

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, January 10, 2024 – 5:30 p.m.
Multipurpose Rooms, 185 King Street, Peterborough**

1. Call to Order

Thomas Piggott, Medical Officer of Health and Chief Executive Officer

1.1. Welcome and Land Acknowledgement

1.2. Recognition of Outgoing Chair – Councillor Kathryn Wilson

2. Elections and Appointments

2.1. Elections

- Cover Report

2.2. Committee Appointments

- Cover Report

3. Establishment of Date and Time of Regular Meetings

- Cover Report

4. Establishment of Honourarium for 2024

- Cover Report

5. Confirmation of the Agenda

6. Declaration of Pecuniary Interest

7. Consent Items to be Considered Separately

Board Members: Please identify which items you wish to consider separately from section 12 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 12.1 a; 12.2 a b; 12.4.1 a b.

8. Delegations and Presentations

8.1. Delegation: Canadian Nuclear Safety Commission - Extended Ambient Air Sampling for Beryllium in Peterborough

- Cover Report
- a. Presentation
- b. CNSC Beryllium Air Sampling Report
- c. Facility Details (*web hyperlink*)

8.2. Sense & Nous – Merger Exploration Consultant Introduction and Q&A

9. Confirmation of the Minutes of the Previous Meeting

- Cover Report
- a. Minutes, December 13, 2023

10. Business Arising From the Minutes

11. Staff Reports

11.1. Staff Report: PPH Indoor Air Quality Working Group – Status Update

- Staff Report

12. Consent Items

12.1. Correspondence for Direction

- a. North Bay Parry Sound – Intimate Partner Violence

12.2. Correspondence for Information

- Cover Report
- a. alPHa e-newsletter
- b. Premier Ford/Ministers – PH Strengthening

12.3. Staff Reports (*nil*)

12.4. Committee Reports

12.4.1. Indigenous Health Advisory Circle

- [Cover Report](#)
- a. [Minutes, October 13, 2023](#)
- b. [Community Appointments](#)

13. New Business

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

15. Motions for Open Session (*nil*)

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

Wednesday, February 21, 2023, 3:30 p.m.
Multipurpose Rooms, 185 King Street, Peterborough

17. Adjournment

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**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Elections |
| DATE: | January 10, 2024 |
| PREPARED BY: | Alida Gorizzan, Executive Assistant |
| APPROVED BY: | Dr. Thomas Piggott, Medical Officer of Health & CEO |

PROPOSED RECOMMENDATION:

That the Board of Health for Peterborough Public Health approve the following leadership positions for the Board of Health for 2024:

- *Board of Health Chairperson – Councillor Joy Lachica*
- *Board of Health Vice-Chairperson – Deputy Mayor Ron Black*

BACKGROUND:

At its November 17, 2023 meeting, the Governance Committee reviewed expressions of interest for these positions and made the above-noted recommendation.

PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH

| | |
|---------------------|--|
| TITLE: | Committee Appointments |
| DATE: | January 10, 2024 |
| 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 appoint members to its Committees as follows for 2024:

- Indigenous Health Advisory Circle: Councillor Dave Haacke, Councillor Kathryn Wilson, Councillor Nodin Knott, Mr. Paul Johnston
- Governance Committee: Warden Bonnie Clark, Mr. Dan Moloney, Dr. Ramesh Makhija, Deputy Mayor Ron Black.
- Stewardship Committee: Dr. Hans Stelzer, Councillor Kathryn Wilson, Councillor Keith Riel, Mayor Matthew Graham, Mr. Scott Baker.

BACKGROUND

At its November 17, 2023 meeting, the Governance Committee reviewed expressions of interest for these Committees and made the above-noted recommendation. The Chairperson serves as an ex-officio member on all Committees.

Given merger exploration discussions, it is expected that meetings for Governance and Stewardship will likely commence after March 2024.

ATTACHMENTS

- [Board Leadership and Committee Membership Selection Procedure](#) (*web hyperlink*)
- [Terms of Reference, Governance Committee](#) (*web hyperlink*)
- [Terms of Reference, Indigenous Health Advisory Circle](#) (*web hyperlink*)
- [Terms of Reference, Stewardship Committee](#) (*web hyperlink*)

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Date and Time of Regular Meetings |
| DATE: | January 10, 2024 |
| PREPARED BY: | Alida Gorizzan, Executive Assistant |
| APPROVED BY: | Dr. Thomas Piggott, Medical Officer of Health & CEO |

PROPOSED RECOMMENDATION

That the regular meetings for the Board of Health for Peterborough Public Health in 2024 be held on the following dates at 5:30 p.m., or at the call of the Chairperson:

- January 10, February 21 (3:30 start), March 13, April 10, May 8, June 12, September 11, October 9, November 13, December 11.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Establishment of Honourarium for 2024 |
| DATE: | January 10, 2024 |
| PREPARED BY: | Alida Gorizzan, Executive Assistant |
| APPROVED BY: | Dr. Thomas Piggott, Medical Officer of Health & CEO |

PROPOSED RECOMMENDATION

That the Board of Health for Peterborough Public Health approve a 2% increase in honourarium for its members, representing a total amount of \$163.13 per meeting in 2024.

BACKGROUND

At its November 17, 2023 meeting, the Governance Committee considered this item and has made the above-noted recommendation.

The Board has an established policy and procedure for establishing honorariums for meeting attendance ([2-150](#)) and for review of remuneration ([2-153](#)). Based on these policies, the Governance Committee is to request Board approval for changes to honorarium amounts at the first Board Meeting of the year and that the request be based on wage increases for unionized staff or the Ontario Consumer Price Index (CPI), whichever is less.

In January 2023 the Board approved a 1.5% increase in honorarium. According to [Statistics Canada](#), the CPI Inflation rate for 2023 (available to September 2023 on the Governance meeting date) was 3.6%. Given that the Board ratified a 2% union wage increase in 2023, the lower amount is recommended.

The 2023 honorarium rate was \$159.93 per meeting. Based on the above-noted increase, the 2024 rate would be \$163.13.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------|--|
| TITLE: | Delegation: Canadian Nuclear Safety Commission, Extended Ambient Air Sampling for Beryllium in Peterborough |
| DATE: | January 10, 2024 |

PROPOSED RECOMMENDATIONS

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

- Delegation: Canadian Nuclear Safety Commission - Extended Ambient Air Sampling for Beryllium in Peterborough
- Speakers:
 - Andrew McAllister, Director – Nuclear Processing Facilities Division, CNSC
 - Julian Amalraj, Senior Project Officer – Nuclear Processing Facilities Division, CNSC
 - Kristi Randhawa, Environmental Program Officer – Health Sciences and Environmental Compliance Division, CNSC
 - Dr. Slobodan Jovanovic, Chief Analyst – Laboratory Services Division, CNSC

ATTACHMENTS

- a. [Presentation](#)
- b. [CNSC Beryllium Air Sampling Report](#)
- c. [Facility Details \(web hyperlink\)](#)



Canadian Nuclear
Safety Commission

Commission canadienne
de sûreté nucléaire

Canada

Extended Ambient Air Sampling for Beryllium in Peterborough

Presentation to the Board of Health for
Peterborough Public Health (virtual)

CNSC Staff

January 10, 2024



nuclearsafety.gc.ca

January 10, 2024

e-Doc: 7188606

Canada



Background

- Beryllium is used in the manufacturing of fuel bundles for CANDU reactors
- Beryllium emissions from BWXT are monitored and below provincial limits
- Concentrations of beryllium in soil and air measured in the CNSC's Independent Environmental Monitoring Program (IEMP) sampling campaigns are within the background range in Ontario

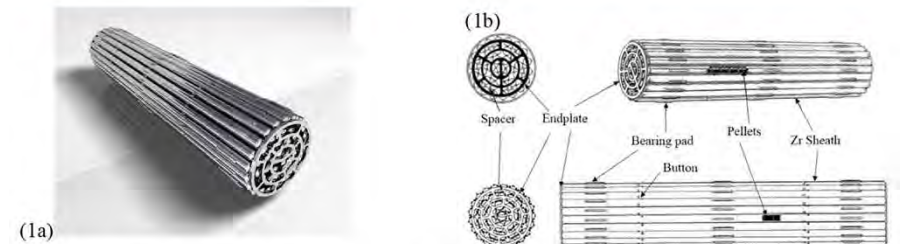


Figure 1: Picture of a CANDU® nuclear fuel bundle with a schematic showing individual components. Bearing pads and spacers are coated with beryllium so that they can be brazed onto the zircaloy tubes.

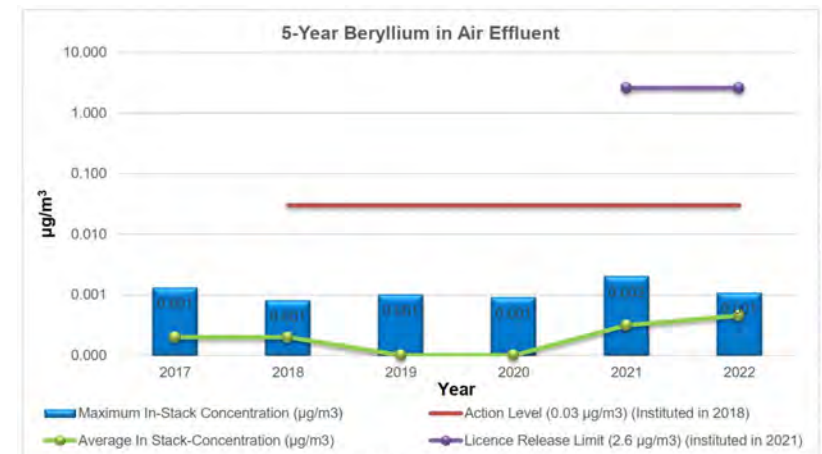


Figure 8: 5-Year Beryllium in Air Effluent
Note: The above graph has a logarithmic scale.



Ambient Air Sampling Purpose

- Address community concerns related to beryllium in air around BWXT's Peterborough facility and establish that the air around the facility is safe to breathe
- Increase public trust in existing monitoring conducted by CNSC as part of its Independent Environmental Monitoring Program; and
- Establish the adequacy of existing requirements on BWXT for air monitoring



Working with the Community

➤ Consultations with Dr. Aherne

- Development of extended air sampling from 8 hours to 72 hours
- Development of a sampling plan including selection of locations
- Comparison of results to Ontario Ambient Air Quality Criteria (AAQC) for beryllium

➤ CNSC approach

- New air sampler allowed for continuous operations in adverse weather and capable of sampling over extended periods
- Used validated CNSC air sampling collection procedures and testing methods
- Sampling conducted in warmer months to maximize potential for beryllium collection



Extended air sampling in Peterborough near BWXT. Source: CNSC



Sampling Locations



1 – South of the BWXT facility located inside BWXT fenceline

2 – NorthWest of the facility located on the Prince of Wales Public School yard

3 – East of the facility inside GE property fenceline



Results

| Sampling location | Dates of sample collection | Beryllium, $\mu\text{g}/\text{m}^3$ * |
|-------------------|--|---------------------------------------|
| 1 | 11-Jul-22 1:43 pm To 14-Jul-22 1:28 pm | 0.0000056 |
| 2 | 29-Aug-22 3:36 pm to 01-Sep-22 2:25 pm | <0.0000013 |
| 3 | 20-Sep-22 2:00 pm to 21-Sep-22 5:15 pm | <0.0000036 |

*AAQC $0.01 \mu\text{g}/\text{m}^3$



Conclusions

- A very small amount of beryllium was measured in one of the three samples (0.056% of the AAQC). This measurable beryllium may be coming from any number of natural and human activities.
- These results confirm that levels of beryllium in air are negligible and well below air quality guidelines that are protective of human health and the environment.
- The extended air sampling results showed that even when sampling times are increased to 72 hours, the amount of beryllium in air is extremely low and does not pose any risk to the health of the community or the environment at these concentrations.



Conclusions

CNSC staff continue to conclude that there is no risk to the environment or to human health from beryllium in locations surrounding the BWXT-NEC Peterborough facility.



Recommendations

CNSC staff recommend that:

- From an environmental monitoring perspective, the existing IEMP air sampling conducted approximately once every three years along with annual soil sampling by the licensee is adequate to assess the impact of beryllium emissions from BWXT-NEC's Peterborough facility.
- The newly developed extended air sampling method may be used as a reactive method in case of any elevated results from the current monitoring methods.
- Stack monitoring results of Be emissions from the BWXT facility show that the emissions are low and well below provincial limits for air quality. Because of the low emissions, continuous stack monitoring is adequate and best suited to assess impact of the releases from this facility



Next Steps

- IEMP sampling in Peterborough will be conducted this year (2024)
- Opportunity to further communicate results to members of the public and Indigenous Nations and communities
- [Report](#) is available on the CNSC website
- Staff available to answer questions from public through our general inquiries e-mail available on our website
 - cnsccinfo.ccsn@nsc-ccsn.gc.ca



Canadian Nuclear
Safety Commission

Commission canadienne
de sûreté nucléaire

Questions?

Thank You!

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Extended Ambient Air Sampling for Beryllium in Peterborough

September 14, 2023



Extended Ambient Air Sampling for Beryllium in Peterborough

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Document availability

This document can be viewed on the [CNSC website](#). To request a copy of the document in English or French, please contact:

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1 Overview

The Canadian Nuclear Safety Commission (CNSC) carried out extended ambient air sampling for beryllium in Peterborough, Ontario, during July, August and September 2022. This report outlines the sampling methods and results, as well as the related conclusions and recommendations.

The sampling campaign was in response to concerns about beryllium emissions from the BWXT Nuclear Energy Canada (BWXT-NEC) Peterborough facility. At meetings and webinars with community members (e.g., BWXT Peterborough Community Liaison Committee), the CNSC heard that the community wanted extended ambient air monitoring for beryllium, in order to verify that beryllium levels in air are protective of human health and the environment around the facility. Extended ambient air monitoring would also help alleviate concerns about the safety of breathing the air around the facility and increase public trust in existing monitoring (conducted by both BWXT-NEC and the CNSC as part of its Independent Environmental Monitoring Program (IEMP)).

1.1 Sources of beryllium

Beryllium is one of the lightest metals that occurs naturally in the environment and is present in a variety of materials including rocks, coal, oil, soil, and volcanic dust. Natural sources of beryllium released to the atmosphere, such as windblown dust and volcanic particles, are estimated to account for 5.2 tonnes per year, or 2.6% of worldwide total emissions [2].

The most important sources of beryllium exposure come from human activities, such as the burning of coal, fuel oil and petroleum-based products. Beryllium emissions are also produced by foundries, ceramic plants, incinerators, municipal waste combustors, and open-burning waste disposal sites. Beryllium is used at the BWXT-NEC facility in Peterborough during the nuclear fuel bundle manufacturing process, which results in extremely low atmospheric emissions of beryllium from the facility [3].

1.2 Beryllium in soil

The CNSC conducted a public hearing from March 2 to 6, 2020. During the hearing, the Commission considered BWXT-NEC's renewal application and heard 248 interventions. Several interventions expressed concerns over what appeared to be a trend of increasing beryllium in soil near the BWXT-NEC Peterborough facility, observed during the CNSC's IEMP sampling campaigns in 2014, 2018 and 2019. CNSC staff outlined that the rationale for monitoring beryllium in soil is to account for the possibility that beryllium emitted from the stacks can be transported to the soil from air by gravitational settling and accumulation.

On April 6, 2020, the Commission directed CNSC staff to carry out expedited soil resampling for beryllium on properties adjacent to BWXT-NEC's Peterborough facility, with a special focus on the Prince of Wales Public School [1]. Results of this soil sampling found that all concentrations of beryllium in soil detected by partial digestion were in the range of [natural background levels in Ontario](#), up to 2.5 milligrams/kilogram (mg/kg), and were also below the most restrictive levels (4 mg/kg) in the [Canadian](#)



[Council of Ministers of the Environment soil quality guideline for the protection of environmental and human health.](#)

In renewing BWXT-NEC's licence for a 10-year period, the Commission directed the licensee to monitor the receiving environment (soil) to demonstrate that the environment around the BWXT-NEC Peterborough facility continues to remain safe.

1.3 Air quality criteria for beryllium

The CNSC and the Ontario Ministry of the Environment, Conservation and Parks (MECP) use [Ontario's Ambient Air Quality Criteria \(AAQC\)](#) for airborne releases of beryllium to assess risk to community members from airborne beryllium releases from the BWXT-NEC Peterborough facility. AAQC are used to assess general (ambient) air quality resulting from all sources of a contaminant to air. The AAQC for beryllium were developed based on the averaging of a 24-hour period of continuous air sampling. The criteria are derived with conservative assumptions of exposure where the limiting effect is health, and they consider both potential acute and chronic effects. The AAQC for beryllium is 0.01 micrograms per cubic metre of air ($\mu\text{g}/\text{m}^3$). Stack monitoring results from the BWXT-NEC facility in Peterborough, which are reviewed by CNSC staff, show that the beryllium emissions are low and below the MECP's AAQC of $0.01 \mu\text{g}/\text{m}^3$ prior to any dilution – with a maximum concentration ever measured at the stack of $0.009 \mu\text{g}/\text{m}^3$. The monitoring is done with a particulate filter system in the stack and filters are collected weekly and analyzed. This is reported to the CNSC [annually](#) [4]. However, should any result exceed the beryllium action level of $0.03 \mu\text{g}/\text{m}^3$ at the stack (prior to dilution), immediate reporting to the CNSC would be required under its regulatory framework, as this indicates a loss of control of part of a licensee's environmental protection program and triggers a requirement for specific action to be taken. BWXT-NEC Peterborough also has an internal control level equal to the MECP's AAQC value of $0.01 \mu\text{g}/\text{m}^3$, where any exceedance triggers an internal investigation and corrective actions.

1.4 Working with the community

Following the expedited soil sampling campaign mentioned in section 1.1 and webinars to disseminate campaign results, some community members were still concerned about beryllium emissions the BWXT-NEC facility and requested ambient air monitoring. It was suggested that CNSC staff work with Dr. Julian Aherne, an intervenor at the March 2020 Commission hearing, and an associate professor at Trent University with expertise in environmental monitoring. The CNSC worked with Dr. Aherne to develop a community-specific air monitoring plan to verify that the amount of beryllium in air was not leading to increasing beryllium levels in soil. Dr. Aherne suggested extending air sampling over at least 3 days (~72 hours) at locations surrounding the facility with considerations for wind direction. In addition, air particulate samples analyzed for beryllium were collected using a high-volume air sampler for longer sample collection times (8 hours) than in past IEMP campaigns. The goal of longer collection time for these samples was to verify the results obtained from shorter air sampling times done over the past 4 IEMP campaigns. Findings from the past few IEMP air sampling campaigns have consistently found that levels of beryllium in air around the facility were below the

detection limit, meaning that the amount found in the air was less than the amount that could be reliably measured with very sensitive analytical equipment ($0.007 \mu\text{g}$ beryllium). Findings were also used to verify if air quality around the BWXT-NEC facility is meeting the AAQC for airborne releases of beryllium ($0.01 \mu\text{g}/\text{m}^3$). CNSC staff prepared a sampling plan outlining the purpose and methods, and it was reviewed by Dr. Aherne and discussed with the BWXT Peterborough Community Liaison Committee and Peterborough Public Health.

2. Methods

2.1 Sampling sites

The CNSC conducted a walkabout with Dr. Aherne in April 2022 to discuss the project and identify possible sampling locations around the facility. The main criteria for sampling locations were the wind direction (to ensure a maximum yield of collected beryllium) and the availability of a power supply. A plug-in power supply was necessary to power the air sampler for a prolonged period of time without continuous supervision, while reducing the noise and pollution that would otherwise come from using a generator. The 3 locations chosen are shown in figure 1.

Figure 1. Map of sampling locations



2.2 Sampling methods

The air particulate samples were collected by running a Hi-Q high-volume HVP3300 BRL sampler with cellulose filters (8" x 10" ashless cellulose filter paper – Whatman Grade 41: 20–25 micrometres) continuously for up to 72 hours [5][6]. The filters were then packed in sealed polyethylene zipper bags and transported in “no fold” cardboard envelopes to the CNSC Laboratory. A field blank was also collected at each sampling



location by taking a new filter and packaging and transporting it in the same way as the sample filter.

2.3 Analysis methods

For each sampling location, 1 field sample, 1 field blank and 1 laboratory blank (new filter taken randomly from the box of filters) were aliquoted and digested in a 4:1 nitric acid:hydrogen peroxide mixture in a laboratory microwave. Upon completion of the digestion, which fully dissolved the filters and collected particulate matter, the resulting acid solutions were diluted by a factor of 20 times and were analyzed by inductively coupled plasma mass spectrometry. Quality control samples consisting of new filters that were spiked with beryllium, and digestion blanks consisting of only the acid mixture with no filter present were also analyzed. All filters (field samples and blanks) were analyzed for beryllium using modified OSHA methodology [7].

3 Results

3.1 Weather and wind direction during sampling

Wind activity and weather can impact the amount of beryllium collected on the filter. Prior to sampling, CNSC did a literature search to determine if there was any similar sampling conducted for beryllium in air. The results of the one study found on monitoring of beryllium in air (conducted by the Lawrence Livermore National Laboratory) showed seasonal variability of the concentration of beryllium in air. The maximum beryllium in air was measured in late summer/early fall, due to the lower precipitation and higher wind activity in that time period [6]. To maximize the potential for beryllium collection, the CNSC sampling was performed in July, August and September 2022.

Data on wind and weather during sampling events are shown in table 1.

Table 1. Weather and wind direction during sampling by location

| Sampling location | Date | Wind | Weather | Flow rate (litres per minute) ¹ |
|-------------------|------------|---|---|--|
| 1 | 2022-07-11 | Afternoon: SSW 16 km/h Evening: S 8 km/h | Sunny at drop-off (2:00 pm) 28°C Thunderstorm (7:30 pm) 24°C | 1,300 |
| 1 | 2022-07-12 | Morning: SW 7km/h Afternoon: W 20 km/h | Overcast with light rain 19°C Mostly cloudy 25°C | 1,200 |
| 1 | 2022-07-13 | Morning: NW 4 km/h | Overcast and rain 20°C | 1,200 |



| | | | | |
|---|------------|---|--|-------|
| | | Afternoon: W10 km/h | Sunny with clouds 25°C | |
| 1 | 2022-07-14 | Morning: NW 19 km/h Afternoon: NW 12 km/h | Sunny 20°C Sunny 25°C | 1,200 |
| 2 | 2022-08-30 | Afternoon: S 10 km/h Evening: S 14 km/h | Overcast with light rain 22°C Sunny 21°C | 1,200 |
| 2 | 2022-08-31 | Morning: SW 12 km/h Afternoon: W 25 km/h | Mostly cloudy 22°C Mostly cloudy 25°C | 1,200 |
| 2 | 2022-09-01 | Morning: WNW 17 km/h Afternoon: NW 21 km/h | Sunny 18°C Sunny 21°C | 1,200 |
| 2 | 2022-09-02 | Morning: S 7 km/h Afternoon: S 16 km/h | Sunny 24°C Sunny 26°C | 1,200 |
| 3 | 2022-09-20 | Afternoon: NNW 17 km/h Evening: NNW 2 km/h | Overcast 22°C Foggy 21°C | 1,200 |
| 3 | 2022-09-21 | Morning: S 7 km/h Afternoon: SSW 15 km/h | Sunny with fog 23°C Sunny 25°C ² | 1,200 |

¹ It is common for the flow rate to decrease as the filter collects material

² Sampling terminated early (September 21, 2022, 3:50 pm) due to noise complaints from nearby residents

3.2 Logistical challenges

Sampling had to be terminated early at the third location, as the noise from running the air sampler resulted in noise complaints from nearby residents. CNSC staff worked with BWXT and General Electric staff to try and mitigate the noise by parking a truck between the sampler and the fence to buffer the noise for residents living across the street



from the site. However, doing so only minimally impacted the noise levels. The decision was made to end this sample early, and the air sampler was turned off at 3:50 pm and disconnected from the General Electric building power supply. The sample medium was removed from the sampler at 5:30 pm and was bagged, labeled, sealed, secured, and removed from the location by CNSC staff. The total sample collection time was 25.8 hours. The other 2 locations were sampled over a period of approximately 72 hours.

3.3 Results

The results of the analyses of the 3 air samples collected in the vicinity of BWXT-NEC facility in Peterborough based on continuous air monitoring are summarized in table 2. Note that the measurement uncertainty, as noted in the table, is at the 95% confidence level (i.e., 2 standard deviations). This is to say that CNSC staff are confident that 95 out of 100 times the estimate will fall between the upper and lower values specified by the confidence interval.

The analytical method has very high sensitivity, as demonstrated by the low method limit of detection (LOD). The method LOD = 0.007 µg beryllium per air filter and is derived from the background signal of beryllium measured in the field blanks and laboratory filter blanks. This background signal is equivalent to an amount of beryllium present in a whole filter with 95% confidence, regardless of the volume of air drawn through the filter.

The limit of quantification (LOQ) is calculated by dividing the method LOD by the volume of air drawn through the filter. The LOQ is the smallest concentration of beryllium that can be reliably measured by CNSC staff's analytical methods. Note that the LOQ (in µg/m³) for the third sample is higher because of the smaller air volume drawn (air sample collection time was 25.8 hours).

Table 2. Results of air samples

| Sampling location | Dates of sample collection | Volume drawn, m ³ | Beryllium, µg/m ³ | Uncertainty, µg/m ³ | Method LOD ¹ , µg Beryllium | LOQ ² , µg Beryllium/m ³ |
|-------------------|--|------------------------------|------------------------------|--------------------------------|--|--|
| 1 | 11-Jul-22 1:43 pm to 14-Jul-22 1:28 pm | 5,306 | 0.0000056 | 0.0000019 | 0.007 | 0.0000013 |
| 2 | 29-Aug-22 3:36 pm to 01-Sep-22 2:25 pm | 5,310 | <0.0000013 | NA ³ | 0.007 | 0.0000013 |
| 3 | 20-Sep-22 2:00 pm to 21-Sep-22 5:15 pm | 1,935 | <0.0000036 | NA ³ | 0.007 | 0.0000036 |



¹LOD: limit of detection

²LOQ: limit of quantification

³NA: Uncertainty cannot be calculated as no measurable beryllium found on sample

Only the first location had an extremely small amount of measurable beryllium ($5.6 \times 10^{-6} \mu\text{g}/\text{m}^3$). The other 2 locations did not have beryllium above $\text{LOQ} = 1.3 \times 10^{-6} \mu\text{g}/\text{m}^3$, indicating no measurable beryllium was found on the sample.

The value of $5.6 \times 10^{-6} \mu\text{g}/\text{m}^3$ is in good agreement with the highest values, $\sim 20 \times 10^{-6} \mu\text{g}/\text{m}^3$, measured by the Lawrence Livermore National Laboratory beryllium monitoring program [6] in 2010, and believed to originate from naturally occurring beryllium. The Lawrence Livermore National Laboratory has a multi-year environmental monitoring program, which uses similar analytical methodology to the CNSC laboratory. As such, this results in data that is comparable to ours. The maximum measured concentration of beryllium in air is a very small fraction (only 0.056%) of the air quality limit in Ontario ($0.01 \mu\text{g}/\text{m}^3$). Any health impacts from beryllium are not expected at these levels.

Of note, in comparison with previous IEMP sampling campaigns, the sampling and analysis methodology was changed for this extended air-sampling text in order to increase the sensitivity of beryllium analysis. For example, one change was with the type of filters used; the literature has shown that the higher sensitivity of environmental detection of beryllium is achieved by using cellulose instead of fiberglass air filters [6]. Cellulose filters are known to have negligible background concentration of beryllium, thereby maximizing the potential of finding any beryllium when sampled. The sensitivity also depends on the duration of the sampling (i.e., the longer the sample collection time, the lower the quantification limit of beryllium). CNSC staff sampled for a period of up to about 72 hours and the filter was noticeably dirty. It is important to note that sampling longer may not be practical as the filter would likely become very dirty and clogged by dust particles. Clogged filters can significantly reduce sample flow rates and invalidate the sample.

4 Conclusions

The CNSC carried out extended ambient air monitoring for beryllium near the BWXT-NEC Peterborough facility to further verify that levels of beryllium in air are protective of human health and the environment around the facility. The following conclusions were drawn based on the extended air sampling campaign:

- A very small amount of beryllium was measured in 1 of the 3 samples. This measurable beryllium can be coming from a number of natural and human activities.
- Results confirm that levels of beryllium in air are negligible and well below air quality guidelines that are protective of human health and the environment.
- Extended air sampling results showed that even when sampling times are increased to 72 hours (compared to 8 hours during a regular IEMP sample), the amount of beryllium in air is extremely low and does not pose any risk to the health of the community or the environment at these concentrations.



- The newly developed extended air sampling method, while accurate and reliable, has several challenges like noise pollution, availability of power, clogged filters, and the need for supervision.

CNSC staff continue to conclude that there is no risk to the environment or to human health from beryllium in locations surrounding the BWXT-NEC Peterborough facility.

5 Recommendations

Based on the aforementioned conclusions, CNSC staff recommend the following:

- The existing IEMP air sampling conducted approximately once every 3 years, along with annual soil sampling by the licensee, is adequate to assess impact of beryllium emissions from BWXT-NEC's Peterborough facility.
- The newly developed extended air sampling method may be used as a reactive method in case of any elevated results from the current monitoring methods.
- CNSC staff should disseminate the results from this campaign in 2023.



References

- [1] Canadian Nuclear Safety Commission (CNSC), [Notice of Continuation of Public Hearing](#), April 6, 2020.
- [2] World Health Organization, [International Programme on Chemical Safety, Environmental Health Criteria 106](#). Geneva, 1990.
- [3] CNSC, BWXT Public Hearing Transcript, March 2–6, 2020.
- [4] BWXT Nuclear Energy Canada, [Annual Compliance Monitoring Report](#), 2021.
- [5] ASTM International, ASTM Standard D 4096-17, *Standard Test Method for Determination of Total Suspended Particulate Matter in the Atmosphere (High-Volume Sampler Method)*. West Conshohocken, PA, 2017. <https://www.astm.org/>
- [6] M. Sutton, R. K. Bibby, G. R. Eppich, S. Lee, R. E. Lindvall, K. Wilson and B. K. Esser, 2012. Evaluation of historical beryllium abundance in soils, airborne particulates and facilities at Lawrence Livermore National Laboratory. *Sci. Total Env.* 437: 373–83.
- [7] Occupational Safety and Health Administration, [Beryllium and compounds](#), 2021.



Acronyms and units

| | |
|----------------|---|
| AAQC | Ambient Air Quality Criteria |
| BWXT-NEC | BWXT Nuclear Energy Canada Inc. |
| CCME | Canadian Council of Ministers of the Environment |
| CNSC | Canadian Nuclear Safety Commission |
| IEMP | Independent Environmental Monitoring Program |
| kg | kilogram |
| m ³ | cubic metre |
| MECP | Ministry of the Environment, Conservation and Parks |
| mg | milligram |
| µg | microgram |

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Approval of Meeting Minutes |
| DATE: | January 10, 2024 |
| 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 December 13, 2023.

ATTACHMENTS

- a. [Board of Health Minutes, December 13 2023.](#)

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

In Attendance:

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

Regrets: **Dr. Ramesh Makhija**

Staff: **Ms. Hallie Atter, Acting Director, Health Promotion Division**
 Mr. Evan Brockest, Manager, Communications & I.T.
 Mrs. Julie Bromley, Manager, Environmental Health
 Ms. Donna Churipuy, Director, Health Protection Division
 Ms. Alida Gorizzan, Executive Assistant (Recorder)
 Dr. Thomas Piggott, Medical Officer of Health & CEO
 Mr. Larry Stinson, Director of Operations

1. Call to Order

1.1. Land Acknowledgement

Mr. Moloney, Acting Chair, called the meeting to order at 5:33 p.m.

1.2. Welcome – New Board of Health Member

Dr. Ramesh Makhija, Provincial Appointee, joined the meeting briefly via virtual connection to greet the Board.

2. Confirmation of the Agenda

MOTION:

That the agenda be approved.

Moved: Warden Clark

Seconded: Dr. Stelzer

Carried. (M-2023-084)

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

Moved: Councillor Haacke

Seconded: Mr. Johnston

Carried. (M-2023-085)

MOTION (9.2a,b,d,e,f,g,h,i,j,k)

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

- a. E-newsletter dated November 13, 2023 from the Association of Local Public Health Agencies (alPHA).
- b. Email dated November 23, 2023 from the County of Peterborough noting County Council support for the joint letter from PPH/Fourcast regarding inhalation services.
- d. Letter dated November 29, 2023 from the Board Chair to Ministers Bethlenfalvy and Jones regarding support for healthy public policy regarding alcohol marketplace and product sales.
- e. Letter dated November 29, 2023 from the Board Chair to Premier Ford regarding support for Bill 93, Joshua's Law (Lifejackets for Life), 2023.
- f. Letter dated December 4, 2023 from the Board Chair to Minister Jones regarding support for Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023.
- g. Letter dated December 4, 2023 from the Board Chair to Minister Jones regarding the inclusion of monitoring food affordability in the updated Ontario Public Health Standards.
- h. Letter dated December 4, 2023 from the Board Chair to Premier Ford, Ministers Jones & Parsa regarding income-based policy interventions to effectively reduce household food insecurity.

Letters from local public health agencies:

- i. Huron Perth – Investing in local health promotion
- j. KFL&A – Voluntary Mergers
- k. Sudbury & District - Public Health Strengthening and Chronic Disease Prevention

Moved: Councillor Haacke
Seconded: Mr. Johnston
Carried. (M-2023-085)

MOTION (9.4.1a,b,c):

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Governance Committee for June 7, 2023;
- b. approve policy 2-190 Sponsorship (no changes); and
- c. approve policy 2-92, Workplace Violence and Harassment (no changes).

Moved: Councillor Haacke
Seconded: Mr. Johnston
Carried. (M-2023-085)

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 November 8, 2023, as circulated.

Moved: Mr. Baker
Seconded: Councillor Lachica
Motion carried. (M-2023-086)

7. Business Arising From the Minutes

8. Staff Reports

8.1. Presentation: The Health Impacts of Climate Change: A Vulnerability Assessment

MOTION:

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

- Title: The Health Impacts of Climate Change: A Vulnerability Assessment
- Presenter: Julie Bromley, Manager, Environmental Health

Moved: Warden Clark
Seconded: Dr. Stelzer
Motion carried. (M-2023-087)

8.2. Presentation: Formula for Public Health Impact

MOTION:

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

- Title: Formula For Public Health Impact
 - Presenter: Hallie Atter, Acting Director, Health Promotion Division
- Moved: Deputy Mayor Black
 Seconded: Councillor Lachica
 Motion carried. (M-2023-088)

MOTION:

That the Board of Health for Peterborough Public Health send a letter to the Minister of Health:

- urging the Province to strongly invest in local health promotion delivered by Ontario public health units by maintaining the current breadth and scope of health promotion work outlined in the Ontario Public Health Standards (OPHS) and ensure that health promotion is prioritized in the review of the OPHS;
- requesting that the Ontario Chief Medical Officer of Health ensures proactive local engagement in the sector-driven review of the OPHS; and,
- send copies of this correspondence to the Ontario Chief Medical Officer of Health, local MPPs, Ontario Boards of Health and the Association of Local Public Health Agencies.

Moved: Deputy Mayor Black
 Seconded: Councillor Lachica
 Motion carried. (M-2023-088)

8.3. Staff Report: Impact of Strategic Plan Implementation through One-Time Funding Activities

MOTION:

That the Board of Health for Peterborough Public Health receive the staff report, *Impact of Strategic Plan Implementation through One-Time Funding Activities*, for information.

Moved: Mr. Johnston
 Seconded: Warden Clark
 Motion carried. (M-2023-089)

9. Consent Items

MOTION (9.2c):

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

- c. Letter dated November 27, 2023 from the Board Chair to Minister Jones regarding the Ontario Senior's Dental Care Program.

Moved: Mr. Baker
 Seconded: Mayor Graham
 Motion carried. (M-2023-090)

10. New Business

The board recessed for two minutes at 6:51 p.m.

11. In Camera to Discuss Confidential Matters

MOTION:

That the Board of Health for Peterborough Public Health go In Camera at 6:53p.m. to discuss two 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: Councillor Haacke

Seconded: Councillor Riel

Carried. (M-2023-091)

MOTION:

That the Board of Health rise from the In Camera session at 7:45 p.m.

Moved: Mr. Johnston

Seconded: Deputy Mayor Black

Carried. (M-2023-092)

12. Motions for Open Session

MOTION:

That the Board of Health provided direction to staff regarding one item related to (d), Labour relations or employee negotiations.

Moved: Warden Clark

Seconded: Dr. Stelzer

Carried. (M-2023-093)

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

Wednesday, January 10, 2024, 5:30 p.m.

Peterborough Public Health

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Councillor Riel

Seconded by: Mr. Johnston

Motion carried. (M-2023-094)

The meeting was adjourned at 7:46 p.m.

Medical Officer of Health & CEO

Board Chair

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

| | |
|---------------------|--|
| TITLE: | PPH Indoor Air Quality Working Group – Status Update |
| DATE: | January 10, 2024 |
| PREPARED BY: | Keith Beecroft, Health Promoter Julie Ingram, Manager, Environmental Health |
| APPROVED BY: | Donna Churipuy, Director, Health Protection Dr. Thomas Piggott, Medical Officer of Health & CEO |

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, *PPH Indoor Air Quality Working Group – Status update*, for information; and,
- direct staff to write to the provincial Minister of Health and Minister of Municipal Affairs and Housing and the federal Minister of Health, and Minister of Intergovernmental Affairs, Infrastructure and Communities for continued advocacy on the importance of ventilation improvements for health and in particular the control of infectious aerosols, including for example, the consideration of the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standard 241, “Control of Infectious Aerosols”, with copies to local MPPs, MPs, Curve Lake & Hiawatha First Nations, and Ontario Boards of Health.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

At its January 11, 2023 meeting, the Board of Health received the PPH Staff Report [*Improving Indoor Air Quality \(IAQ\) in Indoor Public Settings*](#) for information and directed staff to explore strategies to improve IAQ locally, and advocate for improvements to IAQ by way of encouraging enhancements to legislation, and provincial and federal funding streams to support IAQ initiatives.

BACKGROUND

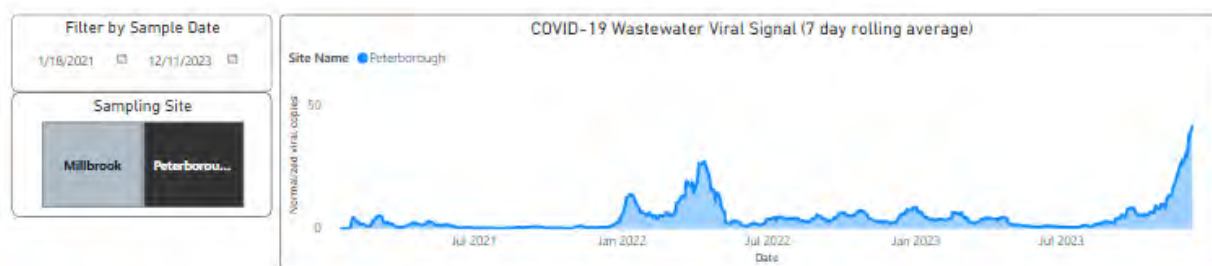
Recognizing that COVID-19 is an airborne virus, the Board of Health (BOH) for Peterborough Public Health (PPH) previously directed staff to develop a process to identify strategies that could mitigate the risk of transmission of COVID-19 and other respiratory diseases, at the local level. Concurrently, staff were directed to explore options for advocacy of provincial and federal level interventions that could support sustainable reductions in COVID-19 transmission.

In the time since the BOH meeting in January 2023, much has changed with regards to the COVID-19 pandemic response. Most notably, on May 5, 2023, the World Health Organization (WHO) declared an end to the international public health *emergency* brought on by the COVID-19 pandemic, which largely impacted political decisions (e.g., emergency orders, provincial mandates, funding resources, etc.). COVID-19 is no longer being managed in emergency mode, rather, alongside the management of other infectious diseases. However, the global public health threat of COVID-19 continues to be significant as the SARS-CoV2 virus continues to change, infect, and impact our community causing illness and death.¹

As recently as December 19, 2023, the WHO confirmed a new COVID-19 Variant of Interest (VOI), JN.1, which was previously tracked as part of its parent lineage BA.2.86 but has now been classified as a separate variant of interest due to its rapidly increasing global distribution.² We must continue to apply the lessons learned over the last three years, if we are to continue to protect our community. This includes continuing to improve indoor air quality in the spaces we occupy to reduce the transmission of the SARS-CoV2 virus and other airborne pathogens.

In the region served by PPH, there were 103 PCR confirmed COVID-19 deaths in 2022 and there have been 31 COVID-19 deaths year-to-date (as of December 20, 2023).³ Recently released data from Statistics Canada shows that nationally, in 2022, COVID-19 was the third leading cause of death in Canada; in 2020 and 2021 COVID-19 was the fourth leading cause of death.⁴

The wastewater viral signal is another indicator used to monitor COVID-19 activity in the community. The seven-day average signal for December 11, 2023 was at 42, which is the highest the signal has been since monitoring began in January 2021. The previous high was from the Spring of 2022, at 27.⁵



Additionally, Canada's Chief Science Advisor notes that the impact of COVID-19 and the subsequent impact of long COVID could create a 'mass disabling event' with impacts extending beyond health. "[Long COVID] affects the ability to work and perform daily tasks, creating considerable consequences for individuals and communities. Analysis of the socio-economic impact of [long COVID] from other countries, including the United Kingdom and the United States, indicates significant impacts on the labour market and the Gross Domestic Product (GDP), in addition to health costs and demands."⁶

Andrew Longhurst, a research associate with the British Columbia Office of the Canadian Centre for Policy Alternatives, notes that "if we want to sustain public health care in this country,

maintain timely access for everyone and protect population health, governments must develop smarter policy strategies to reduce the burden of COVID-19. Ignoring the ongoing impact of COVID-19 is not a strategy.”⁷

The health of our community and our economy depends upon a coordinated effort to improve the air we breathe.

Update on BOH Action Items

At the direction of the BOH, staff formed a multidisciplinary, internal working group to guide PPH’s work related to IAQ. The working group’s objectives are to support a variety of stakeholders in implementing strategies that will improve the IAQ in public settings, such that there is a decrease in transmission of COVID-19 and other airborne infectious diseases.

The importance of IAQ is not new in the realm of public health. IAQ is a requirement of the Healthy Environments program standard, under the Ontario Public Health Standards.⁸ Expanding the importance of IAQ as it relates to certain environmental contaminants and recognizing that IAQ improvements can protect people from infectious disease is a natural progression. Coupled with the severe climate events that we are experiencing more frequently (e.g. severe storms and wildfire smoke events) and the knowledge that our residents will continue to spend more time indoors, efforts related indoor air quality improvements can have a significant impact on community health and is a worthwhile endeavor.

In January 2023, when the first staff report on this topic was provided for the BOH, it was clear that IAQ improvements were necessary to help protect our residents. At that time there was less information available related to determining how to get clean air and what defined ‘good’ indoor air quality. In the absence of standards and literature, PPH engaged with experts in the IAQ and engineering fields to understand what strategies and options would be effective at a societal level to reduce the transmission of COVID-19 in indoor public spaces.

In June, PPH piloted an IAQ workshop at the Peterborough Public Library for residents who were keen to learn more about how they could protect themselves at home, and in November, the same workshop was delivered to the Kawartha Men’s Social Club at the Lion’s Centre. Evaluations of the events show both knowledge transfer to the participants, and indications that participants were going to employ improved IAQ strategies at home.

PPH has partnered with [Rural libraries and the Hiawatha L.I.F.E Centre](#) to provide carbon dioxide (CO₂) monitors as part of their Library of Things lending programs, similar to the [CO₂ monitor lending program](#) which City of Peterborough residents currently have access to. Based on the success of the previous pilot workshops, plans are underway to deliver additional IAQ workshops to county and Hiawatha First Nation residents as part of our partnership with rural libraries.

Advocacy

Even when provincial protections were in place, most layers of protection against COVID-19 relied on an individual's behavior and personal choices (e.g., masking, vaccinations, physical distance, hand hygiene, etc.). A multi-sectoral approach where we live, learn, work, and play is needed at a *systems level* to fully address the prevention of COVID-19. A summary of the actions related to IAQ advocacy at the systems level is provided in the table below.

| BOH Advocacy Action | Output | Outcome |
|---|---|--|
| Write to municipal and First Nations governments in our region to consider policy levers to improve indoor air quality and encourage the assessment and improvement of indoor air quality in their own public facilities. | Medical Officer of Health Urges Local Governments to Explore Improvements to Heating Ventilation and Air Conditioning (HVAC) Systems to Improve Indoor Air Quality | Brenden Wedley, Manager of Communications for the City of Peterborough, noted in a Global News interview about this topic that the City of Peterborough has reviewed its facility operations and is keen to continue working with PPH staff. |
| Write a letter to the provincial Minister of Health and Minister of Municipal Affairs and Housing to advocate for changes to the Ontario Building Code that would outline the importance of improved IAQ for health reasons as it relates to the Ontario Building Code. | Medical Officer of Health Urges Province to Explore Improvements to Ontario Building Code to Improve Indoor Air Quality | No response received. |
| Write to provincial Minister of Health and Minister of Municipal Affairs and Housing and federal Minister of Health, and Minister of Intergovernmental Affairs, Infrastructure and Communities to advocate for funding streams to be created at all levels of government that would help small businesses and other organizations upgrade their HVAC systems, and/or otherwise improve their indoor air quality by using best practices and implementing technological advancements so that clean air becomes the norm in these spaces. | Peterborough Public Health Urges Government of Canada to Explore Improvements to Funding Streams to Supporting Small Businesses and Other Organizations to Improve Indoor Air Quality Medical Officer of Health Urges Ministry of Labour, Immigration, Training and Skills Development to Explore Improvements to Occupational Health and Safety Act to Improve Indoor Air Quality | Response received from the Federal government saying that they are aware of the importance of improved IAQ and listed the resources that have been created so far or are in development to support improving IAQ. |
| Write to local school boards and private schools advocating for improvements to be made to IAQ | Peterborough Public Health Urges Local Schools and School Boards to Explore Improvements to Improve Indoor Air Quality | Received confirmation that both school boards have undertaken substantial renovations and maintenance upgrades to improve IAQ in their buildings. A representative from PVNCCDSB noted that “all classroom spaces in the board are now serviced by mechanical ventilation. MERV 13 is now our standard filter. We also have deployed more than 500 stand-alone HEPA filters to school and Board facilities as added air quality precautions.” |

| BOH Advocacy Action | Output | Outcome |
|---------------------|--------|---|
| | | PPH staff met virtually with the Manager for Construction and Engineering Services at KPRDSB and were directed to this comprehensive list of upgrades KPRDSB has made to their schools. |

With the direction from the Board of Health to liaise with other sectors who have expertise in IAQ, coupled with the advocacy by PPH, our efforts and call for improved indoor air quality in public settings made headlines locally, provincially, and nationally.

Peterborough Public Health calls on all levels of government to improve indoor air quality in public spaces

Posted March 10 2023 04:17pm

GOVERNMENT

Board of health calls for Ontario to upgrade to building code ventilation standards

The Canadian Press March 20, 2023

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Board of health calls for Ontario to upgrade to building code ventilation standards

PETERBOROUGH, ONT. — An Ontario board of health is asking the province to amend the building code to mandate higher standards for ventilation, in light of the spread of COVID-19.

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'Indoor pandemic': An engineer on how to clean the air you breathe

TVO.org speaks with Joey Fox about airborne illness, ventilation, and why he says engineers need to take the lead.

Written by Justin Chandler Dec 7, 2022

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Home / News / Articles / 2023 / March / Board of health calls for Ontario to upgrade to building code ventilation standards

Board of health calls for Ontario to upgrade to building code ventilation standards

Posted on March 17, 2023

Allison Jones, The Canadian Press

An Ontario board of health is asking the province to amend the building code to mandate higher standards for ventilation, in light of the spread of COVID-19.

The chair of the board of health in Peterborough, Ont., wrote this month to Health Minister Sylvia Jones and Municipal Affairs and Housing Minister Steve Clark to urge the province to apply one of the lessons learned from the pandemic.

"We've learned a great deal about COVID-19 since the pandemic began, most notably, is that COVID-19 is an airborne virus, and does not spread as easily as we once thought by touching contaminated surfaces," Kathryn Wilson wrote.

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Intersect Today

Board of health calls for Ontario to upgrade to building code ventilation standards

ALLISON JONES
THE CANADIAN PRESS
PUBLISHED MARCH 16, 2023

LOCAL NEWS

Peterborough health unit report calls for changes to Ontario Building Code to improve indoor air quality

A series of interventions and multiple layers of protection needed to help reduce transmission

PETERBOROUGH This Week

By Bill Hodgins Reporter
Tue., Jan. 10, 2023 2 min. read

f t e in

RATIONALE

PPH's advocacy appears to have been well timed, coinciding with other national and international efforts to improve IAQ.

On March 27, 2023 [Bill 86](#), the *Advisory Committee to Protect Ontario's People and Economy from Airborne Pandemics Act, 2023* was introduced and passed first reading. On June 9, 2023, IAQ legislation ([Motion 36](#)) was unanimously passed in New Brunswick that seeks to strengthen and modernize IAQ regulations. [Bill 140](#), *Improving Air Quality for Our Children Act* was recently introduced in Ontario and passed first reading on October 19, 2023.

Improved IAQ laws and regulations are gaining traction globally, as well. Belgium, for example, passed legislation requiring improved IAQ in indoor public spaces in concert with publicly displayed CO₂ monitoring.⁹ New York City is also considering regulations for schools and municipally owned facilities that would align with the updated CDC guidance.¹⁰

In May of 2023, the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) released Standard 241: [Control of Infectious Aerosols](#), which deals specifically with improving IAQ to reduce infection from airborne pathogens. The Ontario Society of Professional Engineers (OSPE) notes that "ASHRAE Standard 241 provides comprehensive guidelines and recommendations for controlling infectious aerosols within buildings. By addressing ventilation, filtration, air distribution, and the use of appropriate technologies, this standard offers a holistic approach to mitigating the spread of airborne pathogens. Incorporating ASHRAE Standard 241 into the Canadian National Building Code will significantly improve indoor air quality and ensure that building designs and systems are optimized to minimize airborne disease transmission."¹¹

Additionally, the Centre for Disease Control (CDC) released updated [Ventilation in Buildings](#) guidance, setting indoor air quality ventilation targets that if implemented, would support a decrease in airborne transmission of viruses. The new ASHRAE standard and the new CDC guidance documents specifically outline the information that was lacking at the outset of this work a year ago, regarding what defines 'good' air quality and how to obtain it.

Advancing cleaner air policies and implementing ASHRAE Standard 241 comes with a significant boost to both public health and economic outcomes. Using a cost benefit analysis, ASHRAE notes: "The annual cost of all spaces operating according to Standard 241's Infection Risk Management Mode (IRMM) for 16 weeks of the year, during the time of peak respiratory virus transmission in the winter, would be at most \$4 billion. The total monetized COVID-reduction benefit of 16 weeks of IRMM per year is about \$40 billion, about 10 times the total cost. Monetized values of other benefits, such as increased productivity and reduction in other virus infections, would likely be another \$20 billion to \$40 billion."¹² The return on investment is *at least* 10:1.

Advancing cleaner air policies and implementing ASHRAE Standard 241 doesn't have to be expensive either and can be part of a hybrid strategy that combines existing HVAC systems and

upgrading to MERV 13 filters. “Using high efficiency particulate filtration provides additional clean air with only a small increase in energy cost; thus, it is the first infection mitigation action that should be taken in the cases considered.”¹³

The bottom line is that scientists, academics, engineers, doctors, and public health practitioners all agree that cleaner air in indoor public spaces is needed if we are to truly get ahead of this pandemic and mitigate the onset of future public health emergencies related to airborne pathogens.^{14,15,16} The work that PPH is currently completing regarding IAQ aligns with the Chief Medical Officer of Health’s 2022 Annual Report, *Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics*; particularly with respect to the priorities around community readiness and public health’s role in working with partners and governments to implement interventions that will reduce health inequities.¹⁷ Ensuring that public settings have good indoor air quality can lead to improvements in health equity, but this is only a start and eventually, similar improvements need to be expanded to all indoor settings, including private residences whether owned or rented, to be prepared for and mitigate the risk of future outbreaks and pandemics. This is the advocacy that PPH can continue at a local, provincial, and national level.

ASHRAE Standard 241 specifically addresses improved IAQ as it relates to respiratory viruses, a component missing from provincial and federal building codes and regulations. The Standard lays out practical solutions that owners, operators and managers of shared spaces can take to protect those occupying their spaces from airborne pathogens. ASHRAE Standard 241 should be adopted into Federal and Provincial building codes and highly considered for inclusion in local property standards by-laws.

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**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Correspondence for Direction – Intimate Partner Violence, NBPSDHU |
| DATE: | January 10, 2024 |
| PREPARED BY: | Hallie Atter, Director, Health Promotion Division |
| APPROVED BY: | Dr. Thomas Piggott, Medical Officer of Health & CEO |

PROPOSED RECOMMENDATIONS

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

- receive the letter dated December 13, 2023 from North Bay Parry Sound District Health Unit (NBPSDHU) regarding Intimate Partner Violence and Public Health Action;
- request the Province of Ontario to support NBPSDHU’s request to invest in surveillance and data -informed strategies that will help monitor trends and reduce intimate partner violence, reduce adverse childhood experiences, and increase resilience and protectives to decrease the likelihood of future risk, such as becoming a victim or a perpetrator of violence; and
- provide copies local MPPs, Ontario Boards of Health and the Association of Local Public Health Agencies.

BACKGROUND

Intimate Partner Violence (IPV) includes physical, sexual and/or emotional harm toward a current or former intimate partner. Exposure to IPV is associated with negative impacts to social functioning, mental health and physical health. It is well established through research, that children exposed to violence, either directly or through witnessing interparental violence are at risk of intimate partner violence in adolescence and adulthood. IPV is recognized as an adverse childhood experience (ACE), and ACEs are associated with the increased risk of serious physical, mental and neurobiological problems. Research indicates that IPV starts early in the lifespan, thus indicating the need for early prevention efforts and interventions targeting adolescents and young adults.

Interventions that are effective in preventing violence or effective in changing risk and increasing protective factors are required. Peterborough Public Health currently is a member of the Peterborough Domestic Abuse Network, which is committed to ending IPV. We also contribute to prevention and protection of families through the delivery of the Healthy Babies Healthy Children program and the Nurse Family Partnership program. Through the Strategic Plan, PPH has prioritized activities that reduce the risk of ACEs, including IPV, by mobilizing community partners to address ACEs as a community.

In 2016, PPH provided a letter of support for provincial legislations that would allow workplace leave for those experiencing domestic and sexual violence, including for those workers involved with temporary agencies and other forms of precarious employment.

Recently, both the City of Peterborough and the County of Peterborough have declared Intimate Partner Violence an epidemic and moved to integrate the recommendations of the Renfrew County Coroner's Inquest into Peterborough's Community Safety and Wellbeing Plan.

ATTACHMENTS

a. [NBPSDHU Letter](#)

December 13, 2023

SENT ELECTRONICALLY

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Room 281
Queens Park
Toronto, ON M7A 1A1

The Honourable Sylvia Jones
Minister of Health / Deputy Premier
777 Bay Street, College Park, 5th Floor
Toronto, ON M7A 2J3

Michael Parsa
Minister of Children, Community and Social Services
438 University Avenue, 7th Floor
Toronto, ON M7A 1N3

Dear Premier Ford, Minister Jones, and Minister Parsa:

RE: Intimate Partner Violence and Public Health Action

On behalf of the Board of Health for North Bay Parry Sound District Health Unit (Health Unit), please accept this correspondence highlighting the need to advance local and provincial action on monitoring, preventing, and reducing Intimate Partner Violence, and adverse events experienced by children with violence or abuse in the family unit. As a local public health unit, we are engaged in this work as per the following Ontario Public Health Standards: Healthy Growth and Development (including Health Babies Healthy Children Program); Substance Use and Injury Prevention; and Foundational (such as Population Health Assessment and Health Equity). At its meeting on November 22, 2023, the Board of Health carried the following resolution #BOH/2023/11/04:

WHEREAS, the Ontario Public Health Standards identifies violence as a topic for consideration within the Substance Use and Injury Prevention Standard and requires public health units to use a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries in the health population;

WHEREAS, the Ontario Public Health Standards require public health units to monitor and assess trends related to injuries;

WHEREAS, public health units and their programs, such as Healthy Babies Healthy Children and Sexual Health, respond to disclosure of Intimate Partner Violence or support disclosing of Intimate Partner Violence within individual client care using best practices;

WHEREAS, it is well documented that Intimate Partner Violence is a serious preventable problem that significantly impacts victims and their children with effects across the lifespan and has considerable societal costs associated with medical and mental health services, lost productivity, and criminal justice and child welfare costs;

WHEREAS, responding to and preventing Intimate Partner Violence requires urgent and sustained evidence-based interventions by multisectoral agencies at a local and provincial level that are effective in preventing violence, and effective in changing risk and increasing protective factors, especially in adolescents and young adults;

WHEREAS, Intimate Partner Violence is generally underreported. Locally reported police, victim, and healthcare service data likely does not represent the full extent of Intimate Partner Violence, nor the risk and nature of the abuse and how it varies across specific population groups (e.g., 2sLGBTQ+, Indigenous) and age groups. Local level survey data is not available on Intimate Partner Violence, as collected through the Statistics Canada General Social Survey on Canadian's Safety (Victimization), or Adverse Childhood Experiences (ACEs);

THEREFORE BE IT RESOLVED, That the Board of Health for the North Bay Parry Sound District Health Unit is committed to being a member on the Violence against Women Coordinating Committee (VAWCC) of Nipissing and VAWCC of Parry Sound, and support the efforts of staff to research and consult with local, regional, and provincial experts and community partners to enhance surveillance methodologies, knowledge of effective prevention strategies, promotion of local services, and capacity for collective action and evaluation; and,

THEREFORE BE IT RESOLVED, That the Board of Health call on the Province of Ontario to invest in surveillance and analytical methodologies at a provincial and local public health unit level to gain a better understanding of the prevalence of Intimate Partner Violence and Adverse Childhood Experiences and to permit monitoring of trends, and data-informed action; and,

THEREFORE BE IT RESOLVED, That the Board of Health call on the Province of Ontario to develop a Provincial Intimate Partner Violence strategy to support the identification, implementation, evaluation, and monitoring of effective violence prevention strategies; and

THEREFORE BE IT RESOLVED, That the Board of Health call on the Province of Ontario and the Ministry of Children, Community and Social Services (MCCSS) to increase the funding allocated to the Healthy Babies Healthy Children Home Visiting program that is operated out of local public health units. The program directly services individual parents who need more support. Within this work, staff respond to disclosure of Intimate Partner Violence or support disclosing of Intimate Partner Violence. The annual budget for the Healthy Babies Healthy Children program has not increased in over 10 years.

Intimate Partner Violence which can include physical, sexual, and/or emotional harm toward a current or former intimate partner, is a serious preventable problem that significantly impacts victims and their children with effects across the lifespan.

On an individual level, exposure to Intimate Partner Violence has been associated with negative impacts to social functioning, mental health, and physical health. In addition, it has been well established through research, that children exposed to violence in the family either directly, or through witnessing interparental violence are at increased risk of intimate partner violence experiences in adolescence and adulthood. Domestic abuse is recognized as an Adverse Childhood Experience. Adverse childhood experiences, otherwise known as ACEs is a term used to describe negative, stressful, traumatizing events that occur before the age of 18 years. They are associated with risk of serious physical, mental health, and neurobiological problems, and more exposure to adverse events predicts greater risk in later years. There is a need to invest in interventions that are effective in preventing violence, or effective in changing risk and increasing protective factors. Research indicates that Intimate Partner Violence starts early in the lifespan, in adolescents and young adults, highlighting the need for early prevention efforts, and interventions targeting this population.

The Board of Health respectfully urges the Provincial Government to invest in surveillance and data-informed strategies at a provincial and local level that will help to monitor trends, prevent and reduce intimate partner violence; reduce adverse childhood experiences; and, increase resilience and protective factors to decrease the likelihood of future risk, such as becoming a victim, or perpetrator of violence.

Sincerely,



Rick Champagne
Chairperson, Board of Health



Carol Zimbalatti, M.D., CCFP, MPH
Medical Officer of Health/Executive Officer

Copy to:

Vic Fedeli, MPP, Nipissing
Graydon Smith, MPP, Parry Sound-Muskoka
John Vanthof, MPP, Timiskaming-Cochrane
Ontario Boards of Health
Health Unit Member Municipalities
The Honourable Michael Kerzner (Solicitor General of Ontario)
Josée Bégin (Assistant Chief Statistician, Statistics Canada)
Chairs of the VAWCC of Nipissing and VAWCC of Parry Sound

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**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Correspondence for Information |
| DATE: | January 10, 2024 |
| 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. E-newsletter dated December, 2023 from the Association of Local Public Health Agencies (aLPHa).
- b. Letter dated January 5, 2024 from the Board Chair to Premier Ford, Ministers Jones & Tibollo regarding strengthening public health.

From: allhealthunits
Sent: Monday, December 18, 2023 3:16 PM
To: AllHealthUnits
Subject: [allhealthunits] December 2023 InfoBreak

PLEASE ROUTE TO:
All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

December 18, 2023

December 2023 InfoBreak

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

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

During this holiday season I wish to acknowledge the challenges of the 2023 year, and hope for all in local public health a time of enjoyment and restoration with loved ones.

As always, the past month has been eventful for local public health and for alPHA. Commendations to the alPHA staff, Board and membership for the success of our Winter Symposium, its workshops (*How to Use a Human-Rights Based Framework in the Workplace*, and on *Risk Communication in a Changing World*), and the Boards of Health Section and COMO H Section meetings. We very much appreciate the feedback provided by the attendants which was very positive overall but also instructive regarding improvements and ideas for future events. The Symposium included greetings from dignitaries including the Premier and the Minister of Health, as well as highly informative presentations on Strengthening Public Health, the experience of a health unit merger, the development of alPHA's Strategic Plan and its bylaw (to be in compliance with Ontario's Not-for-Profit Corporations Act), and the development of Public Health Ontario's Strategic Plan. I do thank the presenters including our Chief Medical Officer of Health Dr. Kieran Moore, and the President and CEO for Public Health Ontario Michael Sherar for helping to make our symposium a

success. [Presentations](#) from these are posted on the alPHA website as we obtain them. I also cite the AMO/alPHA session on December 13 for Board of Health members on mergers as a valuable opportunity for learning.

I am happy to report that alPHA's 2024-2028 Strategic Plan was approved by our Board on December 12. Additional information will be available in the new year and I will be providing an update on its application at the alPHA Winter Symposium that is taking place on Friday, February 16, 2024. Thank you to the membership for your participation in its creation, including at the November 24 alPHA Symposium. I also wish to acknowledge the alPHA Board and staff, as well as Maria Sánchez-Keane, Principal, [Centre for Organizational Effectiveness](#), as consultant in its creation. The alPHA Board is fully committed to its successful implementation in the years to come.

The alPHA Board and Executive Committee are well aware of the importance of full engagement and dialogue between the province and local Boards of Health as we progress with the contents of the Strengthening Public Health initiative. This very much includes local developments regarding potential mergers. To this end, alPHA has [written](#) to the Chief Medical Officer of Health on the importance of such engagement.

alPHA will also be making a submission on behalf of the association to the province for its Pre-Budget Consultations. In this the alPHA Executive Committee will be drawing upon past submissions, the events that have occurred over the past year regarding provincial funding for local public health, and the input that we receive from the field. As communicated recently by our Executive Director, Loretta Ryan, the alPHA Executive Committee will be happy to receive such input to loretta@alphaweb.org by December 31, 2023 and will make our submission **early enough for the consideration of local public health leaders before the province's** deadline of January 31, 2024. Thank you to the many who are helping to guide our key messages as we move forward with provincial engagement on the resourcing of local public health.

I very much look forward to other upcoming alPHA events, the February 14-16, 2024 Symposium, workshops, and Section Meetings (taking place virtually, and including a workshop on Climate Change) and the in-person conference and AGM June 5-7, 2024 in Toronto, with details coming soon on the February event. We very much appreciate the support of the Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their technical support that has enabled the success of our virtual events, and the excellence of the alPHA staff and the participating members of alPHA. We have had record numbers of attendants at these events and we strive to continue this success.

2023 has been a year of transition with the end of the WHO declaration of COVID-19 being a public health emergency in May. Despite this COVID has continued to cause a substantial number of institutional outbreaks, serious illness and deaths, drawing upon the resources of local public health and the health care system overall and requiring respiratory viral surge planning. Through the year much has been done to restore the full local public health mandate, despite the challenge of limited resources. Addressing other longer-term health threats (such as tobacco, vaping and nicotine control, as featured in a [letter](#) to the federal Minister of Health; and [alcohol](#), **as noted in alPHA's letter to the** Chief Medical Officer of Health) has long been core to the mandate of local public health. Our local public health leaders and the overall workforce in public health have been heroic in this, and I am continuously inspired by their work. We will face many challenges in the future and I am confident we will manage these as they come. Thank you to one and all.

Dr. Charles Gardner
alPHA President

A holiday message from alPHA staff

We would like to extend our warmest wishes to each and every one of you. Here's to a safe and fun holiday season, filled with warmth, happiness, and good health!

alPHA's office will close at the end of day on Friday, December 22nd. The office reopens on Tuesday, January 2nd.

Please note our mailing address has changed to:
PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7

2024 Budget Consultations

Further to alPHA's e-mail to the membership on November 29, 2023, the Government of Ontario is seeking public input on the 2024 Budget via an online survey, an invitation for written submissions, and public hearings.

How to participate:

You can share your ideas in the following ways:

- **Survey:** The government's online survey will close on January 31, 2024.
[Take the survey.](#)

- Written Submissions: **alPHa will be providing a written submission and invites input from its members.** To contribute, please send an e-mail to loretta@alphaweb.org by December 31, 2023. We also encourage our members to provide submissions of their own to ensure local **perspectives are considered. The government's submissions portal is open** until January 31, 2024. [Submissions to the government.](#)
- Mail your submission to:
The Honourable Peter Bethlenfalvy
Minister of Finance
c/o Budget Secretariat
Frost Building North, 3rd Floor
95 Grosvenor Street
Toronto, Ontario M7A 1Z1
- Attend an in-person consultation in your area: email MOFconsultations@ontario.ca for more information.
- Additional information from the government can be found here: [Further Information on 2024 Budget Consultations.](#)

To assist you as you write your letters to the provincial government regarding the 2024 Budget Consultations, alPHa has compiled a list of resources. Included in the list are submissions such as: the alPHa Summary on the 2023 Fall Economic Statement; the September 22, 2023 alPHa letter to the Chief Medical Officer of Health, Dr. Kieran Moore, regarding the Public Health Funding and Capacity Announcement; the August 22, 2023 alPHa letter to the Minister of Health, Hon. Sylvia Jones, regarding the Public Health Funding and Capacity Announcement. You can view the list [here](#).

Strengthening Public Health Webinar: Focus on Voluntary Mergers of Local Public Health Agencies

Thank you to all of the alPHa members who participated in the *Strengthening Public Health Webinar: Focus on Voluntary Mergers of Local Public Health Agencies* on December 13. It was hosted by AMO, in partnership with alPHa, and facilitated two-way dialogue with the Ministry of Health about the government's Strengthening Public Health strategy. The webinar also provided an update on progress and discussion of common questions raised by municipal partners to date.

alPHa would like to thank AMO for the opportunity to work together on this webinar and looks forward to continued dialogue and engagement with the Office of the Chief Medical Officer of Health.

alPHa 2023 Fall Symposium Resources

Thank you to the more than 150 alPHa members who attended this year's Fall Symposium. We had a record number of you engaged in discussions and dialogue on key public health issues! Special thanks to Dr. Charles Gardner, President, for chairing the Fall Symposium and thank you to Carmen McGregor and Dr. Hsiu-Li Wang for chairing their respective Section meetings.

We would also like to thank Obadiah George from the Dalla Lana School of Public Health and Andy Morrisson from the Eastern Ontario Health Unit for their generous event and technical support.

Lastly, and importantly, we would like to note and thank the alPHa staff for all of their work to make the Symposium, workshops, Section meetings, and Board meeting a success.

Presentations from this year's Fall Symposium are now available. Please note, you will need to log in to the members' side of the website to view the presentations.

Workshops:

1. [Human Rights-Based Approach Framework](#)
2. [Risk Communication in A Changing World](#)

Fall Symposium:

1. [alPHa Fall Symposium main slide deck](#)
2. [Reflections from Southwestern Public Health's Merger](#)
3. [Not-For-Profit Corporations Act, 2010 \(ONCA\) Update](#)
4. [Public Health Ontario Update](#)

BOH Section Meeting:

1. [alPHa Legal Counsel Update for Boards of Health](#)
2. [Ontario Health Teams Update](#)
3. [Public Health and the Political Landscape](#)
4. [Association of Municipalities of Ontario \(AMO\) Update](#)

You can also view a compilation of the presentations [here](#).

The winner of the post-event survey gift card is Tammy DeGiovanni of Ottawa Public Health. Congratulations!

Hold the dates for the 2024 Winter Symposium!

The 2024 Winter Symposium is fast approaching! Don't forget to hold the dates on February 14-16, 2024 for this online event. We already have an exciting and jam-packed line up in the works, and you won't want to miss out. More information will be available early in the new year. In the meantime, you can view the event flyer [here](#).

EAs/AAs: Save the date for the 2024 EA/AA Workshop!

On the afternoon of Friday, February 14, 2024, alPHa will be holding a workshop for Executive Assistants/Administrative Assistants for the 34 member public health units. Please stay tuned for further information.

Companion resource to the 2023 Chief Public Health Officer's report

On November 30, the Chief Science Officer, for the Public Health Agency of Canada, Dr. Sarah Viehbeck, released [*Generating Knowledge for a Health Promotion Approach to Emergencies*](#), which is a companion to the Chief Public Health Officer's [*Report on the State of Public Health in Canada 2023: Creating the Conditions for Resilient Communities: A Public Health Approach to Emergencies*](#).

The document identifies knowledge gaps and research needs to bridge the science-to-policy divide, catalyze collaborative scientific activity, and provides the evidence base to support the application of a health promotion approach to emergencies in Canada.

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

The latest infographic, *Public Health Matters: A Business Case for Local Public Health*, now has accompanying videos available in [English](#) and [French](#). The latest infographic and videos present a business case for public health and covers topics such as reduced hospitalizations, safe communities, and healthy children. To read the French infographic, click [here](#). The English infographic is available [here](#).

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

ONCA update

Thank you to everyone who participated in the Boards of Health Section meeting. At the meeting, there was a question regarding the applicability of Ontario's [Not-for-Profit Corporations Act, 2010 \(ONCA\)](#) for Boards of Health and some confusion as a result of the response. James LeNoury, alPHA's legal counsel, apologizes for any misunderstanding and as per his letter posted in [alPHA's Boards of Health Resource Webpage](#), dated May 11, 2023, ONCA does not apply to Boards of Health.

Population and Health Indicators Interactive Dashboard

KFL&A would like to share with members the population dashboard they created to facilitate exploratory discussions regarding voluntary mergers between Boards of Health. To view the dashboard, click [here](#).

Affiliates update

Ontario Association of Public Health Dentistry

The Ontario Dental Association (ODA), Ontario **Dental Hygienists' Association** (ODHA), and Ontario Association of Public Health Dentistry (OAPHD) have written a paper titled [Considerations for Aligning Federal and Provincial Dental Programs to Improve Oral Health](#). The document offers considerations for the Ontario Ministry of Health and provincial oral health stakeholders for aligning federal and provincial dental programs. In addition, it provides context and outlines recommendations across eight key areas.

Association of Public Health Epidemiologists of Ontario

Emma Tucker is the 2023 recipient of the [Terry Delmore Award of Excellence](#), which is presented in recognition of outstanding contributions in the advancement and/or promotion of the discipline and professional practice of public health epidemiology in Ontario.

The Award selection committee recognized Emma's dedication to mentorship; her roles with alPHA and APHEO; and her commitments to advocacy and policy, especially in her recent work advocating for APHEO to be included at provincial decision-making tables that impact the work that public health epidemiologists are doing. Emma's nominations for the award also highlighted that her engagement and advocacy have

raised the profile of APHEO at other provincial organizations, which helps the organization as a whole better succeed in furthering the professional practice of public health epidemiology in Ontario.

Congratulations, Emma!

AMO Health Transformation Task Force

AMO's Health Transformation Task Force (the Terms of Reference can be found [here](#)) met on Friday, November 17. At the meeting, Strengthening Public Health and voluntary mergers were discussed, along with presentations on Health Human Resource issues, by several associations, including one by alPha's Executive Director, Loretta Ryan.

BrokerLink Insurance

In partnership with alPha, [BrokerLink](#) is proud to offer exclusive discounts on **personal home and auto insurance to members. The holiday season has arrived. It's** time to ensure that you have everything covered in the event something unexpected happens. Read our tips on how to celebrate the holiday season safely [here](#).

TOPHC 2024

[Registration for TOPHC 2024 has launched!](#) Here's what you can expect:

- In-person workshops: March 26, 2024 - (at Beanfield Centre, Toronto); Interactive workshops, with opportunities for in-person networking. The cost to attend in-person workshops is \$125.
- Virtual session: April 3, 2024 - An exciting program with a variety of interactive presentations that will inspire ideas and spark conversations with colleagues. The cost to attend the virtual convention is \$250, which includes access to the 2024 Virtual Library for six months following the event. Discounts for multiple registrations are available.

There are six confirmed workshops on a variety of topics, including: advancing health equity, avoiding burnout, wildfire season, chronic disease prevention, enteric outbreaks, and rapid review basics. Here is the [program-at-a-glance](#).

For more info, visit the TOPHC website: tophc.ca

Boards of Health: Shared Resources

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

- [Orientation Manual for Boards of Health](#) (Revised Feb. 2023)
- [Review of Board of Health Liability, 2018](#), (PowerPoint presentation, Feb. 24, 2023)
- [Legal Matters: Updates for Boards of Health](#) (Video, June 8, 2021)
- [Obligations of a Board of Health under the Municipal Act, 2001](#) (Revised 2021)
- [Governance Toolkit](#) (Revised 2022)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#) (for Provincial Appointees to BOH)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System](#) (2021)
- [The Municipal Role of Public Health\(2022 U of T Report\)](#)
- [Boards of Health and Ontario Not-for-Profit Corporations Act](#)

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.

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. A complete online library of submissions is available [here](#). These documents are publicly available and can be shared widely.

- [alPHA Letter - Provincial Alcohol Strategy](#)
 - [alPHA Letter - BOH Leadership & Mergers](#)
 - [alPHA Letter - Nicotine Product Regulation](#)
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Public Health Ontario

IPAC

- [Interim Infection Prevention and Control Measures Based on Respiratory Virus Transmission Risk in Health Care Settings](#)
- [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)

Antimicrobial Stewardship

- [Opportunities in Public Health to Improve Antibiotic Use in Ontario](#)
- [Public Health can Help Reduce Antibiotic Prescribing Variability and Support Antimicrobial Stewardship](#)

Diabetes

- [Participant Facilitators and Barriers to Diabetes Prevention and Treatment Programs and Self- Management Strategies](#)
- [Implementation Factors for Virtual Delivery of Type 2 Diabetes Prevention](#)

Additional Resources – New

- [Effectiveness of Engineering Interventions on Road Safety](#)
- [Universal Prenatal Syphilis Screening and Congenital Syphilis](#)
- [Dental Burs – Cleaning and Sterilization](#)
- [Legionellosis in Ontario](#)
- [Environmental and Occupational Health Considerations for Supervised Smoking Facilities](#)

Upcoming DLSPH Events and Webinars

- [Dalla Lana Fellowship in Journalism and Health Impact](#) (Dec. 20)
- [Health Inc. 3.3: How the baby food industry influences infant and young child feeding](#) (Jan. 25)

RRFSS has been providing local data to health units for over 20 years!

RRFSS provides health units with data to help to monitor local public health trends, plan local public health programs and services and provide evidence for the Ontario Public Health Standards (OPHS) and Protocols requirements that public health units are mandated to report. Other proven benefits of RRFSS include:

- Timely data—i.e., Data is collected and made available 3 times per year.
- Fills data gaps—i.e., RRFSS provides much-needed local data to understand local health inequities that are not available from the CCHS.
- Customizable data—i.e., PHUs have complete control over survey content, with the ability to choose (or even develop) locally-relevant questions.
- Collaboration—i.e., PHUs share expertise and reduce their survey costs by sharing the administrative costs associated with CATI setup, data collection and data file preparation by ISR.
- Partnership with ISR—i.e., the largest university-based survey research centre in Canada with over 50 years of excellence in conducting applied and academic social research.

For more information about joining the longest running local risk factor surveillance system in the world, contact Lynne Russell, RRFSS Coordinator lynnerussell@rrfss.ca

News Releases

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

January 5, 2024

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

The Honourable Sylvia Jones
Deputy Minister / Minister of Health
sylvia.jones@ontario.ca

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

Dear Premier Ford and Ministers Jones and Tibollo,

RE: Public Health Strengthening

At its meeting on December 13th meeting, the Board of Health for Peterborough Public Health received a presentation on the importance of investment in health promotion strategies and a diversified skilled workforce to deliver impactful local public health activities.

The Health Promotion Ontario's [White Paper on the Value of Local Health Promotion in Ontario, 2023](#), stated the value of local health promotion delivered by local public health agencies and how it is an effective strategy in addressing Ontario's Health Care crisis. It recommends strong and sustained investment in local health promotion by public health units to ensure that health promotion is prioritized on an ongoing basis. The Chief Public Health Officer of Canada's report: [The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada, 2023](#) also underscored the importance of health promotion strategies for ensuring resilience and preparedness in the face of pandemics and emergencies.

Public health strategies are only impactful if there is appropriately resourced, skilled and diversified workforce to deliver them. The Ontario Chief Medical Officer of Health's 2022 report [Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics](#) outlines the importance of funding an adequate and skilled, adaptable and resilient public health workforce that is cross trained in core public health work and has the surge capacity to meet the current and future needs of Ontario.

There are opportunities for system improvements as part of the review of Board of Health roles and responsibilities announced under the government's Public Health Strengthening initiative. The Board of Health respectfully urges the Provincial Government to ensure local Public Health Units are supported to invest in coordinated action to promote health and reduce the burden of chronic diseases, substance use and injuries and increase health equity. This includes both maintaining the current breadth and scope of health promotion work outlined by the Ontario Public Health Standards and a continued investment of a skilled and diversified public health workforce.

We also respectfully request that the Chief Medical Officer of Health ensure proactive engagement in the sector-driven review of the Ontario Public Health Standards.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Local MPPs
Ontario Boards of Health
Association of Local Public Health Agencies.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Indigenous Health Advisory Circle Report |
| DATE: | January 10, 2024 |
| 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

- a. That the Board of Health for Peterborough Public Health receive meeting minutes of the Indigenous Health Advisory Circle (IHAC) from October 13, 2023 for information.
- b. That the Board of Health approve the following appointments of community members to the Indigenous Health Advisory Circle for 2024:
 - Ms. Ashley Safar, Nogojiwanong Friendship Centre
 - Professor David Newhouse, Trent University
 - Ms. Elizabeth Stone, Fleming College
 - Ms. Kristy Kennedy, Métis Nation of Ontario (MNO) Peterborough and District Wapiti Métis Council
 - Ms. Rebecca Watts, Lovesick Lake Native Women's Association

BACKGROUND

IHAC held its last meeting on December 15, 2023. At that meeting, the Circle requested that these items come forward to the Board of Health at its next meeting.

ATTACHMENTS

- a. [October 13, 2023 IHAC Minutes](#)

**Indigenous Health Advisory Circle
MINUTES
Friday, October 13, 2023 – 1:00 – 2:30 p.m.
Dr. J.K. Edwards Board Room, 3rd Floor, PPH**

Present: Ms. Angela Connors (virtual)
Councillor Dave Haacke
Mr. Paul Johnston
Councillor Nodin Knott (virtual)
Councillor Joy Lachica
Professor David Newhouse, Vice Chair (virtual)
Ms. Ashley Safar
Ms. Elizabeth Stone, Chair (virtual)
Ms. Rebecca Watts (virtual)
Councillor Kathryn Wilson (virtual)

Regrets: Ms. Kristy Kennedy

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

Guests: Ms. Jayne Culbert, Coordinator, Age-Friendly Peterborough

1. Call to Order and Welcome

Liz Stone, Circle Chair called the meeting to order at 1:00 p.m.

2. Confirmation of the Agenda

The agenda was approved as circulated.

3. Minutes of the Previous Meeting

3.1. July 14, 2023

The minutes from July 14, 2023 were approved. **ACTION: The minutes will be circulated to the Board of Health at its next meeting.**

4. Presentations

4.1. Age-friendly Peterborough

Jayne Culbert, Coordinator

Ms. Culbert presented on the Age-Friendly Peterborough Report Card and Community Action Plan.

The following feedback was provided:

- Consideration of a position for the Urban Indigenous community on the Age Friendly Peterborough Advisory Committee.
- Report speaks to the Williams Treaty First Nations, ensure that each of those First Nations are directly consulted.
- Important to note different cultural definitions of 'elder' and 'age'.
- Ashley offered to facilitate a conversation with Jayne and her staff who are responsible for senior-specific programming at Nogo.

Members were pleased with this first engagement effort, and reflected on potential ways to prepare for future engagement opportunities, including providing some written, preparatory information in advance of coming to IHAC. **ACTION: Staff to prepare a draft for IHAC input.**

5. Items Arising from the Minutes

The Circle was advised of letters which were issued to:

- local organizations regarding IHAC engagement; and,
- a letter to Minister Jones regarding the importance of Section 50 agreements.

6. New Business

6.1. IHAC Forums

Members were reminded of the upcoming forum, Fostering Mino Bimmaadiziwn Housing, Home and Health, scheduled to take place on Monday, October 30 at 6:30 p.m. at the Peterborough Public Library. In addition, members were also prompted for speaker suggestions for future dates:

- Indigenous Determinants of Health – Thursday, January 25, 2024
- Racism and Indigenous Health, Beyond Education – Monday, March 18, 2024
- Governance and Indigenous Health – Thursday, May 30, 2024

ACTION: A report back will be added to the next meeting on the October 30th forum.

6.2. Indigenous Engagement Liaison

IHAC discussed this report and made the following 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 following option in early 2024 that supports PPH's Indigenous Engagement and activities of IHAC:
 - A staffing model that includes a new position filled by an Indigenous incumbent, with appropriate reporting structure that allows responsive support to the IHAC work plans and positioned within the organization to ensure coordination, communication and collaboration of engagement across all divisions; and
- advise the Board of Health Stewardship Committee to prioritize inclusion of new funds in the 2024 budget to support this new staffing model.

ACTION: Staff will bring this request forward to Stewardship for inclusion in the 2024 PPH Budget.

If approved by the Board of Health, a hiring committee will be struck in 2024 and will include select members of IHAC. With respect to self-identification, it was noted that there are forms, including an 'Affirmation of Indigenous Identify Form' which could be utilized.

6.3. **Micro-Credentialing Course Update**

The Circle was provided with an update on this course, currently 100% of staff have completed the module.

6.4. **Provincial Announcement regarding Public Health Unit Mergers**

Dr. Piggott provided a brief overview of the [provincial announcement](#) regarding the Strengthening Public Health. This initiative is seeking interest amongst smaller local public health agencies in voluntary mergers, to build critical mass, strengthen human resources, and improve system alignment. PPH and the Haliburton Kawartha Pine Ridge District Health Unit will embark on a merger feasibility study led by a consultant (to be confirmed). IHAC were supportive of acting as a resource for this process to provide an Indigenous perspective/risk assessment. **ACTION: The consultant will be invited to the December 15th meeting of IHAC, or a special meeting will be convened, if required.**

6.5. **Items for December Meeting (from work plan)**

- Planning for 2024 IHAC Priorities and Work Plan
- Review of 2023 Accomplishments and Strategic Plan Progress
- PRHC representatives attending – IHAC discussed items for discussion:
 - IHAC was interested in knowing if there are any Indigenous practitioners on staff (mindful that some may choose not to self-identify).
 - In the absence of an Aboriginal Health Centre, a space for smudging/ceremony at PRHC would be welcome.
 - IHAC would be interested in sharing feedback from personal experiences.
 - It was noted that for a previous Indigenous liaison position, a non-Indigenous person had been hired which is not ideal. If union implications are a limiting factor, it was suggested that IHAC and/or local organizations and First Nations could send letters of appeal to the labour union and/or council with an appeal for consideration.
 - **ACTION: Alida will schedule a preparatory discussion with Drs. Piggott and Mikula prior to this meeting.**

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

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

8. **Adjournment**

The meeting was adjourned at 2:52 p.m.