

**Board of Health for  
Peterborough Public Health  
AGENDA  
Board of Health – Special Meeting  
Tuesday, February 6, 2024 – 5:30 p.m.  
Multipurpose Rooms, 185 King Street, Peterborough**

**1. Call to Order and Land Acknowledgement**

Councillor Joy Lachica, Chair

*Land Acknowledgement Example: We respectfully acknowledge that we are on the Treaty 20 and traditional territory of the Mississauga Anishnaabeg. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honour those teachings.*

**2. Confirmation of the Agenda**

**3. Declaration of Pecuniary Interest**

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

**Board Members:** Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.2 a b c 9.3.1 9.3.2 9.3.3 9.3.4

**5. Delegations and Presentations (nil)**

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

- Cover Report
- a. Minutes, Jan. 10/24

**7. Business Arising From the Minutes (nil)**

**8. Staff Reports (nil)**

**9. Consent Items**

**9.1. Correspondence for Direction**

**9.2. Correspondence for Information**

- Cover Report
- a. alPHa e-newsletter



- b. Ministers – Indoor Air Quality
- c. Premier & Ministers – Intimate Partner Violence

### **9.3. Staff Reports**

#### **9.3.1. Q4 2023 Financial Report**

- Cover Report
- a. Q4 2023 Financial Report

#### **9.3.2. Q4 2023 Program Status Report**

- Report

#### **9.3.3. Q4 2023 Strategic Plan Report**

- Cover Report
- a. Q4 2023 Strategic Plan Report

#### **9.3.4. Provincial Reappointment Request - Mr. Paul Johnston**

- Cover Report

### **9.4. Committee Reports**

## **10. New Business**

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

In accordance with the Municipal Act, 2001, Section 239(2)  
*(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.*

## **12. Motions for Open Session**

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

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

## **14. Adjournment**

ACCESSIBILITY INFORMATION: Peterborough Public Health is committed to providing information in a format that meets your needs. To request this document in an alternate format, please call us at 705-743-1000.



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Approval of Meeting Minutes</b>
<b>DATE:</b>	<b>February 6, 2024</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on January 10, 2024.

**ATTACHMENTS**

- a. [Board of Health Minutes, January 10, 2024.](#)



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

**In Attendance:**

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

**Regrets:** Mr. Scott Baker  
Mr. Paul Johnston

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

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**1. Call to Order**

Dr. Thomas Piggott, Medical Officer of Health and Chief Executive Officer, called the meeting to order at 5:38 p.m.

Councillor Kathryn Wilson, outgoing Chair of the Board of Health, was thanked for her contributions and leadership over the past year.



## **2. Elections and Appointments**

### **2.1. Elections**

MOTION:

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

Moved: Councillor Wilson

Seconded: Mr. Moloney

Carried. (M-2024-001)

*Councillor Lachica assumed the Chair.*

### **2.2. Committee Appointments**

MOTION:

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.

Moved: Warden Clark

Seconded: Councillor Haacke

Carried. (M-2024-002)

## **3. Establishment of Date and Time of Regular Meetings**

MOTION:

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.

Moved: Mr. Moloney

Seconded: Dr. Stelzer

Carried. (M-2024-003)



#### **4. Establishment of Honourarium for 2024**

MOTION:

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.

Moved: Dr. Stelzer

Seconded: Mr. Moloney

Carried. (M-2024-004)

#### **5. Confirmation of the Agenda**

MOTION:

That the agenda be approved as circulated.

Moved: Deputy Mayor Black

Seconded: Dr. Stelzer

Carried. (M-2024-005)

#### **6. Declaration of Pecuniary Interest (*nil*)**

#### **7. Consent Items to be Considered Separately**

MOTION:

That the following items be passed as part of the Consent Agenda: 12.1a; 12.2a,b; 12.4.1a,b.

Moved: Councillor Wilson

Seconded: Mr. Moloney

Motion carried. (M-2024-006)

MOTION (12.1a)

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.

Moved: Councillor Wilson

Seconded: Mr. Moloney

Motion carried. (M-2024-006)



MOTION (12.2a,b):

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.

Moved: Councillor Wilson

Seconded: Mr. Moloney

Motion carried. (M-2024-006)

MOTION (12.4.1a,b):

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Indigenous Health Advisory Circle (IHAC) from October 13, 2023 for information.
- b. 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

Moved: Councillor Wilson

Seconded: Mr. Moloney

Motion carried. (M-2024-006)

## **8. Delegations and Presentations**

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

MOTION:

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

- Delegation & Report: 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



Moved: Deputy Mayor Black  
Seconded: Councillor Haacke  
Motion carried. (M-2024-007)

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

Mr. Tony Yu (Principal, Sense & Nous) joined the meeting virtually and provided an overview of the work to date related to the merger exploration with the Haliburton, Kawartha Pine Ridge District Health Unit.

MOTION:

That the Board of Health for Peterborough Public Health receive the oral report, Merger Exploration Update, for information.

Moved: Warden Clark  
Seconded: Councillor Wilson  
Motion carried. (M-2024-008)

## **9. 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 December 13, 2023, as circulated.

Moved: Deputy Mayor Black  
Seconded: Mr. Moloney  
Motion carried. (M-2024-009)

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

## **11. Staff Reports**

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

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.

Moved: Warden Clark

Seconded: Mayor Graham

Motion carried. (M-2024-010)

**12. Consent Items**

All items passed (refer to item 7).

**13. New Business (nil)**

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

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

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

The Board was advised that a special meeting may be called for February 6, 2024, however this required further confirmation.

Next regular meeting:

Wednesday, February 21, 2023, 3:30 p.m.

Multipurpose Rooms, 185 King Street, Peterborough

**17. Adjournment**

MOTION:

That the meeting be adjourned.

Moved by: Councillor Riel

Seconded by: Deputy Mayor Black

Motion carried. (M-2024-010)

The meeting was adjourned at 6:38 p.m.

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Medical Officer of Health & CEO

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Board Chair



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Information</b>
<b>DATE:</b>	<b>February 6, 2024</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

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

- a. E-newsletter dated January 18, 2024 from the Association of Local Public Health Agencies (aLPHa).
- b. Letter dated January 31, 2024 from the Board Chair to Ministers Jones, Calandra, Holland & Fraser regarding indoor air quality.
- c. Letter dated January 31, 2024 from the Board Chair to Premier Ford, Ministers Jones & Parsa regarding intimate partner violence.



**From:** allhealthunits  
**Sent:** Thursday, January 18, 2024 2:31 PM  
**To:** AllHealthUnits  
**Subject:** [allhealthunits] January 2024 InfoBreak

[View this email in your browser](#)

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

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**January 18, 2024**

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## January 2024 InfoBreak

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

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### **Leader to Leader - A Message from alPHA's President - January 2024**

Happy New Year to all in local public health in Ontario. I hope everyone has had the opportunity for a happy, healthy and rejuvenating time with friends and family during the holiday season. Certainly, such restoration has been well-earned and critically important to our own well-being as we continue the mandate of keeping the people of Ontario healthy.

The 2024 year is upon us, and with it the promise of new challenges and opportunities. As I indicated in the December issue of the *Information Break*, alPHA now has a new 2024-2027 Strategic Plan to guide our work; I will be providing an update on this at the February 14-16, 2024 Symposium (to be held virtually). The Symposium features a number of topics and speakers that are key to the future of local public health. The draft Winter Symposium Program and the BOH Section Agenda can be found [here](#). The events that week include a climate change workshop titled, *Building Climate Resilient Health Systems*, and second workshop called *Thriving in Change: Building Resilience in Turbulent Times*, reflecting what we have witnessed in recent years and the work of local public health to address the challenges to come. alPHA is also providing its support for [The Ontario Public Health](#)



[Convention \(TOPHC\)](#) taking place virtually (April 3) and in-person (March 26); I look forward to attending and assisting as alPHA President, and I thank and acknowledge the alPHA Board, membership and staff in all that we have done and do.

After so much time working remotely, I also look forward to engaging with many of you in-person at the alPHA conference June 5-7 in Toronto. The opportunity to meet in person and to share together will be very enjoyable, providing much additional benefit to our physical and mental well-being. alPHA will share more information about this exciting event at the Winter Symposium.

Our engagement with the province as they proceed with the Strengthening Public Health initiative (revising the Ontario Public Health Standards, voluntary mergers, and determining the long-term funding for local public health) continues as a top priority for alPHA, throughout 2024 and beyond.

An immediate task for alPHA is a submission for the provincial pre-budget consultation, making the case for public health as a critically important investment. We continue building on our past work using our survey data on the resilience of local public health and the return on our work (as communicated in our [infographic](#) and [submission](#)). To this end, it is important our submission also aligns with the most current of circumstances, as well as with input from the alPHA membership. With this in mind. I thank the many who provided such input into our letter, and I would like to thank Steven Rebellato, Affiliate Representative on the alPHA Board of Directors, for his deputation, made on behalf of alPHA on January 17th, to the Minister of Finance. Please note, a copy of the deputation is appended to the linked pre-budget submission (above).

With the new year comes the question of what will come and the promise of opportunity. I am always inspired by the excellence of our work in local public health, and I look forward to doing what I can as President to help achieve all that we can over the 2024 year.

*Dr. Charles Gardner*  
*alPHA President*

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## **Happy New Year from the alPHA Staff!**

We would like to wish you all a very happy new year full of health, joy, and happiness!

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



Please update your records accordingly for correspondence, payments, and other remittances. Our telephone number and e-mail addresses remain the same.

Additionally, if your health unit has not yet moved to credit card or electronic fund transfers (EFTs) for payment, alPHa requests that you do so.

For further information, please contact [info@alphaweb.org](mailto:info@alphaweb.org).

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## 2024 Budget Consultations

alPHa has sent a submission, which focused on the financial requirements for a stable, locally based public health system. This includes budget pressures facing public health units, and funding for effectively meeting the Ontario Public Health Standards and the Healthy Babies Healthy Children program.

Steven Rebellato, Affiliate Representative on the alPHa Board of Directors, presented at the 2024 Pre-Budget Deputation to the Minister of Finance on Wednesday, January 17th. He spoke about the financial requirements for a stable, locally based public health system, noting the restoration the \$47-million in provincial annual based funding, the Ontario Public Health Standards review, and the Strengthening Public Health Initiative.

**You can read the submission and deputation [here](#). Please note, these are linked as one document.**

alPHa members are encouraged to participate and share their ideas with the government in the following ways:

- Survey: The government's online survey will close on January 31, 2024. [Take the survey.](#)
- Written Submissions: We 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](mailto:MOFconsultations@ontario.ca) for more information.



- Additional information from the government can be found here: [Further Information on 2024 Budget Consultations](#).
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## **Registration is now open for the 2024 aPHa Winter Symposium, Section Meetings, and Workshops!**

Registration is now open for the online [2024 Winter Symposium, Section Meetings, and Workshops](#) that are taking place February 14th-16th! This event will discuss a variety of issues of key importance to public health leaders and you won't want to miss out.

On Friday, February 16th, from 8:30 a.m. to 4:30 p.m., there is an exciting lineup of Symposium and Boards of Health Section meeting topics, with a focus on Strengthening Public Health (including revising the Ontario Public Health Standards, voluntary mergers, and long-term funding for local public health) and key speakers: Dr. Charles Gardner, President, aPHa; Kelly Pender, Chief Administrative Officer, County of Frontenac; Dr. Piotr Oglaza, Medical Officer of Health and CEO, KFL&A and Wess Garrod, Chair, Board of Health, KFL&A; Franger Jimenez; John Allen, Partner, Allen & Malek LLP and Dr. Robert Kyle, Chair, aPHa – ONCA Compliance Working Group; Michael Sherar, President and CEO, Public Health Ontario; Dr. Kieran Moore, Chief Medical Officer of Health (invited); and Sabine Matheson, Principal, StrategyCorp.

In conjunction with the Symposium and Section meetings, we are holding two workshops. The first one, *Building Climate Resilient Health Systems*, is on Wednesday, February 14th, from 9 a.m. to 4:30 p.m. The workshop objectives are: to assist aPHa members in recognizing the importance of climate change to local public health, its programming, and its impact and risk to Ontario and need for ongoing planning; to achieve a shared understanding of the roles of local public health regarding climate change mitigation and adaptation; to share perspectives regarding the status of challenges from, action on and response to climate change among local public health agencies; and to assist aPHa members in developing tools needed to manage heat-related adaptation and 2024 preparation.

On the afternoon of Thursday, February 15th, from 1 p.m. to 3 p.m., we will hold the second workshop: *Thriving in Change: Building Resilience in Turbulent Times* with Tim Arnold from [Leaders For Leaders](#). This workshop is designed to help you navigate the tricky and turbulent moments you face in the workplace. The interactive session integrates change management, emotional intelligence, and resilience, providing you with a holistic toolkit to thrive amidst unprecedented change, tight timelines, and high-stress work environments.



These workshops are being offered at no additional cost to Symposium registrants and you will be registered automatically when you sign up for the Winter Symposium. Separate registrations are not available for individual events.

The following documents can be accessed by clicking on the links below:

- [Event flyer](#)
- [Symposium draft program](#)
- [BOH Section Meeting draft agenda](#)
- [Building Climate Resilient Health Systems workshop draft agenda](#)
- [Thriving in Change: Building Resilience in Turbulent Times workshop](#)

Registration is for alPHA members only, (please note, you do not need to create an account on the alPHA website in order to register for the event) and the cost is \$399+HST (and is inclusive of the Symposium, Workshops, and Section Meeting and you only need to register once to attend all of the events). The closing date to register is Wednesday, February 7, 2024. Please note, the best way to pay for your registration is via credit card or Electronic Fund Transfer.

alPHA would like to thank the University of Toronto's Dalla Lana School of Public Health and Eastern Ontario Health Unit for their generous event support!

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## **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](#). **Please note, this will be featured as part of a session at the Winter Symposium.**

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## **Boards of Health: Shared Resources**

A resource [page](#) is available on alPHA's website for Board of Health members to facilitate the sharing of and access to information, orientation materials, best practices, case studies, by-laws, resolutions, and other resources. **In particular, alPHA is seeking resources to share regarding the province's Strengthening Public Health Initiative, including but not limited to, voluntary mergers and the need for long-term funding for local public health.** If you have a best practice, by-law or any other resource that you would like to make available via the newsletter and/or the website, please send a file or a link with a brief description to [gordon@alphaweb.org](mailto:gordon@alphaweb.org) and for posting in the appropriate library.



Resources available on the alPHa website include:

- [Orientation Manual for Boards of Health](#) (Revised Feb. 2023)
- [Review of Board of Health Liability, 2018](#), (PowerPoint presentation, Feb. 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](#)

## **Hold the date for the 2024 alPHa Conference and AGM!**

The alPHa Conference and AGM will be held in-person June 5-7, 2024 in Toronto. Further details, including accommodation information, will be shared at the alPHa Winter Symposium.

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## **Association of Municipalities of Ontario (AMO) letter and Rural Ontario Municipal Association (ROMA) Conference**

On Monday, January 15, AMO sent a letter to the Hon. Sylvia Jones, addressing Health Human Resources issues. They address burnout and fatigue leading to staff leaving the health system (or finding more flexible work elsewhere). They also address how public health, if adequately staffed, can ease the pressure on the acute and primary care system. If you want to read more, click [here](#).

Are you an alPHa member attending the ROMA Conference that is taking place January 21-23 and/or attending meetings or making a deputation at this event? Don't



forget alPHa has numerous resources available to you, including the recent [pre-budget submission](#).

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## **Ontario Public Health Directory Update**

alPHa is in the process of updating the [Ontario Public Health Directory and After-Hours Emergency list](#). If you have any updates, please review both documents, highlight the changes, and send it to [communications@alphaweb.org](mailto:communications@alphaweb.org) by Friday, February 2, 2024.

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## ***How to Stay Healthy in the Winter Infographic***

Want to improve your physical and mental health during the winter months? Our [latest infographic](#) can help! Check it out for tips on how to stay healthy, improve your mental health, and ensure you prevent seasonal respiratory illnesses.

Don't forget to head to alPHa's website to [read more of our infographics](#) to help you improve your health and wellness.

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## **Affiliates Update**

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### **Ontario Dietitians in Public Health (ODPH)**

ODPH authored a [communication](#) to members of the National Finance Committee of the Senate of Canada urging their support of bill S-233, National Framework for a Guaranteed Livable Basic Income Act. Progress on bill S-233 can be found [here](#).

Congratulations to ODPH Peer Recognition Awards winners, Marcia Dawes, Region of Peel Public Health, and Lauren Kennedy, Peterborough Public Health, who were honoured for their contributions to public health dietetics.

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## **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](https://tophc.ca)

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### **RRFSS - Use it or lose it!**

One of the benefits of RRFSS is that the survey runs continuously and PHUs can join annually or three times during the year (January, May and September). To date, 29 Ontario health units have used RRFSS at some point over the years to help fill their data gaps.

This flexibility also means it gives PHUs the ability to skip months or years of RRFSS data collection and currently RRFSS membership is at its all time low. This is in part due to the pandemic; PHUs have had to shift priorities away from risk factor surveillance to deal with competing priorities and financial constraints. If RRFSS membership does not increase, the sustainability of the surveillance system is in jeopardy. Therefore, if your PHU is considering joining RRFSS, we urge you to do it sooner rather than later.

There are many proven benefits to joining RRFSS and a July 2023 survey of RRFSS-participating health units highlighted that full control over survey content and specifications and the timely delivery of data as benefits of RRFSS. Additional benefits include:

- Fast response to emerging issues
  - e.g., In the summer of 2020, RRFSS quickly developed 12 new COVID-19-related modules that were available to health units on the new RRFSS online survey.
- Timely data
  - Data is delivered three times per year, about two months following the end of a four-month data collection cycle.
- Fills data gaps



- RRFSS provides much-needed local data to understand local health inequities that are not available from the CCHS.
- Customizable data
  - PHUs have complete control over survey content, with the ability to choose or develop locally-relevant questions (current questions can be found [here](#)).
- Collaboration
  - PHUs share expertise and reduce their survey costs by sharing the administrative costs associated with CATI setup, data collection and datafile preparation by ISR.
- Supports local economy
  - ISR is a non-profit academic research centre that employs only local Ontario resident interviewers with no outsourcing or automated recordings.

For more information about joining the longest running **local** risk factor surveillance system in the world, contact Lynne Russell, RRFSS Coordinator: [lynnerussell@rrfss.ca](mailto:lynnerussell@rrfss.ca).

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## **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.

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## BrokerLink Insurance

In partnership with alPHA, [BrokerLink](#) is proud to offer preferred home and auto insurance rates for members. An annual insurance review is a great opportunity to consider any major life events or changes made in the last year that may require adjustments to your insurance coverage. Check out BrokerLink's reasons to do an Annual Insurance Review on your policies prior to their renewal date, and learn about the 2024 Grand Group Giveaway [here](#).

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## alPHA Correspondence

Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. A complete online library of submissions is available [here](#). These documents are publicly available and can be shared widely.

- [alPHA Letter - 2023 Ontario Budget](#)
- [AMO Letter - Health Human Resources](#)

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## Public Health Ontario

### Updated Respiratory Virus Outbreaks Considerations for Public Health Planning

This [updated resource](#) outlines key considerations for public health units to support facilities in their jurisdiction to prepare for and respond to respiratory virus outbreaks and the mix of viruses that may circulate during a typical respiratory virus season. Topics covered include: immunization, monitoring, testing, anti-viral use, cohorting, staffing, outbreak declaration and communications.

### Hand Hygiene



PHO's has released a suite of seven new hand hygiene resources to support education and training, hand hygiene product placement and skin care assessment, as part of a health care setting's overall hand hygiene program. They include:

- [Hand Hygiene Product Placement](#)
- [Maintenance of Hand Hygiene Products and Equipment Checklist](#)
- [Hand Hygiene Product Placement Checklist Patient, Resident, or Client and Hallway Area](#)
- [Effect of Cleaning and Sterilization Processes on the Cutting Efficiency of Dental Burs](#)
- [How to Protect Your Skin: A Self-Assessment Checklist](#)
- [Caring For Your Hands](#)
- [Four Moments of Hand Hygiene](#)
- [FAQ: Glove Use and Hand Hygiene](#)

### **Additional Resources**

- [Canadian Health Equity Related Glossaries](#)
- [Smoke-Free Series: Post-Consumer Waste of Tobacco and Vaping Products](#)
- [Carbapenemase-producing Enterobacteriaceae in Ontario: 2022 Annual Summary](#)
- [Ontario Respiratory Virus Tool](#)

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### **Burnout among public health workers in Canada: A cross-sectional study**

A new study led out of Public Health Ontario and, published in BMC Public Health, finds 79 per cent of public health workers in Canada meet criteria for burnout and 49 per cent of participants reported harassment because of their work during the pandemic. Read more [here](#).

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### **Upcoming DLSPH Events and Webinars**

- [CQ Seminar - Navigating tensions in paradigm bridging: Methodological lessons learned in Inuit Nunangat](#) (Jan. 19)
- [CanPath Trainee Research Webinar: The Built Environment, Metabolites, and Cancer Risk](#) (Jan. 22)
- [Vaccine Access, Equity and the Importance of Communication](#) (Jan. 22)
- [Health Inc. 3.3: How the baby food industry influences infant and young child feeding](#) (Jan. 25)
- [Stage International Speaker Seminar Series \(ISSS\) with Michael Wu](#) (Feb. 2)



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## **News Releases**

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

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January 31, 2024

Hon. Sylvia Jones  
Deputy Premier and Minister of Health  
[sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

Hon. Paul Calandra  
Minister of Municipal Affairs and Housing  
[minister.mah@ontario.ca](mailto:minister.mah@ontario.ca)

Hon. Mark Holland  
Minister of Health (Canada)  
[hcmister.ministresc@hc-sc.gc.ca](mailto:hcmister.ministresc@hc-sc.gc.ca)

Hon. Sean Fraser  
Minister of Housing, Infrastructure and Communities (Canada)  
[minister-ministre@infcc.gc.ca](mailto:minister-ministre@infcc.gc.ca)

Dear Honourable Ministers,

**Re: Legislated improvements to indoor air quality (IAQ) in indoor public settings are required to reduce the transmission of COVID-19 and other airborne pathogens**

Through the COVID-19 pandemic, we have learned that the SARS-CoV-2 virus transmits via an airborne mechanism. Additionally, despite the end to the global declaration of emergency, COVID-19 continues to cause illness and death due to severe disease and through Post COVID Condition (Long COVID). In the region served by Peterborough Public Health, there were 109 PCR-confirmed COVID-19 deaths in 2022 and 35 in 2023.<sup>1</sup> Recently released data from Statistics Canada shows that nationally, in 2022, COVID-19 climbed to the third leading cause of death in Canada; in 2020 and 2021, COVID-19 was the fourth leading cause of death.<sup>2</sup> Last month, the seven-day average wastewater signal for December 11, 2023 was at 42 normalized viral copies per mL, the highest since monitoring began in January 2021.<sup>3</sup> Suffice it to say that COVID-19 is still present and harming our community's health and the economy's stability.

With this recognition, the Board of Health of Peterborough Public Health continues to advocate for improvements in preventive activities and at its January 10<sup>th</sup> Board of Health meeting resolved to continue this advocacy with this letter to you for your consideration.

Among the most important interventions to prevent COVID-19 is improving the indoor air quality (IAQ) of the air that we breathe. In January 2023, we last wrote to you to advocate for consideration of IAQ improvements. In May of 2023, the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) released a new standard that now operationalizes the improvements. Canada uses ASHRAE to inform its current building code development, and so this new standard should be integrated as soon as possible in Canada to improve health and save lives.



ASHRAE Standard 241: [Control of Infectious Aerosols](#), specifically addresses improving IAQ to reduce infection from airborne pathogens. The Ontario Society of Professional Engineers notes that “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.”<sup>4</sup>

Advancing cleaner air policies and implementing ASHRAE Standard 241 comes with a significant boost to both public health and economic outcomes. “The total monetized COVID-reduction benefit of 16 weeks of Infection Risk Management Mode per year [during the peak ‘season’ of transmission] 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.”<sup>5</sup> The return on investment is *at least* 6:1, potentially as much as 8:1.

The bottom line is that scientists, academics, engineers, doctors, and public health practitioners agree that cleaner air in indoor public spaces is needed to truly get ahead of this pandemic and mitigate the onset of future public health emergencies related to airborne pathogens.<sup>6,7,8</sup>

ASHRAE Standard 241 specifically addresses improved IAQ as it relates to respiratory viruses, a component currently 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 and improved indoor air quality should be adopted into federal and provincial building codes and highly considered for inclusion in local property standards by-laws to ensure improvements in the air we breathe and our health.

Respectfully,

***Original signed by***

Councillor Joy Lachica  
Chair, Board of Health

/ag

cc: Local MPPs  
Local MPs  
Local Councils  
Ontario Boards of Health  
Association of Local Public Health Agencies (aLPHa)

<sup>1</sup> Public Health Ontario. (2023). Ontario COVID-19 Data Tool. Retrieved November 27, 2023 from <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=trends>

<sup>2</sup> Statistics Canada. (2023). Leading causes of death, total population, by age group. Retrieved December 19, 2023, from <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310039401>

<sup>3</sup> Peterborough Public Health. (2023). COVID-19 and Respiratory Virus Risk Index. Retrieved November 29, 2023 from <https://www.peterboroughpublichealth.ca/covid-19-risk-index/>

<sup>4</sup> Ontario Society of Professional Engineers. (2023) OSPE Supports Adoption of ASHRAE Standard 241 in the Canadian National Building Code. Retrieved August 16, 2023 from, <https://ospe.on.ca/advocacy/ospe-supports-adoption-of-ashrae-standard-241-in-the-canadian-national-building-code/>



<sup>5</sup> Richard Bruns, PhD. ASHRAE Journal. (2023). Cost-Benefit Analysis of ASHRAE Standard 241. Marwa Zaatari, PhD.. Anurag Goel, Joesph Maser. ASHRAE Journal. (2023). Why Equivalent Clean Airflow Doesn't Have To Be Expensive

<sup>6</sup> The Lancet. (2023). US CDC announces indoor air guidance for COVID-19 after 3 years. Retrieved July 7, 2023 from [https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600\(23\)00229-1.pdf](https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600(23)00229-1.pdf)

<sup>7</sup> National Collaborating Centre for Environmental Health. (2021). COVID-19 and indoor air: Risk mitigating measures and future-proofing. Retrieved July 7, 2021 from <https://ncceh.ca/content/blog/covid-19-and-indoor-air-risk-mitigating-measures-and-future-proofing>

<sup>8</sup> Ibid.



January 31, 2024

Hon. Doug Ford  
Premier of Ontario  
[premier@ontario.ca](mailto:premier@ontario.ca)

Hon. Sylvia Jones,  
Deputy Premier and Minister of Health  
[sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

Hon. Michael Parsa  
Minister of Children, Community and Social Services  
[MinisterMCCSS@ontario.ca](mailto:MinisterMCCSS@ontario.ca)

Dear Premier Ford, Ministers Jones and Parsa:

**Re: Intimate Partner Violence and Public Health Action**

At its January 10, 2024 meeting, the Board of Health for Peterborough Public Health (PPH) considered and endorsed correspondence from the North Bay Parry Sound District Health Unit (NBPSDHU) regarding the need to advance local and provincial action on monitoring, preventing and reducing Intimate Partner Violence (IPV), and adverse events experienced by children with violence or abuse within the family unit.

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 an increased risk of negative social and health impacts. Research indicates that IPV starts early in the lifespan, thus indicating the need for early prevention efforts and interventions targeting adolescents and young adults. As a local public health agency we are engaged in the work of intimate partner violence prevention and addressing health child growth and development in accordance with the Ontario Public Health Standards: Health Growth and Development and Substance Use and Injury Prevention standards.

At the local level, on November 27, 2023, Peterborough became the 74th municipality in the province of Ontario to declare gender-based violence an epidemic. While this is an important step forward, IPV is generally underreported, therefore advocating for a consistent way of collecting data across the province to inform evidenced-based interventions is urgently required to effectively respond to and prevent IPV.

I trust you will consider our efforts, along with NBPSDHU and the advocacy of others, who continue to voice their support 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 protective factors of children and youth.



Sincerely,

***Original signed by***

Councillor Joy Lachica  
Chair, Board of Health

/ag  
Encl.

cc: Hon. Michael Kerzner, Solicitor General of Ontario  
Josée Bégin, Assistant Chief Statistician, Statistics Canada  
Local MPPs  
Ontario Boards of Health  
Association of Local Public Health Agencies (alPHA)



**PETERBOROUGH PUBLIC HEALTH**  
**BOARD OF HEALTH**

<b>TITLE:</b>	<b>Q4 2023 Financial Report (October 1 – December 31, 2023)</b>
<b>DATE:</b>	<b>February 6, 2024</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance &amp; Property</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the report, Q4 2023 Financial Report (October 1 – December 31, 2023), for information.

**ATTACHMENTS:**

- a. [Q4 2023 Financial Report](#)



# Financial Update Q4 2023 (Finance: Dale Bolton)

## Programs Funded January 1 to December 31, 2023

	Funding Type	2023 Budget Submission	YTD Budget \$ Based on 2023 Submission (100%)	Year To Date Expenditures to Dec 31	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	MOHLTC Cost Shared (CS)	11,049,442	11,049,442	11,049,442	100.0%	-	Year-to-date underspending from January through December based on the approved cost-shared budget. The Total funding includes MOH (Base, Mitigation and Indigenous Communities) and local partners. Through final quarter of the year, cost-shared spending increased as programs continued catch-up activity and ongoing work to implement the Strategic Plan. No anticipated funds to return to the Ministry.
Combined Cost-Shared		11,049,442	11,049,442	11,049,442	100.0%	-	

## 100% Program funded January 1 to December 31, 2023

	Funding Type	2023 Budget Submission	YTD Budget \$ Based on 2023 Submission (100%)	Year To Date Expenditures to Dec 31	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Ontario Seniors Dental	100%	898,100	898,100	1,046,144	116.5%	(148,044)	Year to date expenditures exceeded the budget as higher costs incurred throughout the year for contract and endodontic treatment as part of catch up on client treatments from the prior year. PPH leadership met with Ministry representatives to discuss one-time funding opportunities for the program to address the funding short-fall in order to meet client needs and sustain contracted service levels during the year. The program continued to deliver treatment services with in-house staff; however limited patient referrals to external specialists while awaiting Ministry approval for one-time or a base funding increase. At this time, the Ministry has not confirmed the additional funding however, anticipate an update shortly. If the full amount is not received, the balance would need to be covered through reserves.



	Funding Type	2023 Budget Submission	YTD Budget \$ Based on 2023 Submission (100%)	Year To Date Expenditures to Dec 31	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
<b>One-Time Funding funded January 1 to December 31, 2023</b>							
COVID Response	100% MOH	1,152,860	1,152,860	1,095,336	95.0%	57,524	For 2023, COVID extraordinary expenditures are to be covered through one-time request as no savings were realized in cost-shared programs. The Annual Service Plan included the one-time request in the amount of \$1,152,860 to support COVID initiatives. The total expenditures for the year of \$1,095,336 were just below the budget submission. To date, the Ministry has not approved the budget however has communicated that similar to the prior year eligible COVID expenditures will be funded. Anticipate funding approval by the Ministry shortly based on the Q4 submission.
	Funding Type	2023 Budget Submission	YTD Budget \$ Based on 2023 Submission (100%)	Year To Date Expenditures to Dec 31	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
COVID Vaccination	100% MOH	1,026,186	1,026,186	971,335	94.7%	54,851	For 2023, COVID Vaccination expenditures are to be covered through one-time funding request as no savings were realized in cost-shared programs. The Annual Service Plan included the one-time request in the amount of \$1,026,186 to support vaccination clinics. Total expenditures of \$971,335 were just below the budget submission. To date, the Ministry has not approved the budget to date however has communicated that similar to the prior year eligible COVID expenditures will be funded. Anticipate funding approval by the Ministry shortly based on the Q4 submission.



One-Time Funding funded April 1, 2023 to March 31, 2024							
	Funding Type	2023 - 2024 Approved Budget	2023/24 YTD Budget \$ (100%)	Year To Date Expenditures to Dec 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
PHI Practicum Student	100% MOH	30,000	22,500	14,202	47.3%	8,298	Funding for PHI Practicum Students for 12 week period. One student hired for period of May through August 2023 and another student will be hired for the period of January to March 2024.
Programs funded April 1, 2023 to March 31, 2024							
	Funding Type	2023 - 2024 Approved Budget	YTD Budget \$ (100%)	Year To Date Expenditures to Dec 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Infant Toddler and Development Program	100% MCCSS	242,423	181,817	181,383	74.8%	434	Program operating just below budget for the third quarter based on MCCSS approval. Program spending is on track and expect to operate within budget through the end of fiscal year.
Healthy Babies, Healthy Children	100% MCCSS	928,413	696,310	700,267	75.4%	(3,957)	Program operating just above budget for the third quarter based on MCCSS approval. Program expected to operate within budget by end of fiscal year.
Funded Entirely by User Fees January 1 to December 31, 2023							
	Funding Type	2023 Budget	YTD Revenue \$ (100%)	Year To Date Expenditures to Dec 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	374,600	455,512	466,978	124.7%	(11,466)	Program funded entirely by user fees. Expenditures exceeded revenue as additional staff time in program for the year resulting in a deficit of \$(11,466). Revenues were above budget as the program completed inspections and closed files as part of the program divestation. Excess expenditures in program may be offset through the sewage program reserve. Final adjustments for the program will be completed as part of the audit process.
Mandatory and Non-Mandatory Re-inspection Program	Fee for Service	97,500	55,825	67,483	69.2%	(11,658)	Program funded entirely by fees. Program commenced in May through end of November 2023. Revenue is below budget and expenditures just above based on fiscal period contributing to the current deficit. Excess expenditures may be offset through program reserve. Final adjustments for the program will be completed as part of the audit process.
Total - All Programs		15,799,524	15,538,552	15,592,570	98.7%	(54,018)	Variance represents excess expenditures Ontario Seniors Dental and Fee for Service Programs net of underspending in COVID programs compared to the budget submission.



**PETERBOROUGH PUBLIC HEALTH**  
**BOARD OF HEALTH**

<b>TITLE:</b>	<b>Q4 2023 Status Report (October 1 – December 31, 2023)</b>
<b>DATE:</b>	<b>February 6, 2024</b>
<b>PREPARED BY:</b>	<b>Donna Churipuy, Director, Health Protection Division Hallie Atter, Director, Health Promotion Division Larry Stinson, Director of Operations Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the report, Q4 2023 Status Report (October 1 – December 31, 2023), for information.

**SUMMARY**

*Summary of Key Issues from the Medical Officer of Health*

**Accomplishments:**

- Evaluation plan for Nurse-Family partnership initiated.
- Engagement of under-served parents initiated.
- Initiation of Merger Feasibility Study with HKPR led by Sense & Nous Consultant.

**Challenges:**

- Loss of contracted staff resources for COVID-19 response as provincial funding ends.

**PROGRAM TRACKER**

*Status of Mandated Programs and Requirements*

<b>Ontario Public Health Standard Mandated Programs</b>	<b># Requirements Compliant (Q4 2023)</b>	<b># Requirements Compliant (Q3 2023)</b>
<b>Program Standards</b>		
Chronic Disease Prevention and Well-Being	2/5	2/5
Food Safety	4/5	4/5
Healthy Environments	8/11	9/11
Healthy Growth and Development	2/3	2/3
Immunization	10/10	10/10
Infectious and Communicable Diseases Prevention and Control	21/21	21/21
Safe Water	8/8	8/8
School Health	9/10	9/10
Substance Use and Injury Prevention	1/4	2/4
<b>Foundational Standards</b>		
Population Health Assessment	6/6	6/6
Health Equity	4/4	4/4



Effective Public Health Practice	9/9	9/9
Emergency Management	0/1	0/1
<b>Other Mandated Programs</b>		<b>Status</b>
Infant and Toddler Development	ME	ME
Safe Sewage Disposal	ME	ME

ME: Meeting Expectations PME: Partially Meeting Expectations

Link to [Ontario Public Health Standards](#)

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## PROGRAM SUMMARIES

### Chronic Disease Prevention and Well-Being

#### Program Compliance:

Requirement #1 and 2: Due capacity, we are currently unable to fully analyze relevant data related to chronic disease prevention, nor fully deliver interventions using a comprehensive health promotion approach that addresses risk and protective factors of all chronic disease. We are currently prioritizing public health interventions that address healthy eating behaviours and oral health.

Requirement #4: Enforcement of the *Healthy Menu Choices Act* was not prioritized for Q4 and there has not been any progress on this work.

### Food Safety

#### Program Compliance:

Requirement #4: Food safety inspections did not reach 100% compliance in accordance with the protocol including moderate- and low- risk food premises in part due to de-prioritization of low-risk food premises inspections to ensure capacity for Strategic Plan priorities.

### Healthy Environments

#### Program Compliance:

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

Requirement #8: The completion rate for indoor air quality inspections at local arenas was de-prioritized to ensure capacity for other high-risk facilities inspections.

Requirement #11: The CTS routine inspection did not occur as planned for December 2023 and will be prioritized for January 2024. Public disclosure is partially implemented with the complaint submission mechanism and inspection results will be disclosed, as available.

### Healthy Growth and Development

#### Program Compliance

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



**Safe Water***Program Compliance*

Requirement #5: Ninety small drinking water systems required inspection in 2023 based on the two or four-year frequency as per the protocol and 86 systems (95.6%) received an inspection.

Challenges to reaching 100% recreational water facility inspections included temporary facility closures due to operational needs and staffing shortages during the peak May to August season.

**School Health***Program Compliance*

Requirement #7: Vision screening has been deprioritized and we were unable to complete this requirement in 2023.

**Substance Use and Injury Prevention***Program Compliance*

Requirement #1 and 2: Due capacity, we are currently unable to fully analyze relevant data related to injuries and substance use, nor fully deliver interventions using a comprehensive health promotion approach that addresses risk and protective factors of all preventable injuries and substance use. We are currently prioritizing public health interventions that address opioid poisonings.

Requirement #4: As in Healthy Environments Standard requirement #11, the CTS routine inspection did not occur as planned for December 2023 and will be prioritized for January 2024. Public disclosure is partially implemented with the complaint submission mechanism and inspection results will be disclosed, as available.

**Foundational Standards***Program Compliance*

The program continues to be challenged to retain personnel. Adjustments to the recruitment strategy are required.



**PETERBOROUGH PUBLIC HEALTH**  
**BOARD OF HEALTH**

<b>TITLE:</b>	<b>Q4 2023 Strategic Plan Report (October 1 – December 31, 2023)</b>
<b>DATE:</b>	<b>February 6, 2024</b>
<b>PREPARED BY:</b>	<b>Donna Churipuy, Director, Health Protection Division Hallie Atter, Director, Health Promotion Division Larry Stinson, Director of Operations Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the report, Q4 2023 Strategic Plan Report (October 1 – December 31, 2023), for information.

**ATTACHMENTS:**

- a. [Q4 2023 Strategic Plan Report](#)



**Strategic Plan – Board of Health Q4 Reporting (October - December 2023)**

**Reference: PPH Strategic Plan 2023-25**

<b>Strategic Plan Direction</b>	<b>Goal</b>	<b>Most Relevant Linked Long-Term Changes (#1-9)*</b>	<b>Status**</b>	<b>Brief Description of Activities – Q4 2023</b>
<b>Our Team</b>	Healthy Organizational Culture	7	Implemented	<ul style="list-style-type: none"> <li>• Environmental Scan of practices leading to development of DEI/RDI Framework and plan for 2024</li> <li>• Staff engagement through Huddles, Drop-Ins and Posts by Medical Officer of Health</li> <li>• Senior Leaders Team drop-ins</li> </ul>
	Staff Wellbeing and Development	8	Implemented	<ul style="list-style-type: none"> <li>• Personal Wellbeing Support Pilot Project implemented</li> <li>• Reviewed and revised Committee Terms of Reference to promote broader engagement in planning for wellbeing and success</li> <li>• Enhanced software license structure to enhance security and system updates and remote support.</li> </ul>
	Effective Teams	9	Implemented	<ul style="list-style-type: none"> <li>• Hosted in-person All Staff Day</li> <li>• Management Retreat with focus on Action Learning, which is applied at Management Meetings</li> </ul>
<b>Our Community</b>	Drug Poisoning Crisis		Initiated	<ul style="list-style-type: none"> <li>• Planning for a youth substance youth prevention pilot project initiated.</li> <li>• Naloxone distribution training with PRHC Clinical Educators completed, with roll-out of distribution expected in early 2024. Expansion of distribution by PPH staff started.</li> </ul>



Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q4 2023
	Adverse Child Experiences (ACEs) Prevention & Child Development	1,2,3,4,5	Implemented	<ul style="list-style-type: none"> <li>• Implementation of NFP program in collaboration with HKPRDHU (caseload in 2023: 10 families) including referral plan and NFP evaluation in collaboration with McMaster University.</li> <li>• Launch of parenting engagement in partnership with Trent University and Peterborough Children and Family Centre.</li> <li>• Community Resilience Summit – Nov 15. Over 100 representatives from over 50 agencies registered.</li> </ul>
	Climate Change	3,4,6	Implemented	<ul style="list-style-type: none"> <li>• PPH's Climate Change and Health Vulnerability Assessment Technical document in progress. On track for release in Q1 2024.</li> <li>• PPH's Climate Change Vulnerability Assessment Summary Report completed and released including sharing at the December BOH meeting.</li> <li>• Continued to participate in the Ontario Public Health Climate Network.</li> <li>• Continued communication and engagement with the External Advisory Group.</li> <li>• Provided consultation to the City of Peterborough for the Artist Residency Program Climate Change Project and Climate Change Action Plan 2.0.</li> <li>• Signed contract with Cambium Indigenous Professional Services (CIPS) to support</li> </ul>



Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q4 2023
				Indigenous Engagement as part of climate change adaptation planning in 2024.
<b>Our System</b>	Partners in Health Equity		Implemented	<ul style="list-style-type: none"> <li>Continue to facilitate regular meetings with local organizations (Peterborough Interagency Pandemic Response Table) to ensure equitable access to vaccines, outbreak management and infection prevention and control related to respiratory diseases</li> <li>Participate in Peterborough Community Safety and Well-being Plan implementation.</li> </ul>
	Indigenous Allyship		Implemented	<ul style="list-style-type: none"> <li>First community forum entitled “Fostering Mino-Bimmaadiziwn: Housing, Home and Health” held in October.</li> <li>IHAC’s recommendation for an Indigenous Engagement staff position approved by Board of Health.</li> <li>IHAC supported acting as a consultation body for Indigenous engagement for other local health and social service boards and organizations within the PPH catchment area on health-related topics – first consultation held with Age Friendly Peterborough.</li> <li>Special engagement session with IHAC and Sense &amp; Nous Consultant regarding merger feasibility completed.</li> </ul>
	Public Health System		Implemented	<ul style="list-style-type: none"> <li>Continued to attend Peterborough Ontario Health Team, Peterborough Family Health team and other local systems tables.</li> </ul>



Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q4 2023
				<ul style="list-style-type: none"> <li>Supporting ongoing conversations and actions related to unattached patient population groups e.g. newborns.</li> <li>Inventory of PPH Staff expertise and experiences completed to inform provincial Ontario Public Health Standards review representation.</li> </ul>

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

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

**LONG-TERM CHANGES FOR ‘OUR TEAM’**

**7 – Healthy Organizational Culture**

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



## 8 – Staff Wellbeing & Development

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

## 9- Effective Teams

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

### **\*\*STATUS:**

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

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

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

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



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Support for Renewal of Provincial Appointment - Mr. Paul Johnston</b>
<b>DATE:</b>	<b>February 6, 2024</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health express its support for the renewal of the provincial appointment for Board of Health member Mr. Paul Johnston.

**BACKGROUND**

Mr. Johnston's one-year term expires April 26, 2024, he has expressed interest in continuing on the Board of Health.

In order to expedite the renewal process, and given that the Governance Committee is not expected to meet in the near future given merger exploration discussions, this request coming directly to the Board of Health for support.