiologic findings;
- Demonstrated experience mobilizing committees and working groups to achieve measurable outcomes; and
- Demonstrated application of health equity principles and theory, and experience in taking action to reduce health inequities.

Directions to Apply:

To apply to this position, please submit your resume and cover letter through **Dayforce Careers**.

The hiring director/manager may review an applicant's personnel file in the course of considering applications. Should you require accommodation, please indicate in your cover letter and we will work with you to meet your accessibility needs.

CITY OF OTTAWA
Indigenous Health Specialist

JOB DATA

Department:	Ottawa Public Health
Service:	Health Equity, Diversity & Inclusion
Branch:	N/A
Reports To:	Program Manager
Affiliation:	CIPP
Pay Grade:	5 - Interim
Hours of Work:	35 hrs/wk
Job Code:	10142801

JOB SUMMARY

The Health Equity, Diversity and Inclusion unit functions as a centre of expertise and is accountable to advance health equity and inclusion commitments, policies, Indigenous reconciliation commitments and diversity plans across the department. Ottawa Public Health (OPH) is committed to providing services and programs that are diverse and carefully designed to meet the health needs of Ottawa, and not overlook the needs of diverse and marginalized populations while always attempting to reduce barriers to access.

You are responsible for supporting the implementation and evaluation of the OPH Reconcili-Action plan, and advising on building capacity for meaningful engagement with Indigenous organizations and communities to support population health. You develop and implement a strategic organizational approach to Indigenous cultural safety, including internal education and capacity building activities, and develop an engagement and relationship building strategy with Indigenous organizations and communities. You work within an anti-racism/ anti-oppression framework that acknowledges systemic racism and seeks to ensure fairness and equitable access for everyone.

You provide strategic policy analysis and environmental scanning of new developments, trends and issues in the public health and broader health system as they relate to Indigenous cultural safety and engagement with Indigenous organizations and communities. You keep abreast of initatives that may influence the progression of program objective, including but not limited to: National Inquiry on Missing and Murdered Indigenous Women and Girls (MMIWG) - Calls to Justice; United Nations Declaration on the Rights of Indigenous People(UNDRIP); and, Truth and Reconciliation Calls to Action (TRC)

KEY RESPONSIBILITIES

1. **Supports the implementation of the strategic direction related to enhancing organizational Indigenous cultural safety, and advancing and supporting public health units with meaningful engagement with Indigenous organizations and communities by:**
    - providing guidance, expertise and support to management on policies and practices to enhance organizational Indigenous cultural safety and in meaningful engagement with Indigenous partners involved in work related to Ottawa Public Health's mandate and strategic directions;
    - supporting the implementation and evaluation of actions in the Reconcili-Action plan
    - assessing organizational needs, making recommendations, and supporting delivery of training and education for Ottawa Public Health staff on Indigenous cultural safety, Indigenous health issues, and meaningful engagement with Indigenous partners;
    - reviewing and making recommendations on organizational policies to enhance inclusion and cultural safety;
    - providing a range of advice on engaging with Indigenous organizations, including support and guidelines to management to ensure staff have the necessary tools, plans and protocols to meaningfully engage with Indigenous partners;
    - supporting and advising on planning and development of Ottawa Public Health's Indigenous Engagement framework to ensure a strategic approach to all enterprise-level relationships and outreach with Indigenous organizations and communities;
    - developing performance metrics to measure and report on Indigenous cultural safety and support for engagement with Indigenous organizations and communities in meeting Ottawa Public Health's overall strategy, plans and priorities;
    - leading the preparation of related briefings and reports, as applicable: and,
    - leading the engagement of elders for BOH meetings and other OPH activities and updating relevant protocols in consultation with community partners

2. **Leads the engagement of Host Nation, urban First Nations, Inuit, Métis and new immigrant individuals, organizations and communities public health initiatives by:**
    - advising on building relationships with a wide range of organizations in the public health and health system, with a focus on Indigenous organizations, for ongoing

outreach in support of Ottawa Public Health planning and to keep management informed of developments that may impact programs;
- developing, fostering, supporting and sustaining working relationships and partnerships with diverse stakeholders including the Algonquin Anishinabe Nation – Host Nation, urban First Nations, Inuit, and Métis organizations, bodies and communities;
- establishing and maintaining relationships with Indigenous health organizations and partners;
- nurturing the respectful inclusion of Indigenous participants in Ottawa Public Health initiatives; and
- fostering and coordinating relationships focused on health matters with Indigenous health representatives and internal/external stakeholders, including but not limited to Band Council members; federal, provincial and municipal government levels/agencies; non-profit organizations and service providers; post-secondary institutions; and the general public.

3. **Participates in cultivating and supporting the development of health policies, protocols and programs that ensure the respectful inclusion of Indigenous participation by:**
   - analyzing government policy direction for management (e.g., budget, policy announcements, change in government, including First Nations, Inuit and Métis governments) to identify impact on Ottawa Public Health and provide relevant policy advice and recommendations to inform enterprise-level strategy and planning;
   - coordinating the development and ongoing implementation of a policy in full collaboration with Indigenous communities, and with the participation of related Ottawa Public Health and City of Ottawa content areas;
   - sharing research, contextual and specific information about Indigenous health issues and needs with Ottawa Public Health units and external stakeholders/partners in order to build awareness;
   - partnering with partners and stakeholders to improve policies and programs in the interest of Indigenous inclusion and participation;
   - ensuring that Indigenous voices are included and heard within the health community and Ottawa Public Health initiatives; and
   - recommending new approaches and best practice improvements in relation to Indigenous and new immigrant cultural contexts and practices.

4. **Supports the delivery of Ottawa Public Health initiatives focused on Indigenious communities (Host Nation, First Nations, Inuit and Métis) by:**
    - collaborating with Algonquin Anishinabeg (Host Nation), urban First Nations, Inuit, and Métis individuals, collectives, organizations, and communities to develop and implement professional awareness and learning sessions for internal and external stakeholders; and,
    - coordinating the inclusion of Algonquin Anishinabe – Host Nation, urban First Nations, Inuit, and Métis health related information within Ottawa Public Health initiatives and tools such as websites, brochures, and flyers.

5. **Conducting systematic environmental scanning and analysis of system level developments in public health and the broader health system as it relates to Indigenous cultural safety, engagement and health, and their impact and relevance to Ottawa Public Health, and provides strategic policy advice and recommendations to inform enterprise-level strategy and planning by:**
    - undertaking research on the history, heritage and culture of the Algonquin Anishinabe Nation (Host Nation) and/or Inuit including contextual and specific related information;
    - conducting environmental scans to ensure the Ottawa Public Health is aware of historical references; the most recent research; new developments; local, provincial, and federal programs, and emerging best practices;
    - developing discussion papers in key areas related to Indigenous health content;
    - preparing reports, documenting findings and recommendations, and presenting information at workshops and seminars;
    - developing comprehensive contact lists and inventories of Indigenous and related parties for the purpose of sharing with internal stakeholders; and
    - developing requests for funding, presentations to senior level management and council (not needed if included in original job descriptions.

6. **Works in accordance with applicable health and safety legislation, policies and procedures, and all other legislation, policies and procedures relevant to the work.**
7. **Performs other related duties consistent with the duties outlined above.**

STATEMENT OF QUALIFICATIONS

EDUCATION AND EXPERIENCE

Completion of a 4-year degree in a relevant discipline including, Indigenous Studies, Social Work, Public Policy, Health Administration, Public Health, Organizational Development, Adult Education or related field

A minimum of 3 years of related experience working with Indigenous organizations and communities. Must have knowledge and lived experience related to Indigenous health.

CERTIFICATIONS / LICENCES

N/A

KNOWLEDGE

- Strong understanding of Indigenous perspectives, cultures, and local Indigenous and community groups and agencies.
- In-depth understanding of current issues affecting Indigenous communities, particularly related to health and public health.
- Understanding of and experience working with anti-racist, anti-oppressive and culturally safe approaches, and in creating safe and inclusive environments.
- Knowledge of and sensitivity to current and emerging issues related to health and wellness of Indigenous peoples (preferably through lived experience) as they pertain to Ottawa Public Health's mandate.
- Knowledge of Indigenous pedagogy and Indigenous worldviews is strongly preferred.
- Understanding of Indigenous history, colonization, racism, Truth and Reconciliation Commission Calls to Action, and OCAP® Principles (ownership, control, access and possession).
- Knowledge of techniques and methodologies for establishing relationships with Indigenous organizations
- Knowledge of a variety of change management theories and methodologies.
- Knowledge of consultation and engagement principles and practices related to building relationships with Indigenous organizations and communities.
- Knowledge of the Ontario's public health sector and broader health system, and of provincial and/or First Nations, Inuit and Métis government processes.
- Knowledge of project management techniques and methodologies
- Proficiency in MS Office (Word, Excel, PowerPoint and Visio) and familiarity with SharePoint.objectives.
- Knowledge of Ottawa organizations and services that serve diverse populations, and in particular, communities that face barriers.
- Knowledge of Indigenous languages would be an asset

- Knowledge of applicable health and safety legislation, including the rights and duties of workers

COMPETENCIES, SKILLS AND ABILITIES

- Demonstrated ability to create partnerships and lead collaborative meetings and initiatives
- Demonstrated ability to develop and maintain relationships with community partners and organizations that serve First Nations, Inuit, and or Métis
- Oral communication, consulting and interpersonal skills to provide advice in the provision of ensure consistent messaging and timely corporate response to complaints or concerns raised by partners, clients, stakeholders and the public.
- Ability to communicate and relate to Inuit with sensitivity to cultural and governance differences.
- Ability to speak Inuktitut or another indigenous language
- Stakeholder engagement and consultation/facilitation skills to influence and contribute to planning processes.
- Written communication skills to develop strategies, plans, presentation, protocols and guides for Indigenous cultural safety and meaningful engagement with Indigenous organizations.
- Oral communication and influencing skills to promote the use of the Ottawa Public Health's Indigenous Engagement framework.
- Ability to communicate and relate to Indigenous peoples and organizations with cultural competency and consideration of the diversity of Indigenous nations.
- Relationship building skills to develop and build partnerships and business relationships with key public health stakeholders and Indigenous partners.
- Strategic thinking skills to enable effective participation in initiatives that require thought leadership.
- Skills and the ability to lead initiatives from conceptualization to realization to lead, manage and/or participate in a variety of projects
- Ability to undertake research, plan and problem solve
  Ability to work effectively as a team member and independently.

ACKNOWLEDGEMENT AND APPROVAL

This job description is intended to summarize the type and level of work performed by the incumbent and is not an exhaustive list of duties, responsibilities and requirements.

Employee Section

I have read and understand the contents of the job description and have had the opportunity to comment.

SIGNATURE: _____

NAME: _____

DATE: _____

Manager Section:

SIGNATURE: _____

NAME: _____

DATE: _____

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Stewardship Committee Report**
DATE:	**November 8, 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 August 31, 2023 for information;

b. receive the Q3 2023 Financial Report for information.

c. receive the staff report, Q3 2023 Standards Activity Report – Risk Management, for information; and, send a letter to the Ontario Minister of Health, with copies to local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health expressing concern regarding the current funding levels for the Ontario Senior's Dental Program (OSDP).

BACKGROUND

Stewardship met last on October 26, 2023. At that meeting, the Committee requested that these items come forward to the Board of Health at its next meeting.

ATTACHMENTS

a. Minutes, August 31, 2023
b. Q3 2023 Standards Activity Report – Risk Management
c. Q3 2023 Financial Report

Board of Health for
Peterborough Public Health
MINUTES
Stewardship Committee Meeting
Thursday, August 31, 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:	Wendy Freeburn, Executive Assistant, Recorder Ms. Donna Churipuy, Director Health Protection Dr. Thomas Piggott, Medical Officer of Health & CEO Mr. Larry Stinson, Director of Operations
Guest:	Mr. Paul Johnston, Provincial Appointee (virtual)

1. Call to Order

Mayor Graham, Committee Chair called the meeting to order at 1:34 p.m.

Mayor Graham noted August 31 marks International Overdose Awareness Day (IOAD). An IOAD event organized by *Moms Stop the Harm* will be held at Millennium Park at 4:00 p.m. today.

2. Confirmation of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved: Deputy Mayor Black
Seconded: Councillor Riel
Motion carried (M-2023-023-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 Stewardship Committee meeting held June 1, 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-2023-024-SC)

7. Business Arising from the Minutes

8. Staff Reports

8.1 2021-2022 Audited Financial Statement and Annual Reconciliation Report - Healthy Babies Healthy Children Program

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

- receive the staff report, 2022/2023 Audited Financial Statement and Annual Reconciliation Report - Healthy Babies Healthy Children Program
- recommend approval of the 2022/2023 Audited Statements and Annual Reconciliation Report for the Healthy Babies Healthy Children Program to the Board of Health at its next meeting.

Moved: Dr. Stelzer
Seconded: Deputy Mayor Black
Motion carried (M-2023-025-SC)

8.2 2021-2022 Audited Financial Statement and Transfer Payment Annual Reconciliation - Infant and Toddler Development Program

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

- receive the staff report, 2022/2023 Infant and Toddler Development Program Audited Financial Statement and Annual Reconciliation Report, for information; and
- recommend approval of the 2022/2023 Audited Statements and Annual Reconciliation Report for the Infant and Toddler Development Program to the Board of Health.

Moved: Dr. Stelzer
Seconded: Councillor Riel
Motion carried (M-2023-026-SC)

8.3 **2024 PPH Budget Considerations**

Larry Stinson provided an overview of the anticipated 2024 public health budget and the financial details regarding anticipated expenses for the delivery of programs and services and revenue from the province and other sources.

The Committee requested staff provide:

- comparators of baseline funding back to 2018; and,
- a prioritized list of additional investments (top 5) that could be added to the basic service level budget presented, for consideration by the Stewardship Committee at the next meeting, to make recommendations to the BOH in November.

ACTION:

- **Counsellor Riel will send budget questions to Larry Stinson and Donna Churipuy for their response, to be circulated to the Committee.**

Given that the sole item scheduled to be tabled in closed session had some bearing on this discussion, members agreed it would be prudent to proceed in camera.

In Camera to Discuss Confidential Matters

MOTION:
That the Stewardship Committee go In Camera at 2:04 p.m. to discuss one item under the Municipal Act, 2001, Section 239 (2) (d) Labour relations or employee negotiations.
Moved: Dr. Stelzer
Seconded: Councillor Riel
Motion carried (M-2023-027-SC)

Councillor Wilson departed the meeting at 2:59 p.m.

MOTION:
That the Stewardship Committee rise from the In Camera session at 3:09 p.m.
Moved: Counsellor Riel
Seconded: Dr. Stelzer
Motion carried. (M-2023-028-SC)

Motions for Open Session

There were no motions made during the in camera session which were directed to be brought into open session.

Members revisited item 8.3, and after further discussion made the following motion.

MOTION:
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 it to the Board of Health and their next regular meeting; and,
- provide direction for staff for further informational needs as we plan towards the final 2024 budget.

Moved: Deputy Mayor Black
Seconded: Dr. Stelzer
Motion carried (M-2023-029-SC)

8.4 **Q2 2023 Financial Report**

MOTION:
That the Stewardship Committee:

- Receive the Q2 2023 Financial Report for information; and,
- provide it to the Board of Health at its next regular meeting.

Moved: Councillor Riel
Seconded: Deputy Mayor Black
Motion carried (M-2023-030-SC)

8.5 **Standing Item: 2024 Budget Planning and Advocacy**

The Committee discussed advocating for the continuation of COVID funding into 2024.

ACTION:

- **Dr. Piggott to draft a letter of advocacy on behalf of the Board of Health and bring forward for discussion at the next Board of Health meeting.**

MOTION:
That the Stewardship Committee request that the Board of Health write a letter to the Ontario Minister of Health 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.
Moved: Deputy Mayor Black
Seconded: Dr. Stelzer
Motion carried (M-2023-031-SC)

8.6 **Work Plan Review**

The Committee reviewed the 2023 Work Plan.

MOTION:
That the Stewardship Committee receive the 2023 Work Plan for information
Moved: Deputy Mayor Black
Seconded: Dr. Stelzer
Motion carried (M-2023-032-SC)

9. Consent Items *(nil)*

10. New Business

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

Next scheduled meeting: October 26, 2023 – 2:30 – 4:00 p.m.

12. Adjournment

MOTION:
That the meeting be adjourned.
Moved: Councillor Riel
Seconded: Deputy Mayor Black
Motion carried (M-2023-033-SC)

The meeting was adjourned at 3:34 p.m.

Financial Update Q3 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 Sept 30	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	MOHLTC Cost Shared (CS)	11,049,442	8,287,082	8,129,409	73.6%	157,673	Year-to-date underspending from January through September based on the approved cost-shared budget. The Ministry budget approval received in September, included a 1% base increase pro-rated for 2023, or $53,500. The Total funding includes MOH (Base, Mitigation and Indigenous Communities) and local partners. Anticipate an 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. Spending on track to align with budget projection.
Combined Cost-Shared		**11,049,442**	**8,287,082**	**8,129,409**	**73.6%**	**157,673**	

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 Sept 30	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Ontario Seniors Dental	100%	898,100	673,575	759,162	84.5%	(85,587)	Year to date expenditures are above budget as higher costs incurred to date for contract and endodontic treatment as part of catch up on client treatments from the prior year. PPH leadership met with Ministry representatives to discuss one-time funding opportunities for the program to meet client needs and sustain contracted service levels through the end of the year. The MOH In-Year Financial Report for quarter three, includes forecasted expenditures of $1,086,100 to the end of year to cover cost of contract dentists and specialists to address currently scheduled appointments. At this time, the program will continue to provide treatment services with in-house staff. However, the program will limit patient referrals to external specialists until an update is provided by the Ministry regarding potential one-time or base funding increase for the current year.

	Funding Type	2023 Budget Submission	YTD Budget $ Based on 2023 Submission (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
One-Time Funding funded January 1 to December 31, 2023							
COVID Response	100% MOH	1,152,860	864,645	870,543	75.5%	(5,898)	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. To date, the Ministry has not approved the budget however has communicated that similar to the prior year eligble COVID expenditures will be funded. Adjustments to approved funding or additional funding will be granted for eligible expenditures based on the submission of quarterly Ministry reports, as necessary. The total expenditures of $870,543 are above budget due to higher levels of staffing hours through the first quarter. Anticicipate expenditures to align closely with budget submission based on planned staffing through the end of the year.

	Funding Type	2023 Budget Submission	YTD Budget $ Based on 2023 Submission (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
COVID Vaccination	100% MOH	1,026,186	769,640	727,468	70.9%	42,172	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. To date, the Ministry has not approved the budget to date however has communicated that similar to the prior year eligble 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 $727,648 are just below the budget request due to reduced staffing through the third quarter and operating out of the main office. The fall campaign commences in October with additional clinics offered in various locations in the community contributing to increased costs through the final quarter of the year.

One-Time Funding funded April 1, 2023 to March 31, 2024							
	Funding Type	2023 - 2024 Approved Budget	2023/24 YTD Budget $ (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
PHI Practicum Student	100% MOH	30,000	15,000	10,058	33.5%	4,942	Funding for 3 PHI Practicum Students for 12 week period. One student hired for period of May through August 2023 and two students willl be hired for the period of January to March 2024.
Programs funded April 1, 2023 to March 31, 2024							
	Funding Type	2023 - 2024 Approved Budget	YTD Budget $ (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Infant Toddler and Development Program	100% MCCSS	242,423	121,212	117,348	48.4%	3,864	Program operating just below budget for the second quarter based on MCCSS approval. Program spending is on track and expect to operate within budget through the end of fiscal year.
Healthy Babies, Healthy Children	100% MCCSS	928,413	464,207	470,200	50.6%	(5,994)	Program operating just above budget for the second quarter based on MCCSS approval. Benefits slightly above budget through the first six months contributing to year to date overage. Program expected 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 Sept 30	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	374,600	232,733	316,831	84.6%	(84,098)	Program funded entirely by user fees. Expenditures are above budget and user fees below, resulting in a deficit of $(84,098). Program activity and fees earned anticipated to expected to increase through the final quarter with end of building season and closing of permits. 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	37,700	55,821	57.3%	(18,121)	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	**15,799,524**	**11,465,793**	**11,456,840**	**72.5%**	**8,953**	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.

PETERBOROUGH PUBLIC HEALTH
STEWARDSHIP COMMITTEE – STAFF REPORT

TITLE:	**Q3 2023 Standards Activity Report – Risk Management**
DATE:	**October 26, 2023**
PREPARED BY:	**Larry Stinson, Director of Operations**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, Q3 2023 Standards Activity Report – Risk Management, for information.

BACKGROUND

The Ontario Public Health Standards Activity Reports are a set of reporting tools that boards of health are required to submit quarterly as per the Ontario Public Health Standards and Public Health Funding and Accountability Agreement.

The intent of the report is to communicate quarterly financial forecasts and interim information on program achievements. Through these reports, boards of health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.

The Risk Management portion of this report is required only for the Q3 Ministry Report and has been appended for your information. The purpose of this worksheet is for boards of health to report, in a standardized manner, the high risks and key risk mitigations that are currently being managed by each board.

ATTACHMENTS

a. Q3 2023 Standards Activity Report – Risk Management Worksheet

Q3 2023 Standards Activity Report – Risk Management Worksheet

Description	Category	Impact	Likelihood	Mitigation
Due to limited capacity some Requirements within the Ontario Public Health Standards are not being met. A lack of compliance can lead to relationship and reputational harm and liability for negative health outcomes.	Operational or Service Delivery	5	3	Strategic and Operational Planning consider the impact of each intervention and the risk of de-prioritization. The Senior Leadership Team and Board of Health continue to report on areas of non-compliance and to advocate for adequate resourcing.
The Board for PPH and for the HKPR District Health Unit have engaged a consultant to conduct a feasibility assessment for the merger of the two health units. Board decisions will need to consider potential positive and negative impacts on governance, operations and public health outcomes.	Governance/ Organizational	5	3	The due diligence exercise will provide the Board with important information to make an informed decision and to seek further guidance on important considerations to address, should they decide to proceed.
The Seniors Dental Program is a 100% Ministry funded program, with a set annual approved budget. The service levels, however, are based on demand. The Ministry provides one-time funding for extra-ordinary cost pressures created by demands, but approvals for this funding is often months after service is required. PPH therefore must take the risk of delivering service without full assurance of funding approvals.	Financial	4	3	Operations are modified to operate within a reasonable deficit budget based on prior year approvals of one-time funding and assurance from Ministry staff.

Description	Category	Impact	Likelihood	Mitigation
The risk of attacks on our data and information through hacking, ransomware and phishing continues and requires additional diligence when operating in a hybrid work model.	Technology	4	3	Policies and procedures and ongoing training support staff to avoid higher risk behaviours. The IT Manager and staff work with the Ministry, our insurance provider and industry leaders to ensure adequate levels of protection within our systems.
The broader workforce shortage and more specifically, health service sector shortage presents potential recruitment challenges for public health.	Human Resources	4	4	The HR program uses a comprehensive approach to recruitment and is developing strategies to reduce barriers based on DEI. The Our Team strategic direction from our Strategic Plan seeks to ensure PPH has a workplace that attracts the best talent.