

**Board of Health for  
Peterborough Public Health  
AGENDA  
Board of Health Meeting  
Wednesday, March 13, 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.*

**1.1. Provincial Appointment Renewals**

Deputy Mayor Joy Lachica, Chair

**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:*

**5. Delegations and Presentations**

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

- [Cover Report](#)
- [Minutes, Feb. 21/24](#)

**7. Business Arising From the Minutes**

**8. Staff Reports**

**8.1. Presentation: Adverse Childhood Experiences and Resilience**

- [Cover Report](#)
  - a. [Presentation](#)



**8.2. Presentation: Safe Sewage Program Divestment Update**

- Cover Report
- a. Presentation

**8.3. Merger Exploration Update**

- Cover Report
- a. Joint Merger Steering Committee Terms of Reference

**9. Consent Items**

**9.1. Correspondence for Direction (nil)**

**9.2. Correspondence for Information**

- Cover Report
- a. alPHa e-newsletter
- b. Premier – Intimate Partner Violence
- c. Health Canada – Indoor Air Quality
- d. Minister Jones – Peterborough Community Health Centre
- e. County Council – Merger Announcement

**9.3. Staff Reports**

**9.3.1. Staff Report: Summary of Complaints, 2023**

- Staff Report

**9.3.2. Staff Report: Summary of Donations, 2023**

- Staff Report

**9.3.3. Staff Report: Summary of Research Activities, 2023**

- Staff Report
- a. Summary

**9.3.4. Staff Report: Audit Letter of Engagement, 2023**

- Staff Report
- a. Letter of Engagement
- b. Audit Planning Report



#### **9.4. Committees**

##### **9.4.1. Indigenous Health Advisory Circle**

- Cover Report
- a. Minutes, Dec. 15/23

#### **10. New Business**

##### **10.1. Board of Health Committees**

- Cover Report

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

In accordance with the Municipal Act, 2001, *Section 239(2)*

(b), Personal matters about an identifiable individual, including Board employees

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

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

Note: A special meeting in late March may be required.

Next regularly scheduled meeting:

Wednesday, April 10, 2023, 5:30 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>March 13, 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 February 21, 2024.

**ATTACHMENTS**

- a. [Board of Health Minutes, February 21, 2024.](#)



**Board of Health for  
Peterborough Public Health  
DRAFT MINUTES  
Board of Health Meeting  
Wednesday, February 21, 2024 – 3:30 p.m.  
Multipurpose Rooms, 185 King Street, Peterborough**

**In Attendance:**

<b>Board Members:</b>	<b>Deputy Mayor Ron Black Warden Bonnie Clark Mayor Matthew Graham Councillor Dave Haacke (<i>joined at 5:33 p.m.</i>) Mr. Paul Johnston Councillor Nodin Knott (virtual) Deputy Mayor Joy Lachica, Chair Dr. Ramesh Makhija Mr. Dan Moloney Councillor Keith Riel (virtual) Dr. Hans Stelzer Councillor Kathryn Wilson</b>
<b>Regrets:</b>	<b>Mr. Scott Baker</b>
<b>Guests:</b>	<b>Dr. Kieran Moore, Ontario Chief Medical Officer of Health Mr. Brent Feeney, Director, Accountability and Liaison Branch, Office of the CMOH</b>
<b>Staff:</b>	<b>Ms. Hallie Atter, Director, Health Promotion Division Ms. Donna Churipuy, Director, Health Protection Division Ms. Alida Gorizzan, Executive Assistant (Recorder) Dr. Thomas Piggott, Medical Officer of Health &amp; CEO Mr. Larry Stinson, Director of Operations</b>

---

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

Deputy Mayor Lachica, Chair, called the meeting to order at 5:30 p.m.

**2. Confirmation of the Agenda**

The Chair noted the removal of one item from the in camera session related to:

- *Municipal Act, 2001, Section 239(3.1) Education or training*



MOTION:

That the agenda be approved as amended.

Moved: Dr. Makhija

Seconded: Mr. Moloney

Carried. (M-2024-020)

**3. Declaration of Pecuniary Interest**

**4. Consent Items to be Considered Separately (nil)**

**5. Delegations and Presentations**

**5.1. Merger Exploration – Q&A with Ministry of Health Representatives**

Dr. Kieran Moore, Ontario Chief Medical Officer of Health (CMOH), and Mr. Brent Feeney, Director, Accountability and Liaison Branch, Office of the CMOH, joined the meeting virtually for this item. Board Members had an opportunity to ask questions about the merger exploration process and business case submission.

MOTION:

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

- Topic: Ministry of Health Merger Exploration Update
- Guests: Dr. Kieran Moore and Mr. Brent Feeney

Moved: Mayor Graham

Seconded: Dr. Stelzer

Motion carried. (M-2024-021)

**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 February 6, 2024, as circulated.

Moved: Dr. Makhija

Seconded: Mr. Mayor Graham

Motion carried. (M-2024-022)

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

**8. Staff Reports (nil)**

**9. Consent Items (nil)**

**10. New Business**



*The Chair called for a break at 4:12 p.m. The meeting resumed at 4:30 p.m.*

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

MOTION:

That the Board of Health for Peterborough Public Health go In Camera at 4:31 p.m. to Discuss one item 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.*

Moved: Mayor Graham

Seconded: Warden Clark

Carried. (M-2024-023)

MOTION:

That the Board of Health rise from the In-Camera session at 5:48 p.m.

Moved: Councillor Haacke

Seconded: Warden Clark

Carried. (M-2024-024)

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

The Chair advised there were no motions arising from the closed session. The following was reported:

- Direction was provided to staff regarding the one item tabled in closed session.

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

Wednesday, March 13, 2023, 5:30 p.m.

Multipurpose Rooms, 185 King Street, Peterborough

#### **14. Adjournment**

MOTION:

That the meeting be adjourned.

Moved by: Councillor Wilson

Seconded by: Warden Clark

Motion carried. (M-2024-025)

The meeting was adjourned at 5:59 p.m.

---

Medical Officer of Health & CEO

---

Board Chair



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Adverse Childhood Experiences and Resilience</b>
<b>DATE:</b>	<b>March 13, 2024</b>
<b>PREPARED BY:</b>	<b>Kara Koteles, RN, BScN, Public Health Nurse, Family &amp; Community Health Kate Dunford, RN, BScN, Public Health Nurse, Family &amp; Community Health</b>
<b>APPROVED BY:</b>	<b>Hallie Atter, Director, Health Promotion Division Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

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

- Title: Adverse Childhood Experiences and Resilience
- Presenters:  
Kara Koteles, RN, BScN, Public Health Nurse, Family & Community Health  
Kate Dunford, RN, BScN, Public Health Nurse, Family & Community Health

**ATTACHMENTS**

**a. [Presentation](#)**



# Adverse Childhood Experiences (ACEs) and Resilience

Program Update

Board of Health Meeting March 13, 2024

**Kate Dunford, RN, BScN**

Public Health Nurse, Family & Community Health

**Kara Koteles, RN, BScN**

Public Health Nurse, Family & Community Health



# Trauma Informed Practice



- Acknowledgement that the following discussion may be triggering for those who have experienced trauma, knowingly or not.
- Reminder to take care and reach out for support if needed.
- List of resources available at <https://www.peterboroughpublichealth.ca/your-health/healthy-living-and-eating/mental-health/>



## OUR COMMUNITY

In providing public health services to the entire Peterborough Public Health region, we will prioritize health issues affecting under-served populations to impact health equity.


**People who use drugs (PWUD) have enhanced access to public health services and supports in our collaborative response to the drug poisoning crisis.**

- a. With partners develop an evidence-based scorecard for strategies and gaps in the community in response to the drug poisoning crisis response.
- b. Practise active allyship for Indigenous cultural perspectives to harm reduction and the response to the drug poisoning crisis.
- c. With partners, increase capacity of PWUD to engage in advocacy and inform the response to the drug poisoning crisis.
- d. Pilot PPH clinical services for equitable access for PWUD within the consumption and treatment services site or other accessible spaces.

**Under-served single parents and families are supported in creating healthy, safe and nurturing environments for child development.**

- a. Complete and evaluate, with engagement of underserved single parents and families in a pilot of nurse-family partnership or similar enhanced family support program.
- b. Provide coordination support and leadership of evidence-based programs for the prevention of adverse childhood experiences (ACES).
- c. Develop an organizational framework for the primary prevention of ACES and trauma, recognizing the connections to substance use and community mental health and wellbeing.
- d. Advocate for systemic changes to improve equity in access to basic needs, in particular for children and under-served families (in particular placing an emphasis on the right to housing and a living wage).

# Preventing ACEs is a priority for PPH



Under-served single parents and families are supported in creating healthy, safe and nurturing environments for child development.



# Why is decreasing adversity a priority?

## ACEs Can Increase Risk for Disease, Early Death, and Poor Social Outcomes

Research shows that **experiencing a higher number of ACEs** is associated with **many of the leading causes of death** like heart disease and cancer.



### CHRONIC HEALTH CONDITIONS

- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity



### MENTAL HEALTH CONDITIONS AND SUBSTANCE USE DISORDERS

- Depression
- Substance use disorder including alcohol, opioids, and tobacco



### HEALTH RISK BEHAVIORS

- Smoking
- Excessive alcohol use
- Substance misuse
- Physical inactivity
- Risky sexual behavior
- Suicidal thoughts and behavior



### SOCIAL OUTCOMES

- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

<https://www.cdc.gov/violenceprevention/aces/resources.html>



# Working Upstream

- Chronic Disease Prevention and Well-Being
- Healthy Growth and Development (HG&D)
- School Health
- Substance Use and Injury Prevention
- Infectious and Communicable Diseases Prevention and Control
- Health Equity

## Ontario Public Health Standards:

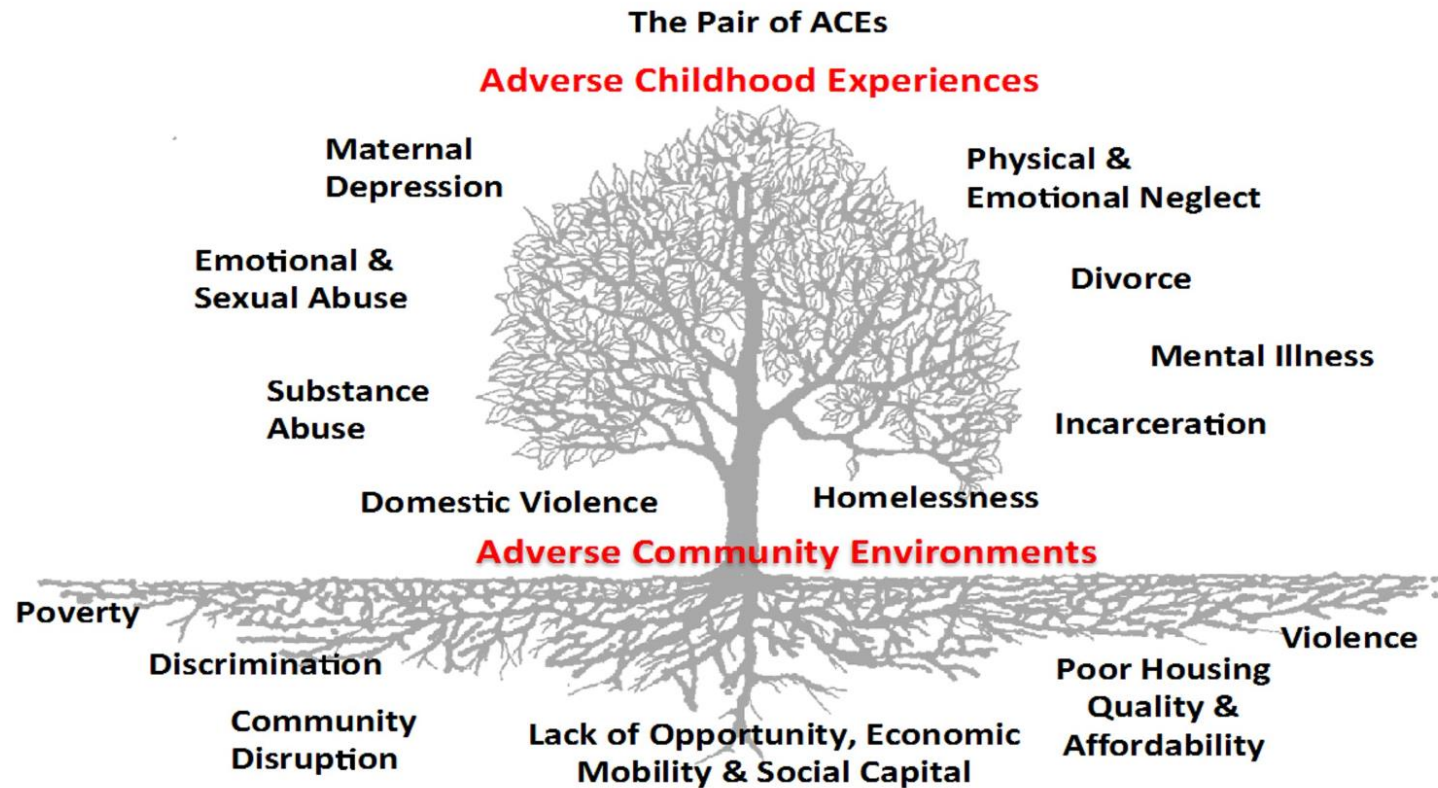
Requirements for Programs,  
Services and Accountability

Protecting and Promoting the Health of Ontarians

Effective: June, 2021



# Child and Community Adversity



Ellis, W., Dietz, W.H., Chen, K.D. (2022). Community Resilience: A Dynamic Model for Public Health 3.0. Journal of Public Health Management and Practice, (28)1, S18-S26. doi: 10.1097/PHH.0000000000001413



# How do we buffer toxic stress? Building Resilience

Principle 1: Reduce  
Adversity

Principle 3: Add  
positive supports



Principle 2: Improve Skills and  
Abilities



# Projects

- Parent Engagement Research Study
- Community Resilience Collaboration
- Framework and Provincial Collaborations
- Knowledge Translation
- Nurse-Family Partnership (NFP) and Healthy Babies, Healthy Children Programs
- Healthy Growth & Development
- Income advocacy



# In Their Own Words: Parent Engagement Research Study

## WHAT

- **Purpose:** To understand parenting strengths, challenges, resources, and needs
- **Outcomes:** new or enhanced programs, advocacy, community partnerships, lived-experience advisory
- Partnership between Peterborough Public Health and Trent University Research for Social Change Lab (RSCL)
- Comprised of 2 parts – survey and focus groups



# In Their Own Words: Parent Engagement Research Study

## WHY


- Parents and caregivers play a crucial role in creating a safe and nurturing environment that can buffer against the impact of adversity.
- Parent-child relationships strongly impact children's resilience.
- Parents require resources and supportive environments to minimize their own stress and build skills to support children.



# In Their Own Words: Parenting in Peterborough Survey

## HOW

- Lead by PPH
- Community-wide survey
- Strengths-based, inclusive language
- Robust development and pilot process
- Purpose is to gather information on:
  - Demographics
  - Parenting strengths and supports
  - Parenting Challenges and stressors
  - Parenting resources



**What Do Parents Need?**

Have your say in the  
**Parenting in Peterborough Survey!**

**PARENTING CAN BE HARD.**

Take just **15-25 minutes** to share your experiences and ideas to help shape the community support you need.

Open to parents or caregivers of child(ren) ages 0-12 living in the City of Peterborough, Peterborough County, Curve Lake First Nation, or Hiawatha First Nation.  
You must be at least 14 years old to participate.

**Your voice matters and your time is valued - complete the survey and receive a \$10 gift card.**

Survey available in English, French and Arabic.  
If you have questions about the survey, please contact Kara Koteles (kkoteles@peterboroughpublichealth.ca).

TRENT UNIVERSITY | ALLEN & LEYBURN Social Change LAB | Peterborough Public Health

Follow us on [Facebook] [Twitter] [Instagram] [LinkedIn]

This study has been reviewed and approved by the Trent University Research Ethics Board. Any questions or concerns about the ethics of this study can be directed to Anna Kisala, Office of the Vice President, Research and Innovation, Trent University, 705-748-1011, ext. 7866, annakisala@trentu.ca



# In Their Own Words: Focus Groups

## HOW

- Lead by RSCL
- 2-hour focus groups with underserved populations
  - Facilitated by RSCL staff and Parent Researchers
  - Engage in arts-based work to explore parenting experiences
  - Participate in discussions about parenting experiences, with a focus on strengths, supports, challenges, and needs





# Community Resilience Summit



**Learn:** about the effects of adversity on lifelong health and wellbeing and the science of resilience, local initiatives designed to promote resilience, and Ontario communities' approaches to fostering resilience.



**Connect:** create new connections and/or foster existing relationships with other leaders in the community.



**Act:** identify possible solutions and actions to promote resilience in Peterborough and the surrounding area.





# Evaluation & Recommendations

- Over 100 registrants from over 50 agencies
- Most respondents agreed that
  - It was a positive experience
  - It was a valuable use of time
  - They learned about resilience
  - They had sufficient opportunity to foster connections
- Recommendations
  - Establish a community collaboration to facilitate enhancing community resilience.
  - Use ideas generated to inform next steps



## Take away messages



**Prevention:** It starts with the brain.




**Opportunity:** All adults have a responsibility and opportunity to support healthy development, positive mental health & resilience.



**Act:** Everyone can make a difference.





# **Community Resilience Collaborative Meeting February 14, 2024**

- 28 people from 17 organizations attended
- Objectives were to:
  - Create a shared understanding of our goals
  - Create a plan for how we want to work together
  - Prioritize our next steps
- Gained commitment to continue moving this work forward
- Working group identified to develop governance structure





# Provincial Partnerships

- PPH actively participates in the Public Health Ontario (PHO) ACEs & Resilience Community of Practice
  - OPHS Key Messages Document submitted to CMOH and Ministry of Health
  - Creating a Provincial ACEs and Resilience Framework
  - Learning from other Ontario coalitions/committees
- Also involved in the PHO Parenting CoP and PHO HG&D Evidence Network





# Questions?



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Safe Sewage Program Divestment Update</b>
<b>DATE:</b>	<b>March 13, 2024</b>
<b>PREPARED BY:</b>	<b>Julie Bromley, Manager, Environmental Health</b>
<b>APPROVED BY:</b>	<b>Donna Churipuy, Director, Health Protection Division Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

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

- Title: Safe Sewage Program Divestment Update
- Presenter: Julie Bromley, Manager, Environmental Health

**ATTACHMENTS**

- a. [Presentation](#)





# SAFE SEWAGE PROGRAM DIVESTMENT UPDATE

Transitioning the Safe Sewage Program to Local Municipalities

**Julie Bromley**, Manager of Environmental Health & Chief Building Official (Part 8)

March 13, 2024



# BOARD OF HEALTH DECISION – APRIL 2023

- In camera discussion on April 12, 2023
- BOH supported staff recommendation not to renew the services agreement upon expiry in November 2024
- Strategic decision based on:
  - Declining revenue and potential for ongoing financial shortfalls
  - Increasing litigation and organizational risk
  - Concerns related to recruitment and staffing
  - Timing of contract renewal
  - Potential of health unit mergers
  - Not an OPHS-mandated program or strategic priority for PPH; only 1 of 11 health units continuing this program





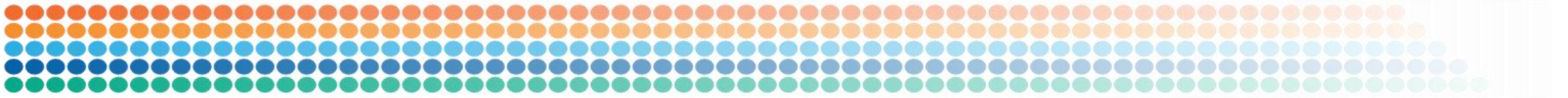
# PPH APPROACH TO DIVESTMENT

- Collaboration with local municipalities
- Smooth transition for ALL stakeholders
- Appropriately resourced
- Multi-stakeholder consultation
  - Board of Health
  - Industry professionals
  - Local municipalities (1:1 meetings)
  - PPH staff

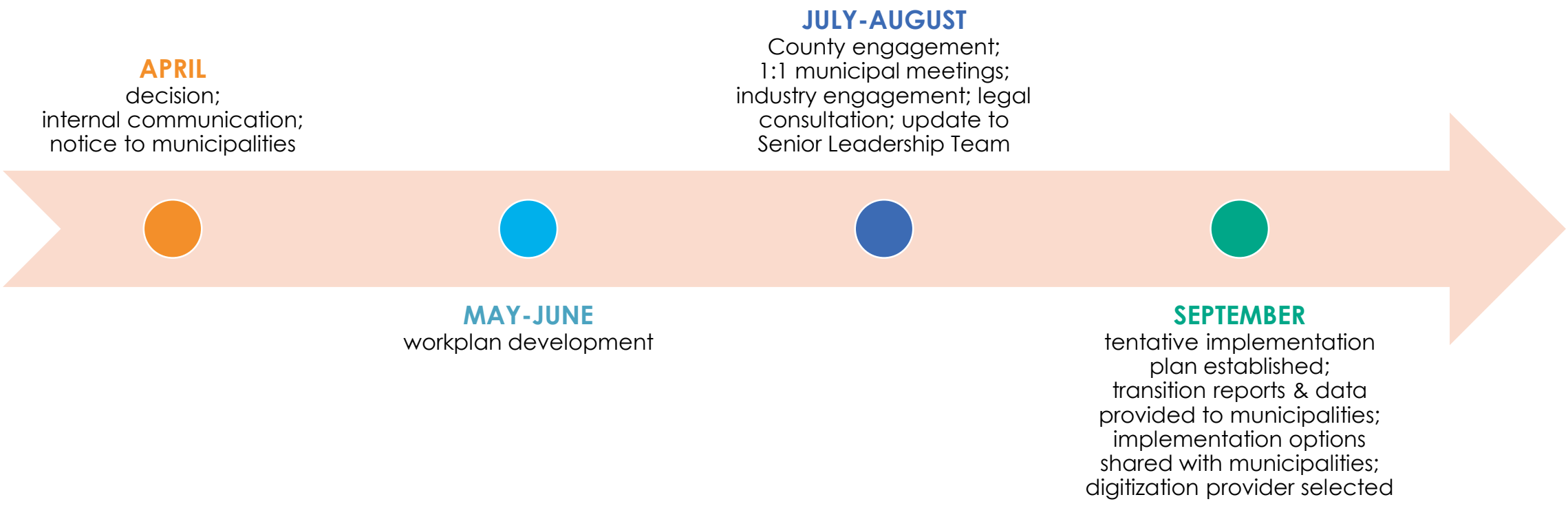


[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)





# PHASE ONE: PLANNING







# EARLY ENGAGEMENT – WHAT WE HEARD

## Safe Sewage Disposal Program Divestment: Issues and Opportunities

### INSTALLERS

More inspectors do not equal more efficient processes; training and expertise are needed.

Standardized application and permitting process across 8 Townships and the City is **STRONGLY** encouraged:

- all forms should be the same,
- all prices should be the same,
- number and types of inspections should be the same (i.e., base cut/no base cut requirements, number of inspections, seed, and sod requirements, etc.)

Immediate priority should be given to existing failed systems vs. new builds; someone living with a failed system doesn't have the luxury of time.

Current practice has PPH inspectors in the field same day to two days after receiving a call for an inspection. Delays in inspectors being available could result in "Sunday afternoon installs" or some installers circumventing the process while they are waiting.

Delays in inspections can cause economic burdens to installers and subsequently hurt local small business operators.

### BOTH

Safe sewage disposal prevents health hazards.

Improperly installed sewage systems pose short term and long terms consequences to both people and the environment.

Municipalities are urged to fully understand OBC requirements, as related to Part 8.

This is an incredibly important portfolio for municipalities to be taking on; hope is that municipalities fully understand the importance of safe sewage disposal and the consequences of failed or improperly installed systems.

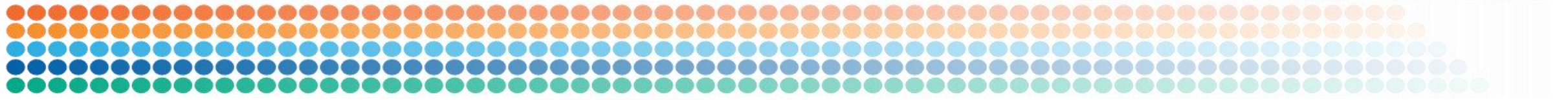
Beneficial process for residents with potential for increased efficiency; having to only deal with one agency; municipality can offer a 'one stop shop'.

### OTHER PUBLIC HEALTH UNITS

Safe sewage disposal is a better 'fit' for municipalities as it naturally aligns with their building department and other OBC requirements.

Ensure that this is treated as a health hazard and that priority is given to completing quality inspections and not focusing on the quantity of inspections; don't use this as a process to issue more building permits.





# OPTIONS FOR LOCAL MUNICIPALITIES

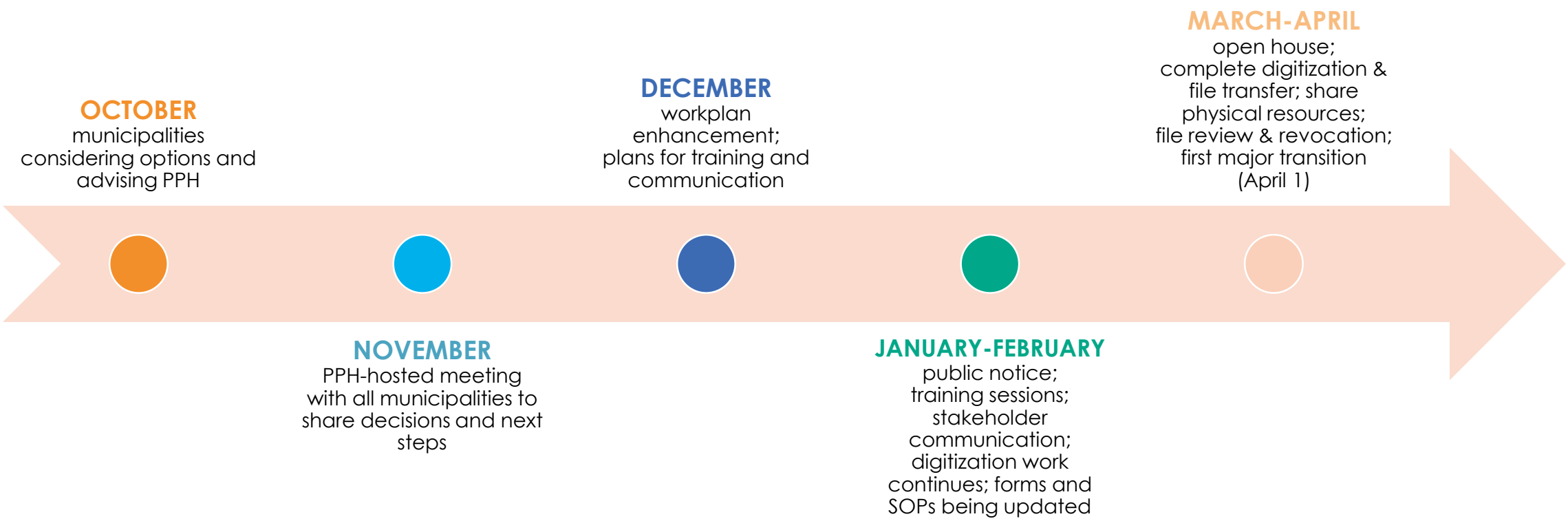
---

- September 2023 – all municipalities provided with a transition report
- Options provided for transition:
  1. April 1, 2024 (new applications/services) – PPH will carry out open applications until Nov. 17
  2. November 18, 2024 (new and open)
- Pros and cons for each
- For some, this was an operational decision; some engaged council
- Provided options because a one-size-fits-all approach was not going to work
- Gently encouraged April 1 to give ourselves more flexibility



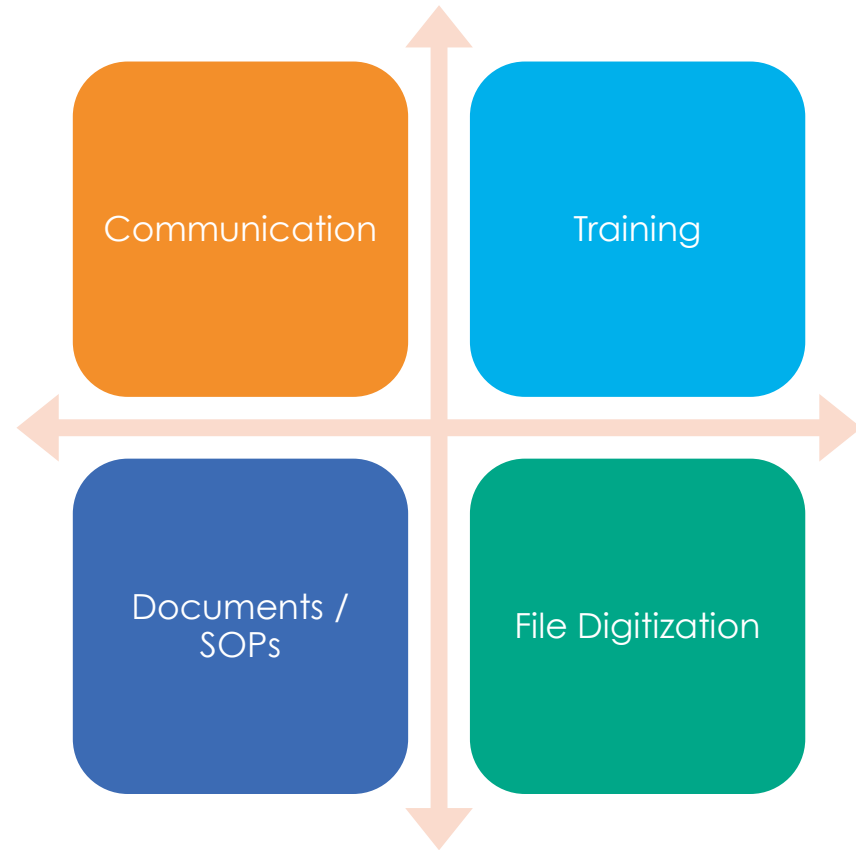


# PHASE TWO: IMPLEMENTATION





# 4-POINT TRANSITION WORKPLAN



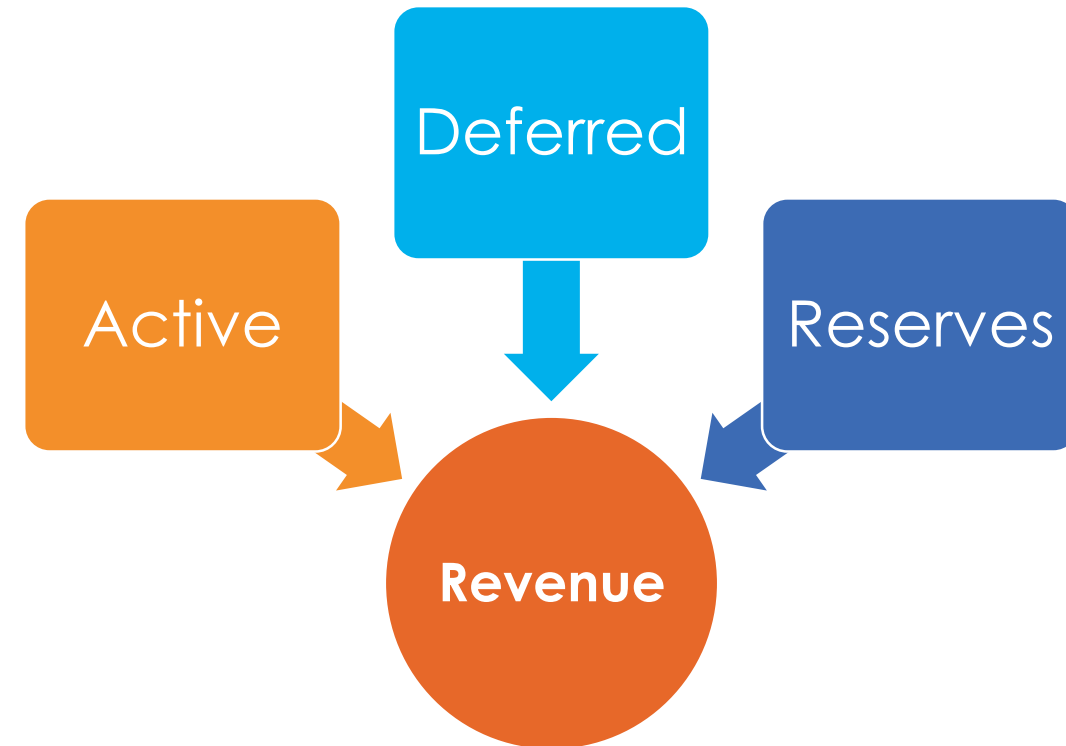
- Maintains momentum and keeps us on track
- Assigns oversight and responsibilities
- Allows sufficient planning and reflection
- Helps identify gaps and needs
- Serves as process documentation

**Goal: smooth transition for all.**



# FINANCIAL CONSIDERATIONS

- Early legal opinion on the need to retain reserves post-divestment
- Divestment activities paid from program reserves
- Monitoring budget alongside Finance monthly; there is still a program to run while divesting
- Many open files to be closed; deferred revenue becoming active revenue
- Reduced revenue after April 1
- Deferred revenue to be transferred to applicable municipality along with open file
- Maintaining staffing & management capacity





# CHALLENGES, HIGHLIGHTS & NEXT STEPS



Cavan Monaghan  
Selwyn  
Trent Lakes



City of Peterborough  
Asphodel-Norwood  
Havelock-Belmont-Methuen  
Otonabee-South Monaghan





# THANKS FOR YOUR TIME!

---



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

## ACRONYMS:

BCA – Building Code Act

CBO – Chief Building Official

EPA – Environmental Protection Act

OBC – Ontario Building Code

OOWA – Ontario Onsite Wastewater Association

OPHS – Ontario Public Health Standards

MECP – Ministry of the Environment, Conservation and Parks

SOP – Standard Operating Procedures



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Merger Exploration Update</b>
<b>DATE:</b>	<b>March 13, 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**

**MOTION A:**

WHEREAS, the Board of Health understands that full and adequate funding for voluntary public health unit mergers will be supported by the Ministry of Health;

WHEREAS, the Board of Health believes that a merger of the Haliburton Kawartha Pine Ridge District Health Unit (HKPRDHU) and Peterborough Public Health (PPH) Boards of Health will result in a more effective level of service to all area residents; and

WHEREAS, the Board of Health seeks to maintain or enhance the existing partnerships with First Nations in communities served by the Health Units;

Therefore, be it resolved that the Board of Health for Peterborough Public Health:

- Intends to pursue a merger with the Board of Health for HKPRDHU; and
- Agrees to work together to develop a business case and funding proposal regarding the merger, subject to sufficient funding being provided by the Ministry of Health as specifically outlined in the business case; and
- Create a joint Board of Health Merger Steering Committee, with equal membership from both HKPRDHU and PPH, to support the development of a Business Case and guide collaborative work towards a merger.

**MOTION B:**

That the Board of Health for Peterborough Public Health:

- approve the Joint Merger Steering Committee (JMSC) Terms of Reference, as circulated; and,
- appoint the following members to the JMSC: Deputy Mayor Joy Lachica, Councillor Kathryn Wilson and Deputy Mayor Ron Black.

**ATTACHMENTS**

- a. [Joint Merger Steering Committee Terms of Reference](#)



## **Joint Merger Steering Committee**

### **DRAFT Terms of Reference**

#### **Membership:**

David Marshall, HKPR Board Chair, Provincial Appointee  
Cec Ryall, HKPR Board Member, Deputy Mayor, Highlands East  
John Logel, HKPR Board Member, Mayor, Alnwick Haldimand Township  
Joy Lachica, PPH Board Chair, Deputy Mayor, City of Peterborough  
Kathryn Wilson, PPH Board Member, Councillor, Hiawatha First Nation  
Ron Black, PPH Board Member, Deputy Mayor, Township of Selwyn

Dr. Natalie Bocking, Medical Officer of Health & Chief Executive Officer, HKPR, ex-officio  
Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer, PPH, ex-officio  
Other senior staff and support as needed (i.e., Directors, legal counsel, etc.)

#### **Purpose:**

To provide oversight, advice, guidance, and recommendations to the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR) and Peterborough Public Health (PPH) Boards of Health (BOH) on:

- the submission of a joint voluntary merger business case application to the Ministry of Health; and,
- matters imperative to achieving a fully operational board of health under the *Health Protection and Promotion Act (HPPA)*, R.S.O. 1990, c. H.7, as amended, and the regulations thereunder.

#### **Principles:**

- Any consolidation of the two BOHs to create a new health unit composed of Haliburton, Northumberland and Peterborough Counties; Curve Lake, Hiawatha and Alderville First Nations; and, the Cities of Kawartha Lakes and Peterborough will be done for the benefit of the current and future residents of these communities.
- The Joint Merger Steering Committee (JMSC) will ensure careful attention to sovereignty and governance considerations for First Nations in the regions served, and equitable consideration of all Indigenous peoples served in the region are considered.
- The JMSC will consider the principle of health equity, particularly for under-served and marginalized populations served in the region.
- The JMSC agrees to work with the consultants in good faith to achieve the collective goal of improving public health services across the above regions.
- The JMSC will ensure transparency in its recommendations to both BOHs.



- The JMSC will ensure regular and transparent communication with employees and other stakeholders.

**Term:**

The JMSC shall serve immediately upon approval of the Terms of Reference (TOR) by both the HKPR and PPH Boards of Health to January 1, 2025, or until the confirmed proclamation date of the planned amendments to Regulation 553 (“Areas Comprising Health Units”) under the *Health Protection and Promotion Act (HPPA)*, R.S.O. 1990, c. H.7 as amended and the regulations thereunder.

The Parties recognize that, the BOH for the newly-merged health unit may establish, at their discretion, the Committee as an ad hoc Committee of the new BOH following the planned amendments coming into force. For the purposes of this document, the merged health unit will be called the HKPR-PPH Health Unit (legal and operational name to be determined).

**Accountability:**

The Committee shall be accountable and report to both the HKPR and PPH BOHs.

**Authorities and Deliverables:**

1. The JMSC has decision-making authority as delegated to it by HKPR and PPH BOHs through these TOR or other direction jointly from HKPR and PPH BOHs.
2. Champion the vision, goals, and objectives of this merger initiative and communicate same to stakeholders;
3. Provide oversight of the development of a joint voluntary merger business case application to the Ministry of Health and recommend approval to the HKPR and PPH BOHs. As part of the application, the JMSC will provide recommendations on various items including leadership and governance structure; legal and organizational names; and, municipal levy harmonization.
4. Review draft BOH policies and by-laws and recommend same to the HKPR-PPH BOH for approval;
5. Review draft TOR for recommended standing and ad hoc Committees of the new BOH and recommend same to the HKPR-PPH BOH for approval;
6. Finalize a board retreat that promotes the opportunity for team building and facilitates training and orientation in the areas of public health and autonomous structure (review of legislation, policy, regulation, statutory obligations) for the “to-be” appointed members for the HKPR-PPH BOH;
7. Review job descriptions and contractual terms for the leadership positions (e.g., Medical Officer of Health & Chief Executive Officer, Associate Medical Officer of Health) for the HKPR-PPH Health Unit and recommend same for HKPR-PPH BOH approval;



8. Monitor expenditures, in accordance with previous budget submissions of the one-time in year funding request and the one-time business case funding to be used for merger-related planning and implementation costs;
9. Review, and recommend a draft nomination process for Order in Council appointments to the HKPR-PPH BOH;
10. Provide oversight and insight as necessary to support HKPR-PPH organizational readiness;
11. Perform such other tasks as the Parties (HKPR and PPH Boards of Health) shall jointly assign to the Committee from time to time during the transition period; and
12. Provide written updates, as appropriate at the Chair's discretion, to HKPR and PPH Boards of Health regarding progress on deliverables.

### **Meetings:**

Meetings of this committee will be held at the offices of HKPR or PPH, either in person or via electronic means at a minimum of every two weeks, or more frequently as identified by the Committee, or at the call of the Chair. Frequency may be reassessed after the submission of the joint voluntary merger business case application.

### **Quorum:**

A quorum of members must be present either in person or via electronic means, before a meeting can proceed. 50% plus one will constitute a quorum, with a minimum of two representatives per health unit.

A scheduled meeting will be cancelled if the Chair is unable to confirm that a quorum of members can attend. This decision will be based on the member's replies to the invitation.

### **Roles and Responsibilities:**

1. The Chair will rotate between the Board Chairs for HKPR and PPH. The recorder will rotate between HKPR and PPH staff and the location will be rotated between health units as required.
2. The Chair will endeavour to:
  - a. Guide the meeting according to the agenda and time available;
  - b. Provide an opportunity for all members to participate in the discussion;
  - c. Ensure adherence to the Terms of Reference;
  - d. Review and approve the draft minutes before distribution to the Committee members.
3. Committee Members will:
  - a. Prepare for each meeting by thoroughly reading all pre-circulated reports in advance of the meetings;
  - b. Attend and actively participate in the discussion and business of the Committee;
  - c. Speak as a collective (with one voice) following Committee decisions on matters.
4. MOH/CEOs as ex-officio members and staff support to the Committee will:



- a. Prepare agendas for meetings;
  - b. Provide written reports regarding strategic deliverables to the Committee in advance of each meeting;
  - c. Draft written Committee updates regarding achievements to HKPR and PPH Boards of Health as directed;
5. The Board Chairs supported by the MOHs will act as spokespersons for the JMSC.

**Decision Making:**

The JMSC will endeavour to reach consensus related to its governance-related decisions and recommendations.

**Confidentiality:**

Each member of the JMSC has a duty to keep confidential any information which the Committee has identified as such, or at the request of both HKPR and PPH Boards of Health.

**Date adopted:**

PPH Board of Health – March 13, 2024 (*anticipated date*)  
HKPR Board of Health – March 21, 2024 (*anticipated date*)



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Information</b>
<b>DATE:</b>	<b>March 13, 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 February 5, 2024 from the Association of Local Public Health Agencies (aLPHa).
- b. Email dated February 9, 2024 from the Premier to the Board Chair, in response to the Chair's original letter dated January 31, 2024 regarding intimate partner violence.
- c. Email dated February 19, 2024 from Health Canada to the Board Chair, in response to the Chair's original letter dated January 31, 2024 regarding indoor air quality. *Note: As suggested by Mr. Carreau, the original correspondence has been forwarded to the National Research Council of Canada.*
- d. Letter dated February 27, 2024 from the Board Chair to Minister Jones regarding the funding announcement for a Community Health Centre in Peterborough.
- e. Letter dated February 27, 2024 from the Board Chair to Warden Clark and County Council regarding the merger announcement. *Note: Similar letters were sent to City Council, Curve Lake and Hiawatha First Nation Councils, local MPPs and MPs.*



**From:** allhealthunits  
**Sent:** Monday, February 05, 2024 1:15 PM  
**To:** AllHealthUnits  
**Subject:** [allhealthunits] February 2024 InfoBreak

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

---

**February 5, 2024**

---

## February 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).*

---

### **Leader to Leader - A Message from alPha's President - February 2024**

Hello and greetings to all as we settle into what the 2024 year has to bring.

I look forward to our lineup in the alPha Winter Symposium (held virtually) February 14-16. Commencing, we have the *Building Climate Change Resilient Health Systems* workshop throughout the day on February 14th, on the importance of climate change to local public health, seeking a shared understanding of our roles in mitigation and adaptation, sharing perspectives on the challenges, actions and responses, and developing tools to manage heat-related adaptation. Joining us for this will be speakers from Health Canada, the British Columbia Centre for Disease Control, the National Collaborating Centre for Environmental Health, the Ontario Ministry of Health, and local public health units in Ontario. We intend for this to be an opportunity for mutual learning as we face challenges now and into the future.

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](http://LeadersForLeaders.org). Tim's message has been well received in the past and continues to be highly relevant in all that we do.



On February 16th throughout the day, we will have a range of speakers and topics including an update from Chief MOH Dr. Kieran Moore, a PHO update from Michael Sherar, progress on the alPHA bylaw (coming into compliance with ONCA), and an overview of the new alPHA Strategic Plan. Also of note will be the opportunity to meet (virtually) with peers and colleagues in our Section meetings.

The province continues its work with us on *Strengthening Public Health*. To this end, it is leading Community of Practice meetings. I do wish to highlight the excellent [planning tool](#) provided and maintained by KFL&A, including a map of boards of health that have communicated the possibility of merging.

In December 2023, Dr. Moore issued a notice specifying the province's engagement process in the review and revision of the Ontario Public Health Standards (OPHS), citing groups and committees for this work. In this, he reiterated the intention to complete this work within 2024, with the exception of the standards for Infectious and Communicable Diseases Prevention and Control and for Immunizations, which will now be completed in a phased approach extending beyond 2024. Many in local public health have communicated to the province their willingness to participate in the OPHS review, demonstrating our strength of conviction and dedication. I commend all who have come forward with their willingness to make this commitment.

As we navigate through the changes that abound, our daily work continues across the very broad range of our mandate, addressing both acute health challenges and the underlying determinants of health. We continue working in and with our local communities addressing our unique circumstances pursuing better health for all. I look forward to seeing many of you virtually at the alPHA Winter Symposium, virtually and in-person at TOPHC, and in-person in June at our alPHA Annual Conference.

*Dr. Charles Gardner*  
*alPHA President*

---

## **Registration for the 2024 alPHA Winter Symposium, Section Meetings, and Workshops closes this Wednesday!**

Have you registered for the online [2024 Winter Symposium, Section Meetings, and Workshops](#) that are taking place February 14th-16th yet? **If not, registration closes Wednesday, February 7th, 2024.** 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.

alPHA is pleased to announce we will have welcoming remarks from the Hon. Doug Ford, Premier of Ontario and Minister of Intergovernmental Affairs; the Hon. Sylvia Jones, Deputy Premier and Minister of Health; Colin Best, President, Association of Municipalities of Ontario; Steini Brown, Dean, Dalla Lana School of Public Health and key speakers: Dr. Kieran Moore, Chief Medical Officer of Health; Dr. Charles Gardner, President, alPHA; 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, Past-Chair, alPHA – ONCA Compliance Working Group; Michael Sherar, President and CEO, Public Health Ontario; 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. 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](#). 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](#) (revised)

[BOH Section Meeting draft agenda](#) (revised)

[Building Climate Resilient Health Systems workshop draft agenda](#)

[Thriving in Change: Building Resilience in Turbulent Times workshop](#)

[Speakers' biographies](#) (new)

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). Please note, the best way to pay for your registration is via credit card or Electronic Fund Transfer.

Please note, alPHA will collect any presentations shared by the speakers with the membership and will distribute the presentations as soon as these are available.

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!



---

## 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.**

---

## 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 Jan. 2024)  
[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](#)

---

## 2024 alPha Conference and AGM!



**Save the date** for the alPHA Conference and AGM that will be held in-person June 5-7, 2024 in Toronto. Further details, including accommodation information, will be shared in early March when the AGM package is released.

---

alPHA members are invited to submit resolutions for consideration at the 2024 alPHA Annual General Meeting & Resolutions Session during the Annual Conference in June.

It is important that resolutions are drafted using the "Procedural Guidelines for alPHA Resolutions" found by [clicking here](#). Members are also encouraged to visit alPHA's [extensive library](#) of past resolutions to ensure consistency with or to build upon existing positions where appropriate.

---

### **Rural Ontario Municipal Association (ROMA) proposal released**

At the ROMA Conference that took place January 21-23, *Fill the Gaps Closer to Home - Improving Access to Health Services for Rural Ontario: Proposals from the Rural Ontario Municipal Association*, was released. Public health is noted as being part of the project scope, mentioned a number of times in the document, and included in recommendations. The full report is available [here](#).

---

### **Region of Waterloo Vaccine Bus**

To address challenges in accessing vaccines at pharmacies and doctor's offices in some neighbourhoods, the Region of Waterloo has been providing vaccines on a Grand River Transit bus. To read more, click [here](#).

---

### **alPHA Workplace Health & Wellness**

Do you want to improve your physical and mental health? Head to our website to read [more of our infographics](#) to help you improve your health and wellness.

To view this year's Workplace Health & Wellness Month poster, please click [here](#). We encourage all alPHA members to start thinking about participating in May's Workplace Health& Wellness Month.

---

### **Climate Change update**



With 2023 marked the hottest year on record, the urgency for robust public health action in mitigation and adaptation in LPHAs remains critical. Local impacts including air quality and heat from wildfires is negatively impacting the health of Ontarians. These events underscore the urgency for robust public health action in both climate change adaptation and mitigation activities at the local level. The pursuit of such health and health equity through mitigation and adaptation activities demands strong public health action to address climate change. In keeping with such activities, alPha's winter symposium on February 14, 2024 will focus on the collective action required of LPHAs. The workshop, *Building Climate Resilient Health Systems*, will include speakers from Health Canada, the BC Centre for Disease Control, Ontario Ministry of Health and numerous health units with a focus on both mitigation and adaptation efforts representing federal, provincial and local efforts.

Read the full article [here](#) on our recently revamped [Climate Change and Health - Resources page](#).

---

## **Artificial Intelligence (AI) update**

In January 2024, the launch of ChatGPT's 'GPT Store' heralded a new era in AI, offering a range of tools leveraging OpenAI's expanding platform and infrastructure. These GPT-based applications, including the release of Microsoft Co-Pilot provides access to technology requiring minimal coding knowledge and spans various sectors in public health including communications, research, education, health protection and health promotion. This innovation contrasts with traditional app development, which required extensive programming expertise. The simplicity of the creation of GPT and similar AI platforms has led to a rapid increase in their number and diversity. LPHAs stand to benefit from such innovation, using tools to enhance operations and collaboration with healthcare partners. This advancement presents a unique opportunity for executives and LPHAs to integrate AI into their existing and future strategies, optimizing public health outcomes and sharing applications to maximize innovation across the sector.

The unveiling of ChatGPT's 'GPT Store' marks a significant milestone in the evolution of artificial intelligence applications. The GPT store, similar to a digital marketplace for apps, offers a wide range of AI-driven tools built on OpenAI's advanced machine learning technology. GPT-based applications extend the functionalities of the ChatGPT platform to encompass specific tasks across diverse domains. Key categories include communications, such as graphic design tools; research, offering sophisticated literature search capabilities; educational aids like tutors and consultants; and health/lifestyle applications, including nutrition, exercise coaching, and infection prevention and control (IPAC) consultants. The development of applications for platforms like Apple or Android requires significant coding expertise, limiting innovation among organizations without such resources or budget. In contrast, GPT-based applications streamline this process,



allowing creation with minimal or no coding experience. This ease of development of GPTs and similar solutions including Microsoft Co-Pilot has led to a rapid expansion in the variety and number of available applications, democratizing access to AI technology.

While this surge in development presents certain risks, such as ensuring the effectiveness and reliability of these applications, it also opens unprecedented opportunities for LPHAs in leveraging AI technology to enhance operational efficiency and program delivery. Furthermore, sharing these applications with public health and partners can foster collaborative innovation and better resource utilization. As LPHAs explore the potential of solution-based applications, risk mitigation through an adequate organizational AI policy (see November 23, 2023, alPHa BN) is required in keeping with privacy and ethical considerations in effective public health practice. This new era of accessible AI applications presents a unique opportunity for public health executives to harness cutting-edge AI technology to advance their mission and improve community health outcomes.

---

## **Affiliates Update**

---

### **Health Promotion Ontario (HPO)**

Health Promotion Ontario is once again celebrating excellence in health promotion. Nominations for the Lori Chow Memorial Award are open!

#### **Individual Award**

This award is presented annually to someone who demonstrates excellence in health promotion, champions the social determinants of health, and demonstrates leadership and mentorship in health promotion.

#### **Project/Initiative Award**

This award acknowledges outstanding health promotion projects or initiatives. This award is presented annually to projects/initiatives that demonstrate teamwork, collaboration, innovation and impact.

Please submit by completing the nomination form for an [individual](#) or [project/initiative](#) award. Submissions will be accepted until February 28, 2024.

---

## **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. For more info, visit the TOPHC website: [tophc.ca](https://tophc.ca)

---

### **RRFSS' next Membership opportunity starts in May!**

One of the benefits of RRFSS is that PHUs can join three times during the year and the next opportunity is just a few months away.

RRFSS provides much-needed local data to understand local health issues and PHUs have complete control over survey content, with the ability to choose or develop locally-relevant questions (current module questions can be found [here](#)).

### **New Module Development**

RRFSS is known for its response to emerging health issues and there is current interest in developing new modules related to mental health stigma, substance use health stigma and mental health support. The results will be used to measure the impact of public health and community partner interventions on stigma and to better understand where more targeted interventions are needed.

In 2023, the provincial government announced their plan to provide resources, support, and incentives to facilitate voluntary PHU mergers to better support communities. RRFSS can be used to respond to the unique needs of communities and develop modules related to support for health unit mergers.

A new Optional – Flex module is being created for a new RRFSS module design that allows for PHU flexibility to pick non-sequential questions from a particular module. This is in response to a change suggested from last year's RRFSS Participation Survey.

The next cycle of RRFSS data collection runs May to August and data is delivered about 2 months following the end of the 4-month data collection cycle. For more information about joining RRFSS for the next cycle starting in May, contact Lynne Russell, RRFSS Coordinator [lynnerussell@rrfss.ca](mailto:lynnerussell@rrfss.ca)



---

## **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.

[CMOH Response - BOH Leadership & Mergers](#)

---

## **Public Health Ontario**

### **Influenza Genomic Surveillance in Ontario: 2023-24 Early Season**



PHO has released the [Influenza Genomic Surveillance in Ontario report](#), which provides surveillance data on early season influenza whole genome sequencing performed at PHO. The report describes the genetic characteristics of influenza strains circulating in the province during the inter-season period (June 1, 2023 to August 26, 2023) and the first part of the 2023/24 respiratory virus season (August 27, 2023 to November 17, 2023).

This report will be updated both in the middle and the end of influenza season. This information can be used to help public health professionals assess whether antivirals are working against the currently circulating viruses, and advise on vaccine strains for the upcoming seasons.

### **Enhanced Epi Summaries: Chlamydia, Gonorrhea, Syphilis**

PHO's suite of enhanced epidemiological summaries include data including; trends over time, age and sex, geography, site of infection and testing for confirmed cases of [chlamydia](#), [gonorrhea](#) and [syphilis](#). These reports include the most current information available from Ontario's integrated Public Health Information System (iPHIS) as of September 18, 2023.

### **Additional Resources**

[Ontario Respiratory Virus Tool \(updated to include hospital bed occupancy data for COVID-19, influenza and RSV\)](#)

[Considerations for Food Safety Investigations at Food Premises during an Outbreak Focus On: Alpha-gal Syndrome \(AGS\)](#)

[Outbreak Preparedness, Prevention and Management in Congregate Living Settings Focus On: Salutogenesis and Health Promotion](#)

---

### **In case you missed it: 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](#).

---

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

[Canadian Centre for Health Economics Friday Seminar Series: Cost Estimate of a Single-Payer Universal Drug Plan](#) (Feb. 9)



[Data Science in Health: A Holistic Perspective - Prof. Rumi Chunara](#) (Feb. 12)  
[The Black Health Lecture Series](#) (Feb. 20)

---

## **alPHA's new mailing address**

**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).

---

## **News Releases**

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

---



**From:** Doug Ford <Premier.Correspondence@ontario.ca>  
**Sent:** Friday, February 09, 2024 9:01 AM  
**To:** Alida Gorizzan  
**Subject:** An email from the Premier of Ontario

Dear Chair Lachica,

Thanks for your letter about intimate partner violence. I appreciate hearing your views on this issue.

I note that you've sent a copy of your board's resolution to the Honourable Michael Parsa, Minister of Children, Community and Social Services. I'm sure the minister will also take your views into consideration.

Thanks again for the information.

Doug Ford  
Premier of Ontario

c: The Honourable Michael Parsa



**From:** HECSB-SED-DGO / DGSESC-DSM-BDG (HC/SC)  
**Sent:** Monday, February 19, 2024 10:01 AM  
**To:** Alida Gorizzan  
**Subject:** Health Canada Response to your Correspondence

Dear Alida Gorizzan:

Thank you for forwarding the Board of Health for Peterborough Public Health's letter of January 31, 2024, addressed to the Honourable Mark Holland, Minister of Health, among others, advocating for the adoption of the new American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE) Standard 241 into the Canadian National Building Code. The Minister has asked that I respond on his behalf and address the importance of indoor air quality.

Ensuring clean air and healthy communities is a priority for the Government of Canada, and Health Canada appreciates your Board's ongoing advocacy to improve indoor air quality and reduce infection from airborne pathogens.

As we noted in our correspondence to you in March 2023, the federal government has developed guidance on how to improve indoor air quality through ventilation and air filtration in various settings. Health Canada's mandate is to protect the health of people in Canada from the impacts of air pollution by providing subject matter expertise, conducting research, evaluating risks to health, developing guidance on indoor ventilation/air filtration, and recommending strategies to reduce the risks from indoor air pollutants in residential environments and public spaces. The [National Building Code](#), however, is developed by the Canadian Commission on Building and Fire Codes and published by the National Research Council of Canada (NRCC). As such, I would encourage you to contact the NRCC at [codes@nrc-cnrc.gc.ca](mailto:codes@nrc-cnrc.gc.ca) to follow up on your Board's recommendations to adopt ASHRAE Standard 241 into national building codes to improve indoor air quality.

Thank you again for taking the time to share your Board's letter and your continued interest in ensuring good indoor air quality.

Sincerely,

Greg Carreau  
Director General  
Safe Environments Directorate



February 27, 2024

The Honourable Sylvia Jones  
Deputy Minister / Minister of Health  
[sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

Dear Minister Jones:

The Board of Health for Peterborough Public Health (PPH) would like to express its heartfelt gratitude to the Ministry of Health for the decision to fund a Community Health Centre (CHC) in Peterborough. This funding is critical to the future well-being and resilience of our community, and will go a long way towards reducing health inequities and providing care for many under-served and marginalized individuals in Peterborough City and County. We recognize that your Government's initial funding commitment will be important to getting the CHC started and once fully scaled, that it will require fulsome funding of its proposal for its success.

PPH is committed to supporting and helping strengthen our health care system and developing robust relationships with primary care and health system partners. The CHC, once operational, will be an important resource for many underserved peoples as it will create a hub of health and social services for individuals who live with complex mental health and/or addictions, extreme poverty, and disability. It is also an important opportunity to serve Indigenous communities and the Board of Health "is fully committed to practising active "allyship" and will support efforts and opportunities for Indigenous communities to be represented and fully involved in the implementation of the CHC.

PPH is excited to begin collaborating with the CHC as it starts its work to eliminate health inequities in our community by offering various public health services.

The Minister's announcement is an important commitment to primary care and health for residents of Peterborough. The impact of the funding and resulting services will be substantial. Thank you for making health possible for residents who currently don't have access to health care services.

Sincerely,

***Original signed by***

Councillor Joy Lachica  
Chair, Board of Health

cc: Dave Smith, MPP Peterborough-Kawartha  
David Piccini, MPP Northumberland-Peterborough South  
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock  
Mr. Duff Sprague, Executive Director, Peterborough Family Health Team



February 27, 2024

Warden Bonnie Clark and Council Members  
County of Peterborough  
c/o Kari Stevenson, Clerk  
[clerksoffice@ptbocounty.ca](mailto:clerksoffice@ptbocounty.ca)

Dear Warden Clark and Council Members:

As Chair of the Board of Health of Peterborough Public Health, I am pleased to write to you to share that after extensive discussion, Peterborough Public Health (PPH) and Haliburton Kawartha Pine Ridge (HKPR) District Health Unit will seek provincial approval to voluntarily merge.

Over the past several months, the PPH and HKPR Boards of Health for HKPR District Health Unit (HKPR) have carefully examined how combining our staff of over 300 public health professionals would improve the programs and services we deliver to our residents and community partners throughout the entire geographies we serve.

Through this process, it was quickly identified that both the HKPR District Health Unit and PPH have an extensive history of collaboration and share similar geographic, demographic, health status and population characteristics. Both our organizations are similarly united in our commitment to reduce health inequities and address the most pressing public health challenges faced by the communities we serve.

In August 2023, the Ministry of Health [announced plans to strengthen the public health sector](#) by offering funding for a three-year period to local public health agencies that decide to voluntarily merge by January 1, 2025. In response to this announcement, the Boards of Health for HKPR District Health Unit and PPH [decided to move forward](#) with a process to explore the impacts of a voluntary merger. At our 2024 Budget Presentations to your council, you will recall that we shared information on this provincial announcement and our local explorations.

In November 2023, a PPH/HKPR Joint Board Merger Exploration Working Group was established with representatives from both health units to work with an external consulting firm Sense & Nous, who was tasked with preparing a comprehensive *Feasibility Assessment Report*. These findings were recently presented to both Boards of Health for consideration to help make an informed decision in February.

There are many steps to address before a merger is fully implemented. As local funders and stakeholders in our services, you can expect no immediate changes to existing partnerships or the public health programs and services that we deliver. Our most immediate action will be to develop a joint business case and funding proposal, to be submitted to the Ministry of Health by April 2<sup>nd</sup>. If approved, planning for the creation of a new joint health unit will be initiated in early Fall 2024, with a target implementation date of January 1, 2025.



Merging our respective health units offers a critical opportunity to strengthen public health capacity, expand upon our successful record of collaboration, and work together to keep our communities healthy. Merging is also a means of optimizing public health resources and ensuring that we have the resources and staffing to address future public health emergencies and surges in demand.

As always, we value your dedicated partnership and look forward to ongoing collaboration as we work to build a more cohesive, local public health system that delivers progress on population health outcomes while reducing health inequities.

We will continue to provide updates on this journey as it progresses.

Sincerely,

***Original signed by***

Councillor Joy Lachica  
Chair, Board of Health



**PETERBOROUGH PUBLIC HEALTH**  
**BOARD OF HEALTH – STAFF REPORT**

<b>TITLE:</b>	<b>Summary of Complaints, 2023</b>
<b>DATE:</b>	<b>March 13, 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 staff report, *Summary of Complaints, 2023*, for information.

**FINANCIAL IMPLICATIONS AND IMPACT**

There are no financial implications arising from this report.

**DECISION HISTORY**

The Board of Health's policy and procedure ([2-280, Complaints](#)) requires the Board be advised annually about complaints received in the prior year.

**BACKGROUND**

During the 2023 calendar year, the organization handled one formal complaint. In comparison, there were two in 2022 and 2021, respectively.

Peterborough Public Health strives to respond to all complaints in a timely and respectful manner.

No.	Nature of Complaint	Comments
1	Complaint regarding the actions of an inspector.	The complainant took issue with the conduct of a Public Health Inspector (PHI) during a routine inspection. The complaint was investigated and addressed with staff, actions were taken to ensure that the staff person provides an appropriate level of detail and context to any new operator so that the purpose of the visit is clearly understood.



**PETERBOROUGH PUBLIC HEALTH**  
**BOARD OF HEALTH – STAFF REPORT**

<b>TITLE:</b>	<b>Summary of Donations, 2023</b>
<b>DATE:</b>	<b>March 13, 2024</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance and 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 staff report, Summary of Donations, 2023, for information.

**FINANCIAL IMPLICATIONS AND IMPACT**

For the year ending December 31, 2023, Peterborough Public Health (PPH) received a total of \$51,226 charitable donations for programs.

**DECISION HISTORY**

Organizational policy requires the Board of Health be advised annually about donations received.

**BACKGROUND**

PPH received its charitable status in 2010 and is able to issue charitable receipts. Charitable donations to PPH support non-core funded activities or work by community partners.

To provide the Board with information on donations, an analysis is presented for the last two years comparing the number of external donations, donations by designation and donations by donor type.

An “external” donation is defined as the donor submitting funds by cheque to PPH and receiving a charitable receipt.

Internal charitable donations from our employees are received through payroll deduction, which are receipted through their T4. In 2023, 56 employees made charitable donations through payroll deductions, with donations being directed to the public health programs and/or the United Way. A total of \$10,426 was donated by PPH employees through payroll contributions to the United Way and PPH programs.

In 2023, Peterborough Public Health received \$3,070 after transactions fees through the donation web site *Canada Helps*. The funds are reflected below under individual donations.



**Table 1: Donations Year over Year – Peterborough Public Health Programs**

Year	2022	2023
Total Cheques/Cash Received	\$22,369 (14 donors)	\$45,060 (61 donors)
Total On-Line Canada Helps	\$1,444 (26 donors)	\$3,070 (18 donors)
Total Payroll Deductions	\$4,912 (21 donors)	\$3,096 (18 donors)
<b>Total Donations</b>	<b>\$28,725</b>	<b>\$51,226</b>

**Table 2: External and Payroll Donations by Designation**

Program	2022	2023
Collective Kitchens	\$10	\$23
Community Kitchen/Come Cook With Us	\$1,922	\$73
Contraceptive Assistance Fund	\$172	\$152
Dental Treatment Assistance Fund (DTAF)	\$4,082	\$2,231
Food for Kids (FFK)	\$21,691	\$48,292
Food Security/Gleaning	\$192	\$ -
Healthy Babies, Health Children (HBHC) Equipment and Supply Fund	\$409	\$340
Prenatal Classes for Young Parents	\$112	\$65
Infant Toddler Equipment Fund	\$10	\$50
Undesignated	\$125	\$ -

**Table 3: Donations by Donor Type**

Donor Type	2022	2023
Business	\$12,599	\$20,095
Church	\$1,800	\$100
Individual	\$2,224	\$25,735
Payroll Deduction	\$4,912	\$3,096
Service Clubs/ Foundations	\$7,190	\$2,200

The Dental Treatment Assistance Fund, Community Kitchens, and HBHC Equipment and Supply Fund activities rely upon donations for the delivery of programs. Food For Kids (FFK) continues to receive some larger donations from local service clubs, food supply businesses and individuals to support ongoing school breakfast program activities. In 2023, FFK was the designated beneficiary from a locally organized charity golf tournament receiving a significant donation of \$24,250 from this event. PPH is a flow-through for FFK funding not direct delivery of service. Program donations increased by 78.3% in 2023 compared to the prior year due to the additional funds received by the FFK program as previously highlighted. The donations provide the much-needed



funding to support PPH in delivering these programs and services to our community members throughout 2023 and in the upcoming year.

### **RATIONALE**

The generous donations from community residents, local businesses and our employees demonstrate their willingness to provide financial support to programs that positively impact the members of the community.

Peterborough Public Health will continue to:

- inform the public we are a charitable organization and welcome donations;
- use [www.canadahelps.org](http://www.canadahelps.org) as a convenient way to make donations; and
- profile these specific programs/funds on the PPH Website, and in applicable PPH publications and resources.

### **STRATEGIC DIRECTION**

This report supports the 'Our Community' strategic direction in PPH's 2022-2025 Strategic Plan by enhancing program resources; improving access to programs, services and resources for those individuals and families in the community; and, prioritizing health issues affecting underserved populations.



## **PETERBOROUGH PUBLIC HEALTH**

### **BOARD OF HEALTH – STAFF REPORT**

<b>TITLE:</b>	<b>Summary of Research Activities, 2023</b>
<b>DATE:</b>	<b>March 13, 2024</b>
<b>PREPARED BY:</b>	<b>Jane Hoffmeyer, Manager, Foundational Standards Joëlle Favreau, Health Promotion Specialist</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 staff report, Summary of Research Activities, 2023, for information.

#### **FINANCIAL IMPLICATIONS AND IMPACT**

There are no financial implications arising from this report. Research activities are either revenue generating or neutral activities important to contributing to the overall advancement of the public health field.

#### **DECISION HISTORY**

The provision of an annual report to the Board of Health which summarizes research activities undertaken in the previous calendar year has been in practice since 2016.

#### **BACKGROUND**

The positive role of research is recognized within the current Ontario Public Health Standards (OPHS). These standards view research as being fundamental to effective public health practice. Some projects may provide financial support through grants or research collaborations may be available to support PPH functions, while other projects do not add cost or take away from other core programming.

Annual reporting was initiated to ensure Board of Health members are kept apprised of this aspect of PPH operations which reflects a range of public health topics. The summary table (Attachment A) is comprised of research projects that PPH has been directly involved with in a leadership or developmental role between January 1 - December 31, 2023.

The lower portion of the summary table also includes the any manuscripts that were submitted to or published within public health journals or public health knowledge forums.



## **RATIONALE**

The purpose of this staff report is to ensure the Board is effectively and efficiently informed about PPH activities related to research and knowledge sharing.

## **MANDATE**

### **Ontario Public Health Standards**

This report applies to the following standard or requirement:

#### *Foundational Standards:*

“5. The board of health shall engage in knowledge exchange activities with public health practitioners across the province, policy-makers, academic and community partners, health care providers, and the public regarding factors that determine the health of the population as informed by population health assessment, surveillance, research, and program evaluation.  
6. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange activities, which may include those conducted by the board of health alone or in partnership or collaboration with other organizations.” (OPHS, 2021: pg. 26)

### **Medical Officer of Health (MOH) Mandate Letter**

The MOH Mandate Letter prioritized: “Working with community partners like Trent University, Fleming College, PRHC and others, seek to develop a research capacity within PPH that addresses local issues and priorities.”

## **STRATEGIC PLAN**

Research is not directly identified within the 2022-2025 Strategic Plan, however, it supports the understanding or populations served and potential for impact.

## **ATTACHMENTS**

[A. Summary Table of Peterborough Public Health Research Activities in 2023](#)



## Attachment A - Summary Table of Peterborough Public Health Research Activities in 2023

### General Overview

Across 2023, Peterborough Public Health (PPH) participated in a number of different research projects in collaboration with Ontario research institutions and/or other local public health agencies. Thirteen (13) projects are described in the table below with current status information. PPH's role across the set of research activities is varied and involves contributions by our staff in roles as collaborators or as specifically identified as a knowledge user by the research (the latter is typical for Locally Driven Collaborative Projects funded by Public Health Ontario (PHO)).

Principle Investigator Organization(s)	Project Title	Purpose Statement	Status
Trent University, Dr. Terry Humphreys	Sexual Health Survey	To examine the sexual health-related behavioural practices of the local community. This information is intended to assist in the design and delivery of sexual health services and programming for local residents and students.	Two survey summary reports completed in 2023. Final report pending.
University of Waterloo, Dr. Sharon Kirkpatrick; HKPR District Health Unit; Middlesex London Health Unit	Measuring Food Literacy	To develop a food literacy measurement tool for use with youth (aged 16-19 years), and young parents and pregnant women (aged 16-25 years) at risk for poorer health.	Measurement tools developed in 2023 and to be made available on LDCP website, <a href="http://www.foodliteracy.ca">www.foodliteracy.ca</a>  Project progressing with creation of user guide, online training with PHUs and article documenting work.
St. Michael's Centre for Urban Health Solutions/ University of Waterloo, Dr. Ketan Shankardass	Strengthening the Implementation of "Health in All Policies" (HiAP) at the local level in Ontario and Québec.	To engage six knowledge user sites from Ontario (including Peterborough) and Québec with 3 main objectives: (1) Conduct six explanatory case studies of HiAP implementation in local governments of ON and QC; (2) Directly mobilize knowledge; and (3) Evaluate the impacts of the knowledge management	Most knowledge mobilization workshops carried out in 2023. Sustainable Peterborough has its workshop scheduled for 2024.



Principle Investigator Organization(s)	Project Title	Purpose Statement	Status
		activities on HiAP implementation.	
Memorial University, Dr. Rachel Prowse; Public Health Ontario, Dr. Sarah Orr; Ontario Dietitians in Public Health	Updating of the Ontario Nutritious Food Basket Protocol and Tools	To update provincial protocols and tools for Nutritious Food Basket costing, which is integral for healthy equity and income advocacy.	In progress. Validity and pilot testing process published in the Canadian Journal of Dietetic Practice and Research in 2023. Lauren Kennedy (PPH) will be co-presenting the work at the International Congress of Nutrition and Dietetics in June 2024.
Co-applicants for LDCP funding: KFL&A Public Health & Toronto Public Health; Co-applicant Academic Dr. Tara Gomes, Ontario Drug Policy Resource Network (ODPRN)	How do we get to harm reductions in the middle of multiple crises?	To understand changes in harm reduction services in Ontario over the pandemic and describe regional needs to address the ongoing overdose crisis	Completed in 2023.  <a href="#">Regional Changes in Harm Reduction Services in Ontario over the COVID-19 Pandemic - ODPRN</a>
Director, CIHR Centre – Reach Nexus, Dr. Sean Rourke	Our Healthbox	This is a national research project providing vending machines for HIV test kits and harm reduction supplies in communities across Canada. The program has launched in eastern Canada and sites were established in Ontario in 2023. PPH participation has been approved by Public Health Ontario's Research Ethics Board.	Initiated 2023 – in progress
Dr. Patrick O'Byrne, University of Ottawa	GetaKit Study	The key components of the Study are the implementation of an internet-based self-assessment that recommends testing for HIV and sexually transmitted and other blood-borne infections, of a mail-out HIV self-testing kit, supported by the	Initiated 2023 – in progress



Principle Investigator Organization(s)	Project Title	Purpose Statement	Status
		GetaKit Website and Study resources, including the User guide, Newsletter and other materials to support linkage to care and Pre-Exposure Prophylaxis referral;	
Trent University, Drs. Christopher Kyle and Michael Donaldson; McMaster University/PPH, Dr. Piggott	Wastewater Surveillance for Earlier Detection of Congregate Living COVID-19 Outbreaks in Peterborough, Ontario	Collaboration to evaluate the utility of earlier detection of COVID-19 outbreaks in congregate living settings. The article concluded: "This pilot demonstrates upstream sampling for SARS-CoV-2 in wastewater may effectively detect outbreaks prior to their detection through symptomatic case testing and could support a balanced approach to outbreak response in congregate living settings, leading to increased wellbeing of these residents."	Article published in <a href="#">CCDR Feb/Mar 2023</a> .
McMaster University/PPH, Dr. Piggott	Utility of the PPH COVID-19 Rapid Antigen Test Self Report Tool: Implications for COVID-19 Surveillance	Article to evaluate the PPH Rapid Antigen Test Self-Report Tool. The article concluded that results "support the use of RAT self-reporting as a low-cost simple adjunctive COVID-19 surveillance tool, and suggest that its utility is greatest when considering an absolute count of positive RATs rather than percent positivity due to reporting bias towards positive tests."	Article published in <a href="#">CCDR Feb/March 2023</a> .
McMaster University/PPH, Dr. Piggott	COVID-19 Risk Index in the Peterborough Public Health Region: A Qualitative User Experience Study	Manuscript submitted for publication.	In progress – publication pending.
McMaster University/PPH, Dr. Piggott	Mobilizing the eCOVID RecMap for Public Health	Workshop and manuscript in development relating to use of evidence from the eCOVID RecMap for Public Health, including financial support through CIHR grant for	In progress.



Principle Investigator Organization(s)	Project Title	Purpose Statement	Status
		research assistant who has been working to incorporate evidence into the COVID-19 Risk Index at PPH.	
University of Toronto, Dr. David Poon; Public Health Ontario, Dr. Jessica Hopkins	Public Health Workforce Burnout: A Canadian Cross-sectional Study	To assess burnout of the public health workforce in Canada. Burnout is defined as “a state of emotional, physical and mental exhaustion caused by excessive and prolonged stress.” Donna Churipuy and Thomas Piggott contributed as co-investigators for this project led by Public Health Ontario. The study found that the rate of burnout in public health workers across Canada was 78.7% and that 49.1% reported being harassed because of their work during the pandemic.	Paper published in <a href="#">BMC Public Health January 2024</a> .
McMaster University/Public Health Agency of Canada, Dr. Piggott	<a href="#">CAN-PCC</a> Guideline	Dr. Piggott is supporting co-chairing the Canadian Post COVID Condition Prevention Guideline.	In progress to be completed 2024.



## **PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT**

<b>TITLE:</b>	<b>Audit Letter of Engagement, 2023</b>
<b>DATE:</b>	<b>March 13, 2024</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance and 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 staff report, Audit Letter of Engagement, 2023, for information;
- engage the audit services of Baker Tilly Kawartha LLP; and
- authorize the Chair and Vice-Chair to sign the Letter of Engagement.

### **FINANCIAL IMPLICATIONS AND IMPACT**

Agreement will result in the annual audit fees which are part of the approved budget. If the Letter of Engagement is not signed, the auditor will not be able to carry out the audit.

### **DECISION HISTORY**

An annual audit by external auditors is required by legislation and under Board Policy 2-130. Audit expenses are part of the approved budget. Agreement to the terms of services outlined in the letter will result in the annual audit fees. If the Letter of Engagement is not signed, the auditor will not be able to carry out the audit.

### **BACKGROUND**

The Letter of Engagement is a standard letter required by the Canadian Professional Accountants of Canada (CPA). Approval of the Letter of Engagement is required annually by the Board of Health.

### **RATIONALE**

Auditors require their clients to sign a “Letter of Engagement” appointing the auditor, directing the auditor to audit the books of account and committing the organization to pay for the audit services upon completion of the work. Over time, the audit societies increased the responsibilities and requirements of auditors, including reporting to the Board any relationships they may have with the Board.

These relationships include:



- Holding a financial interest, directly or indirectly, in the Board;
- Holding a position, directly or indirectly, that gives the right or responsibility to exert significant influence over the financial or accounting policies of the Board;
- A personal or business relationship with immediate family, close relatives, partners or retired partners of the Board;
- Having an economic dependence on the work of the Board; and
- Providing services to the Board other than auditing (for example: consulting services).

The auditors have not identified any relationship.

The auditors have committed to expressing an opinion on whether our Financial Statements fairly represent, in a material way, the financial position of the Board.

The auditors note that their obligation is to obtain reasonable, but not absolute assurance that the financial statements are free of material misstatement. That is: the auditor will examine our records but will not guarantee they will find a misstatement, if one is present. This also means that there may be small misstatements but the misstatement will not have a significant bearing on our Financial Statements.

The auditors will:

- Assess the risk that the financial statements contain misstatement(s) that are material to the Financial Statements;
- Examine on a test basis the evidence supporting amounts and disclosures to the financial statements (for example: compare invoices to cheque amounts, lease commitments, etc.);
- Assess the accounting principles used and their application;
- Assess the estimates made; and
- Examine internal controls in place.

The Board or delegated committee is required to:

- Meet with the auditors prior to the release and approval of the financial statements to review audit, disclosure and compliance issues;
- If necessary, review matters raised by the auditors with management, and if necessary report back to the auditors on the Board's findings;
- Make known to the auditors any issues of fraud or illegal acts or non-compliance with any laws or regulatory requirements known to the Board that may affect the financial statements;
- Provide direction to the auditor on any additional work the auditor feels should be undertaken in response to issues raised or concerns expressed;
- Make enquiries into the findings of the auditor with respect to corporate governance, management conduct, management cooperation, information flow and systems of internal control;
- Review the draft financial statements; and



- Pre-approve all professional and consulting services to be provided by the auditors. In our case, there are none for the current year.

### **STRATEGIC DIRECTION**

This report applies to all three strategic direction as outlined in the 2022 - 2025 Strategic Plan.

### **ATTACHMENTS**

- a. Letter of Engagement
- b. Audit Planning Report



March 7, 2024

Peterborough Public Health  
Jackson Square  
185 King Street  
Peterborough, Ontario  
K9J 2R8

**Baker Tilly KDN LLP**  
272 Charlotte St.  
Peterborough, ON  
Canada K9J 2V4

T: (705) 742-3418  
F: (705) 742-9775

[www.bakertilly.ca](http://www.bakertilly.ca)

Attention: Larry Stinson

Dear Sirs:

Baker Tilly KDN LLP, the "Firm", is pleased to be appointed auditor of Peterborough Public Health (the "Board of Health") for the year ending December 31, 2023. The purpose of this letter is to outline the terms of our engagement to audit the consolidated financial statements of Peterborough Public Health, which comprise the consolidated statement of financial position as at December 31, 2023 and the consolidated statements of operations and accumulated surplus, remeasurement gains and losses, net financial assets and cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies. This letter also extends to the Provincial requirements for an auditor's reports for the annual settlement forms, the statements of revenue and expenditures for the year ended March 31, 2024 for the Healthy Babies Healthy Children Program and Infant Toddler Development Program. We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter.

### **Objective, Scope and Limitations**

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

We will conduct our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

It is important to recognize that an auditor cannot obtain absolute assurance that material misstatements in the consolidated financial statements will be detected because of:

- (a) Factors such as use of judgement, and the use of testing of the data underlying the consolidated financial statements;
- (b) Inherent limitations of internal control; and
- (c) The fact that much of the audit evidence available to the auditor is persuasive rather than conclusive in nature.

ASSURANCE • TAX • ADVISORY

*Baker Tilly KDN LLP is a member of Baker Tilly Canada Cooperative, which is a member of the global network of Baker Tilly International Limited. All members of Baker Tilly Canada Cooperative and Baker Tilly International Limited are separate and independent legal entities.*



Furthermore, because of the nature of fraud, including attempts at concealment through collusion and forgery, an audit designed and executed in accordance with Canadian generally accepted auditing standards may not detect a material fraud. Further, while effective internal control reduces the likelihood that misstatements will occur and remain undetected, it does not eliminate that possibility. For these reasons, we cannot guarantee that fraud, error, irregularities or illegal acts, if present, will be detected when conducting an audit in accordance with Canadian generally accepted auditing standards.

## **Content of Auditor's Report**

Unless unanticipated difficulties are encountered, our report will be substantially in the following form:

### **INDEPENDENT AUDITOR'S REPORT**

To the Members of Peterborough Public Health of Peterborough Public Health

#### *Opinion*

We have audited the consolidated financial statements of Peterborough Public Health and its local boards, (the "Board of Health"), which comprise the consolidated statement of financial position as at December 31, 2023 and the consolidated statements of operations and accumulated surplus, remeasurement gains and losses, net financial assets and cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Board of Health as at December 31, 2023, and its results of consolidated operations, changes in its consolidated net financial assets, and its consolidated cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards.

#### *Basis for Opinion*

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

#### *Responsibilities of Management and Those Charged with Governance for the Consolidated Financial Statements*

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with Canadian Public Sector Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.



In preparing the consolidated financial statements, management is responsible for assessing the Board of Health's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Board of Health or to cease operations, or has no realistic alternative but to do so.

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

#### *Auditor's Responsibilities for the Audit of the Consolidated Financial Statements*

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

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

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board of Health's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board of Health's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Board of Health to cease to continue as a going concern.



- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Chartered Professional Accountants  
 Licensed Public Accountants  
 Peterborough, Ontario  
 Date

If our opinion on the financial statements is other than unqualified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form, or have not formed, an opinion, we may decline to express an opinion as a result of this engagement.

### **Use, Distribution and Publication / Reproduction of Financial Statements**

The examination of the consolidated financial statements and the issuance of our audit opinion are solely for the use of Peterborough Public Health and those to whom our report is specifically addressed by us. We make no representations of any kind to any third party in respect of these consolidated financial statements and we accept no responsibility for their use by any third party.

Where our report is reproduced in any medium, the complete consolidated financial statements, including notes, must also be presented. Management is responsible for the accurate reproduction of the consolidated financial statements, the auditor's report and other related information contained in an annual report or other public document (electronic or paper based). This includes any incorporation by reference to either full or summarized consolidated financial statements that we have audited. We are not required to read the information contained in your website, or to consider the consistency of other information in the electronic site with the original document.

We ask that our name be used only with our consent and that any information to which we have attached a communication be issued with that communication unless otherwise agreed to by us.

### **Our Responsibilities**

We will perform our audit in accordance with Canadian generally accepted auditing standards. We will:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the consolidated financial statements that we have identified during the audit.



- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board of Health's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Board of Health to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

One of the underlying principles of the profession is a duty of confidentiality with respect to client affairs. Accordingly, except for information that is in or enters the public domain, we will not provide any third party with confidential information concerning the affairs of Peterborough Public Health without Peterborough Public Health's prior consent, unless required to do so by legal, regulatory, administrative or other authority, or the Code of Professional Conduct applicable to us.

We will communicate in writing to the Board the relationships between our firm and Peterborough Public Health, including related entities that, in our professional judgement, may reasonably be thought to bear on our independence. Further, we will confirm our independence with respect to Peterborough Public Health within the meaning of the applicable Provincial Code of Professional Conduct and information on relevant safeguards designed to ensure the auditor's continued independence.

The objective of our audit is to obtain reasonable assurance that the consolidated financial statements are free of material misstatement. However, if we identify any of the following matters, they will be communicated to the appropriate level of management:

- (a) Misstatements, resulting from error, other than trivial errors;
- (b) Fraud or any information obtained that indicates that a fraud may exist;
- (c) Any evidence obtained that indicates that an illegal or possibly illegal act, other than one considered inconsequential, has occurred;
- (d) Significant weaknesses in the design or implementation of internal control to prevent and detect fraud or error; and
- (e) Related party transactions identified by us that are not in the normal course of operations and that involve significant judgements made by management concerning measurement or disclosure.

We may also communicate certain additional matters to the Board and the appropriate members of management. Such matters include:

- (a) Our professional judgements on the qualitative aspects of accounting principles used in Peterborough Public Health's financial reporting, including:
  - (i) The initial selection of and changes in significant accounting policies and their application, including the adoption of new accounting policies;



- (ii) The effect of significant accounting policies in controversial and emerging areas, or those unique to your industry;
  - (iii) The existence of acceptable alternative policies and methods, and the acceptability of the particular policy or method used by management; and
  - (iv) The issues involved, and related judgements made by management, in formulating particularly sensitive accounting estimates and disclosures and the basis for our conclusions regarding the reasonableness of those estimates in the context of the consolidated financial statements taken as a whole.
- (b) Uncorrected misstatements aggregated by us during our audit that were determined by management to be immaterial, both individually and in the aggregate, to the consolidated financial statements taken as whole;
  - (c) Any disagreements with management, whether or not satisfactorily resolved, about matters that individually or in total could be significant to the consolidated financial statements or our report;
  - (d) Our views about any matters that were the subject of management's consultation with other accountants about auditing and accounting matters;
  - (e) Major issues that we discussed with management in connection with the retention of our services, including, among other matters, any discussions regarding the application of accounting principles and auditing standards; and
  - (f) Any serious difficulties that we encountered in dealing with management in the performance of the audit.

The matters communicated will be those that we identify during the course of our audit. Audits do not usually identify all matters that may be of interest to management in discharging its responsibilities. The type and significance of the matter to be communicated will determine the level of management to which the communication is directed.

We will consider Peterborough Public Health's internal control to identify types of potential misstatements, consider factors that affect the risks of material misstatement, and design the nature, timing and extent of further audit procedures. This consideration will not be sufficient to enable us to render an opinion on the effectiveness of internal control over financial reporting.

At the end of the engagement, we will provide management or others so designated with our recommendations designed to help make improvements in your internal control structure and operation. This communication will be in a mutually agreeable format and will include only those matters that came to our attention during our audit.

### **Management's Responsibilities**

Management is responsible for:

#### **Financial Statements**

- (a) The preparation and fair presentation of Peterborough Public Health's consolidated financial statements in accordance with Canadian Public Sector Accounting Standards;

#### **Completeness of information**



- (b) Providing us with and making available complete financial records and related data, and copies of all minutes of meetings of the the Board and committees, as applicable;
- (c) Providing us with information relating to any known or probable instances of non compliance with legislative or regulatory requirements, including financial reporting requirements;
- (d) Providing us with information relating to any illegal or possibly illegal acts, and all facts related thereto;
- (e) Providing us with information regarding all related parties and related party transactions;
- (f) Any additional information that we may request from management for the purpose of this audit;
- (g) Providing us with unrestricted access to persons within the Board of Health from whom we determine it necessary to obtain audit evidence;

#### Fraud and error

- (h) Internal control that management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- (i) An assessment of the risk that the consolidated financial statements may be materially misstated as a result of fraud;
- (j) Providing us with information relating to fraud or suspected fraud affecting the Board of Health involving:
  - (i) Management;
  - (ii) Employees who have significant roles in internal control; or
  - (iii) Others, where the fraud could have a non trivial effect on the consolidated financial statements;
- (k) Providing us with information relating to any allegations of fraud or suspected fraud affecting the Board of Health's consolidated financial statements communicated by employees, former employees, analysts, regulators or others;
- (l) Communicating its belief that the effects of any uncorrected financial statement misstatements aggregated during the audit are immaterial, both individually and in the aggregate, to the consolidated financial statements taken as a whole;

#### Recognition, measurement and disclosure

- (m) Providing us with its assessment of the reasonableness of significant assumptions underlying fair value measurements and disclosures in the consolidated financial statements;
- (n) Providing us with any plans or intentions that may affect the carrying value or classification of assets or liabilities;
- (o) Providing us with information relating to the measurement and disclosure of transactions with related parties;
- (p) Providing us with an assessment of all areas of measurement uncertainty known to management that are required to be disclosed in accordance with Canadian Public Sector Accounting Standards;



- (q) Providing us with information relating to claims and possible claims, whether or not they have been discussed with Peterborough Public Health's legal counsel;
- (r) Providing us with information relating to other liabilities and contingent gains or losses, including those associated with guarantees, whether written or oral, under which Peterborough Public Health is contingently liable;
- (s) Providing us with information on whether Peterborough Public Health has satisfactory title to assets, whether liens or encumbrances on assets exist, or assets are pledged as collateral;
- (t) Providing us with information relating to compliance with aspects of contractual agreements that may affect the consolidated financial statements;
- (u) Providing us with information concerning subsequent events;
- (v) Providing us with representations on specific matters communicated to us during the engagement;

#### Written confirmation of significant representations

- (w) Providing us with written confirmation of significant representations provided to us during the engagement on matters that are:
  - (i) Directly related to items that are material, either individually or in the aggregate, to the consolidated financial statements;
  - (ii) Not directly related to items that are material to the consolidated financial statements but are significant, either individually or in the aggregate, to the financial statements; and
  - (iii) Relevant to management's judgements or estimates that are material, either individually or in the aggregate, to the consolidated financial statements.

#### Professional team member matters

- (x) Not soliciting the staff of the Firm;
- (y) Providing appropriate work space and technical arrangements as appropriate including privacy and telephones; and
- (z) Ensure that the staff of the Firm are treated in a responsible and professional manner at all times, recognizing there is zero tolerance to inappropriate actions at any level.

#### **Preparation of Schedules/ Assistance Requested**

We understand that you and/or your employees will prepare agreed upon schedules and will locate requested documents for our use at dates agreed upon prior to commencement of our audit.

This assistance will facilitate our work and will help to minimize our costs. Any failure to provide these working papers or documents on a timely basis, may impede our services, and require us to suspend our services or withdraw from the engagement.



## **Fees**

We estimate that our fees for providing the services outlined in this letter to be \$21,000 plus HST. The fee quotation includes the following:

- Independent auditor's report for the December 31 consolidated financial statements

If we are required to prepare the consolidated financial statements, other reports or perform accounting services such as assistance with working papers and journal entry preparation, audit of initial Asset Retirement Obligation (ARO) liability and financial statement changes due to new handbook sections, fees for these services will be billed in addition to the above amount.

If significant additional time is necessary, we will discuss the reasons with you and agree on a revised fee estimate before we incur the additional costs.

Our fees and costs will be rendered as work progresses and are payable on presentation.

Invoices unpaid 30 days past the billing date may be deemed delinquent, and are subject to an interest charge of 18% per annum (or as set out on the invoice). We reserve the right to suspend our services or to withdraw from this engagement in the event that any of our invoices are deemed delinquent. In the event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for our costs of collection, including lawyers' fees.

We will use all reasonable efforts to complete the performance of the services described in this engagement letter within the agreed upon time frame. However, we shall not be liable for failures or delays in performance that arise from causes beyond our control, including cooperation from management, timely performance by the Board of Health of its obligations to provide necessary information included in our year-end list of requirements provided to staff, quality of financial and other information, full cooperation and access to the Board of Health's team members during our audit, and the prompt supply of any additional documentation requested during the audit fieldwork. Significant delays will have a significant impact on our fees and the agreed upon delivery date.

Any other work undertaken by us will be billed separately.

## **Other Services**

If requested by you, we will, as allowed by the Rules of Professional Conduct, prepare other special reports as required. Management will provide the information necessary to complete these reports and will file them with the appropriate authorities on a timely basis.

## **Terms and Conditions**

The attached Terms and Conditions are incorporated into, and form an integral part of this engagement letter.

## **Term**

The above terms of our engagement will be effective from year to year until amended or terminated in writing.



## Conclusion

We are proud to serve as auditor of Peterborough Public Health and we appreciate your confidence in our work. If the services outlined herein are in accordance with your requirements and if the above terms are acceptable, please have one copy of this letter signed in the space provided below and return it to us.

Yours truly,



per: Richard Steiging, CPA, CA  
Partner

The services and terms set out in this engagement letter are as agreed.

## Peterborough Public Health

I have authority to bind the Board of Health.

Per: \_\_\_\_\_

Name: Larry Stinson



## **Terms and Conditions**

These terms and conditions are an integral part of the engagement letter (collectively, the "Engagement Letter") to which they are attached. In the event of any conflict between these terms and conditions and the engagement letter to which they are attached, the terms of such engagement letter shall govern.

### **Privacy**

It is hereby acknowledged that in order to complete our engagement as auditor, we may be required to access or have access to personal information in your possession. Our services are provided based on the following:

- a) You represent that before we access this personal information, you have obtained the necessary consents for the collection, use and disclosure of this personal information as required under the applicable privacy legislation; and
- b) We will collect and utilize this personal information only for the purpose of completing this engagement. Any information collected will be subject to our Privacy Policy, which is available online at our website, or in hard copy from the privacy officer in our office.

### **Working Papers**

The working papers, files, other materials, reports and work created, developed, or performed by us in conjunction with this engagement remain the property of the Firm and will be retained by the Firm in accordance with the Firm's policies and procedures.

### **File Inspections**

In accordance with professional regulations and firm policy, our client files must periodically be reviewed by practice inspectors and by other firm personnel to ensure that the Firm is adhering to professional and firm standards. File reviewers are required to maintain confidentiality of client information.

### **Indemnification**

You hereby agree to release, indemnify and hold harmless the Firm and its partners, agents, officers and employees, from and against any and all losses, costs (including solicitors' fees), damages, expenses, claims, demands or liabilities arising out of or in consequence of:

- (a) a breach by Peterborough Public Health, or its members of the Board of Health, officers, or employees, of any of the provisions herein;
- (b) any misrepresentation by your management; and
- (c) the services performed by us pursuant to this engagement,

unless, and to the extent that, such losses, costs, damages and expenses are found by a court to have been due to the negligence, willful misconduct or dishonesty of the Firm.

This release and indemnification will survive termination of this engagement letter.

### **Limitation of Liability**

You agree that any and all claims you may have against our Firm or its professional staff arising out of all services provided to Peterborough Public Health by us, whether in contract, negligence, or otherwise known to law, shall be regarded as one claim and our liability to the Board of Health shall be limited to the lesser amount of \$150,000 or the amount of our professional liability insurance in effect as at the date of the claim being made known to us and only to the extent that such insurance is available to satisfy any claim. If this limit of liability is insufficient for your purposes, we would be pleased to discuss with you a different limit that may result in our charging a higher fee.

You expressly agree that the Board of Health will not bring any proceedings in any court of any jurisdiction advancing any claim against our professional staff and employees.

You expressly agree that any liability our Firm may have to you shall not be joint and several with any other party, but shall be several, and limited to the percentage or degree of our fault in proportion to the fault or wrongdoing of all persons who contributed to the loss.

You expressly agree that any and all claims, whether in contract, negligence, or otherwise known to law arising out of our professional services under this engagement vest exclusively in Peterborough Public Health, and you agree to wholly indemnify and hold harmless our Firm and its professional staff from any and all claims that may be brought against our Firm or its professional staff by any elected official, director or officer of the Board of Health in any way arising out of or connected to our services provided to you.

You agree that our liability for all claims you may have or bring in connection with the professional services rendered arising out of or ancillary to this agreement shall absolutely cease to exist after a period of four years from the date of:

- a) Performance of this engagement;
- b) Delivery to the Board of Health of our Independent Auditor's Report, your financial statements, or the completion of the preparation of any tax filing with any government authority;
- c) Suspension or abandonment of this engagement; or
- d) Termination of our services pursuant to this agreement,

whichever shall occur first, regardless of whether you were aware of the potential for making a claim against us within that period. Following the expiration of the aforesaid period, you agree that neither you, your agents or assigns shall make any claim or bring any proceeding against us.



### **Limited Liability Status - Partnership**

The Firm is a registered Limited Liability Partnership ("LLP") established under the laws of the Province of Ontario and, where applicable, has been registered extraprovincially under provincial legislation. The Firm is a partnership, but its partners have limited liability. Individual partners are only personally liable for losses arising from the partner's own negligent or wrongful acts, or if the partner was aware of another partner or employees' error or omission and did not take the actions that a reasonable person would take to prevent it.

### **Alliance of Independent Firms**

We are a member of Baker Tilly Canada Cooperative, an association of independently owned and operated accounting firms in Canada some of which practice under a common name and that sponsor a number of programs to enhance the ability of the members to be of service to their respective clients nationally and internationally. The national association is not an accounting firm and our practice is not integrated with that of any of the other members. Baker Tilly is a registered trademark of the Baker Tilly Canada Cooperative used under license. We at the Firm are solely responsible for the professional engagement covered by this letter.

Baker Tilly Canada Cooperative is an independent member of Baker Tilly International. Baker Tilly International Limited is an English company. Baker Tilly International provides no professional services to clients. Each member firm is a separate and independent legal entity and each describes itself as such. Neither Baker Tilly Canada Cooperative nor Baker Tilly KDN LLP are Baker Tilly International's agents and do not have authority to bind Baker Tilly International or act on Baker Tilly International's behalf. None of Baker Tilly International, Baker Tilly Canada Cooperative, Baker Tilly KDN LLP, nor any of the other member firms of Baker Tilly International has any liability for each other's acts or omissions. The name Baker Tilly and its associated logo is used under licence from Baker Tilly International Limited.

### **Costs of Responding to Government Inspection, etc.**

If, with respect to this engagement or related services, the Firm is required by government regulation, subpoena, or other legal, investigative, administrative or other process to produce our working papers, or to respond to information or other requests, the Firm will bill the time incurred based on our standard hourly rates plus applicable taxes and disbursements. This paragraph shall survive termination of the Engagement Letter.

### **Termination**

If we elect to terminate our services for non-payment, or for any other reason provided for in this letter, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended, and to reimburse us for all of our out of pocket costs, through the date of termination.

Should Peterborough Public Health not fulfill its obligations toward the Firm under the agreement, particularly those set out under the heading "Management's Responsibilities", and in the event that Peterborough Public Health fails to remedy such default within thirty days following receipt of a notice from the Firm to this effect, the Firm may, without prejudice to its other rights and recourses, and without any further notice, cease providing services hereunder and consider the present agreement terminated. In such case, the Firm will not be responsible for any loss, costs, expenses or damages resulting from such termination.

### **Severability**

If any provisions of this Engagement Letter are determined to be invalid or unenforceable, the remaining provisions shall remain in effect and be binding to the fullest extent permitted by law.

### **Governing Law, Attornment**

This Engagement Letter is subject to and governed by the laws of the Province of Ontario and the federal laws of Canada applicable therein and shall for all purposes be interpreted as a contract of this Province. Each party agrees that any action or proceeding relating to this Engagement Letter shall be brought in any court of competent jurisdiction in a court of this Province and irrevocably waives any right to, and will not, oppose (i) any such Provincial action or proceeding on any jurisdictional basis and (ii) the enforcement against it in any other jurisdiction of any judgment or order duly obtained from a court of this Province.

### **Security of Electronic Communication**

During the engagement we may from time to time communicate with you electronically. However, as you are aware, the electronic transmission of information cannot be guaranteed to be secured or error free and such information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete or otherwise be adversely affected or unsafe to use. We shall not have any liability to you arising from or in connection with the electronic communication of information to you during or as a result of its electronic transmission outside of the Firm's electronic environment. If the communication relates to a matter of significance and there are concerns about possible effects of electronic transmission a hard copy of such transmission should be requested from us.

### **Timely Performance**

The Firm will use all reasonable efforts to complete the performance of the services described in this engagement letter within the agreed upon time frame. However, the Firm will not be liable for failures or delays in performance that arise from causes beyond our control, including cooperation from management, timely performance by you of your obligations to provide necessary information, quality of financial and other information, full cooperation and access to the Board of Health's team members during the engagement and the prompt supply of any additional documentation requested during the engagement. Significant delays will have a significant impact on our fees and the agreed upon delivery date.



### **Aggregated Data**

Notwithstanding any other provision of this Engagement Letter, the Firm may create Aggregated Data regarding the purchase and use of products and services by you or the Board of Health from the Firm and may use and disclose Aggregated Data in any manner and for any purpose (commercial or otherwise) whatsoever, without any notice, compensation or attribution to you, the Board of Health or any other person. In this Engagement Letter, “**Aggregated Data**” means data that has been aggregated or otherwise depersonalized so that the information does not identify a specific client or other person or organization.

### **Cloud Service Providers**

The Firm uses commercially available cloud service providers to assist the Firm in the provision of information, products and services to its clients, to provide services to the Firm, to assist the Firm to use personal information as set out in the Privacy Policy and as otherwise permitted by applicable law. To the extent you provide us with your personal information, we will handle your personal information in accordance with our Privacy Policy, available online at our website or in hard copy from the privacy officer in our office.





# Audit planning report

**Peterborough Public Health**

2023 Audit

---

**Prepared by Baker Tilly KDN LLP**

March 7, 2024







# Purpose of the report

To Members of the Board of Health:

We have been engaged to express an audit opinion on the consolidated financial statements of Peterborough Public Health ("the Health Unit") in accordance with Canadian Public Sector Accounting Standards for the year ended December 31, 2023, as outlined in our engagement letter dated March 7, 2024.

The purpose of this report is to communicate certain matters related to the planning of our audit that we believe to be of interest to you.

This report is confidential and is intended solely for the information and use of the Board of Health. No responsibility for loss or damages, if any, to any third party is accepted as this report has not been prepared for, and is not intended for, and should not be used by, any third party or for any other purposes.

Yours very truly,

***Baker Tilly KDN LLP***

Chartered Professional Accountants, Licensed Public Accountants

Per: Richard Steiginga, CPA, CA

**We look forward to discussing the contents of this report  
and answering any questions you may have.**





# Table of contents

- 4 Overview and audit approach
- 6 Materiality
- 7 Data analytics
- 8 Other matters

## **Appendices**

### **Appendix A – Responsibilities**





# Overview and audit approach

## Key audit dates

On site audit testing – March 11 to 15, 2024

## Audit approach

Our audit of the consolidated financial statements will be conducted under generally accepted Canadian auditing standards and is designed to obtain reasonable, rather than absolute, assurance as to whether the consolidated financial statements are free of material misstatement. We develop our audit approach based on the risk assessment and understanding of control systems design and implementation. Our risk assessment is based on our understanding of the Health Unit, industry, ratepayer and supplier relationships, and analysis of financial information provided prior to the start of the audit.

## Engagement team

The key individuals involved in the audit:

Richard Steiginga, Engagement Partner – [rsteiginga@bakertilly.ca](mailto:rsteiginga@bakertilly.ca), (705) 742-3418 ext. 248

Chelsea Didone, Engagement Manager – [cddidone@bakertilly.ca](mailto:cddidone@bakertilly.ca), (705) 742-3418 ext. 261



## Audit plan

Our risk-based approach focuses on obtaining sufficient appropriate audit evidence to reduce the risk of material misstatement in the consolidated financial statements to an appropriately low level. This means that we will focus our audit work on areas that have a higher risk of being materially misstated.

Management is responsible for the accounting estimates included in the consolidated financial statements. Estimates and the related judgements and assumptions are based on management's knowledge of the business and past experience about current and future events.

Based on our knowledge of the Health Unit's business and our past experience, we have identified the following areas that have a potentially higher risk of a material misstatement.

Area of audit emphasis	Planned procedures
Revenue / deferred revenue	Testing to ensure deferred revenue recorded meets recognition criteria and does not result in an overstatement deferred revenue and an understatement of revenue.
Long term debt	Testing to ensure the Health Unit is meeting the debt service coverage ratio required in the loan agreement.





# Materiality

Materiality is the term used to describe the significance of financial statement information to decision makers. An item of information, or an aggregate of items, is material if it is probable that its omission or misstatement would influence or change a decision. Materiality is a matter of professional judgement in the particular circumstances.

Materiality will be used throughout the audit and in particular when:

- Identifying and assessing risk of material misstatement;
- Determining the nature, timing and extent of further audit procedures; and
- Evaluating the effect of uncorrected misstatements, if any, on the consolidated financial statements and in forming an opinion in the auditor's report.

**We set our materiality at \$370,000 (2022 - \$370,000).**

**Materiality was calculated as a percentage of total revenue.**

The base and percentage applied in the current year are consistent with those used in the prior audit.



# Data analytics

We may integrate various automated tools and techniques throughout our audit, owing to our continuing dedication to enhancing the relevance and value of the audit process. By incorporating data analytics into our audit process, we are better able to identify potential risks around financial reporting, including fraud and error. Through the use of analytics, we are able to enhance the quality of our audits by relying less on sampling while reviewing complete data sets.

We're always looking for innovative ways to evolve our current practices to better equip our staff, improve your experience through the various audit phases and help support your business success.

## Specific areas where we may choose to use these tools:

### Planning and risk assessment

We may leverage data analytics tools to identify risk areas, unusual transactions and trends through an improved understanding of your operations and associated risks, including the risk of fraud. This allows us to more effectively design procedures to specifically target the identified risks.

### Journal entry testing

We may leverage data analytics tools to identify transactions more susceptible to management override of controls by applying processes designed to analyze multiple criteria at once.

### Identification of misstatements

By examining 100% of the items in certain populations, where deemed relevant, we are able to lower the risk of missing possible misstatements.

### Two-way communication with your team

By gaining insight through our ability to analyze greater volume of transactions, we engage your team in focused discussions about your operations.

### Reporting

Where deemed relevant, we will provide a summary of results obtained through application of various data analytics tools to you.





# Other matters

## Independence

We advise you that we are not aware of any relationships between the Health Unit and our firm that, in our professional judgement, may reasonably be thought to bear on our independence.

We confirm we are independent of the Health Unit.

---

## Fraud Discussion

Our procedures with respect to fraud and illegal acts are outlined in **Appendix A**.

If you have any knowledge of actual, suspected or alleged fraud or illegal acts, we ask that you inform us.

---

## Responsibilities

Refer to **Appendix A** for discussion on responsibilities.

---





# Conclusion

Should any member of the Board of Health wish to discuss or review any matter addressed in this report or any other matters related to financial reporting, please do not hesitate to contact us at any time.

Are you aware of any frauds, illegal acts or management override of internal controls at the Health Unit?

**Yes / No (please circle one)**

If yes, please contact our office immediately.

## Acknowledgement of the Board of Health:

We have read this report.

\_\_\_\_\_  
Name, Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name, Position

\_\_\_\_\_  
Signature





# Appendices

## Appendix A – Responsibilities





# Appendix A – Responsibilities

## Our responsibilities as auditor

As stated in the engagement letter, our responsibility as auditor of the Health Unit is to express an opinion on whether the consolidated financial statements present fairly, in all material respects, the financial position, results of operations and cash flows of the Health Unit in accordance with Canadian Public Sector Accounting Standards.

An audit is performed to obtain reasonable but not absolute assurance as to whether the consolidated financial statements are free of material misstatement. Due to the inherent limitations of an audit, there is an unavoidable risk that some misstatements of the consolidated financial statements will not be detected (particularly intentional misstatements concealed through collusion), even though the audit is properly planned and performed.

Our audit includes:

- Assessing the risk that the consolidated financial statements may contain material misstatements that, individually or in the aggregate, are material to the consolidated financial statements taken as a whole;
- Examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements;
- Assessing the accounting principles used, and their application;
- Assessing the significant estimates made by management;
- Concluding on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Health Unit's ability to continue as a going concern;
- Evaluating the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.



## Our responsibilities as auditor (continued)

As part of our audit, we obtain a sufficient understanding of the operations and internal control structure of the Health Unit to plan the audit. This includes management's assessment of:

- The risk that the consolidated financial statements may be materially misstated as a result of fraud and error;
- The internal controls put in place by management to address such risks.

The engagement team undertakes a documented planning process prior to commencement of the audit to identify concerns, addresses independence considerations, assesses the engagement team requirements, and plans the audit work and timing.

An audit does not relieve management or those responsible for governance of their responsibilities for the preparation of the Health Unit's consolidated financial statements.

The firm maintains a system of quality management that supports the consistent performance of quality audit engagements.

## Illegal acts, fraud, intentional misstatements and errors

Our auditing procedures, including tests of your accounting records, are limited to those considered necessary in the circumstances and will not necessarily disclose all illegal acts should any exist. Under CAS, we consider the Health Unit's control environment, governance structure, circumstances encountered during the audit and the potential likelihood of fraud and illegal acts occurring.

These procedures are not designed to test for fraudulent or illegal acts, nor will they necessarily detect such acts or recognize them as such, even if the effect on the consolidated financial statements is material. However, should we become aware that an illegal or possibly illegal act or act of fraud may have occurred, other than one considered clearly inconsequential, we will communicate directly to the Board of Health.

It is our responsibility to maintain professional skepticism throughout the audit. This recognizes the possibility that a material misstatement due to fraud could exist, notwithstanding our past experience of the honesty and integrity of the Health Unit's management and Board of Health.

It is management's responsibility to detect and prevent illegal action. If such acts are discovered or the Board of Health members become aware of circumstances under which the Health Unit may have been involved in fraudulent, illegal or regulatory non-compliance situations, such circumstances must be disclosed to us.



## Related party transactions

During our audit, we conduct various tests and procedures to identify transactions considered to involve related parties. Related parties exist when one party has the ability to exercise, directly or indirectly, control, joint control or significant influence over the other. Two or more parties are related when they are subject to common control, joint control or common significant influence. Related parties also include management, directors and their immediate family members and companies with which these individuals have an economic interest.

## Board of Health member responsibilities

The Board of Health's role is to act in an objective, independent capacity as a liaison between the auditor and management to ensure the auditors have a facility to consider and discuss governance and audit issues with parties not directly responsible for operations. The Board of Health's responsibilities include:

- Being available to assist and provide direction in the audit planning process when and where appropriate;
- Meeting with the auditors as necessary and prior to release and approval of the consolidated financial statements to review audit, disclosure and compliance issues;
- Where necessary, reviewing matters raised by the auditor with appropriate levels of management, and reporting back to the auditors their findings;
- Making known to the auditor any issues of disclosure, corporate governance, fraud or illegal acts, non-compliance with laws or regulatory requirements that are known to them, where such matters may impact the consolidated financial statements or Independent Auditor's Report;
- Providing guidance and direction to the auditor on any additional work the auditor feels should be undertaken in response to issues raised or concerns expressed;
- Making such enquiries as appropriate into the findings of the auditor with respect to corporate governance, management conduct, cooperation, information flow and systems of internal controls;
- Reviewing the draft consolidated financial statements, including the presentation, disclosures and supporting notes and schedules for accuracy, completeness and appropriateness, and approving same.

At the end of our audit, we are required to evaluate, as part of our audit, whether the two-way communication between us and the Board of Health has been adequate for the purposes of the audit.



## Management's responsibilities

Management is responsible for:

- The preparation and fair presentation of the consolidated financial statements;
- Establishing and maintaining an adequate internal control structure and procedures for financial reporting, including the design and maintenance of accounting records, recording transactions, selecting and applying accounting policies, safeguarding of assets and preventing and detecting fraud and error;
- Ensuring completeness of information with regards to financial records and data and providing us with information on non-compliance, illegal acts, related party transactions;
- Ensuring proper recognition, measurement and disclosure with respect to selection of accounting policies, significant assumptions, future plans, related party transactions, any claims and possible claims, contingent gains and losses and subsequent events;
- Providing to us a written confirmation of significant representations.

Management's responsibilities are outlined in detail in our engagement letter.



# Baker Tilly KDN LLP

## Tax

Our tax services are designed to meet your business tax compliance and consulting needs.

- Tax Advisory
- Indirect Tax
- Transfer Pricing
- Cross Border & International
- SR&ED
- Personal and Corporate Tax Compliance
- Tax Minimizing Strategies
- Corporate Reorganizations
- Tax Dispute Resolution

## Assurance

When you're facing a changing global economy, it's important to have someone next to you who will help navigate through the evolving accounting standards and changing regulatory environment.

- Entrepreneurial
- Audit & Accounting
- Private Enterprise
- Public Sector

## Advisory

Across our advisory service lines, we get to the essence of value drivers so clients can realize optimal value and achieve their business objectives.

- Organizational Effectiveness & Productivity
- Operational Performance Reviews
- Business Development
- Social Enterprise Development
- Project Management
- Corporate & Organizational Governance
- Human Resources
- Financial and Risk Management
- Government Funding Applications
- Succession Planning
- Marketing and Client Strategy

## Transaction

Whether you are a buyer or a seller, knowledge is power and decisive action begins with clarity.

- Mergers & Acquisitions
- Capital Raising
- Transaction Support
- Valuations
- Corporate Finance
- Restructuring & Recovery

## IT

Navigating through the maze of information technology needs and business optimization planning is a challenge to most businesses in today's evolving world.

- Security & Data Protection
- Network Assessment
- Infrastructure Recommendations & Implementation
- Backup Solutions

**Local insight meets global reach**

4 offices | 19 partners | 120 professionals

**Now, for tomorrow**







**Thank you**





**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Indigenous Health Advisory Circle Report</b>
<b>DATE:</b>	<b>March 13, 2024</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant, on behalf of Liz Stone, Circle Chair</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 meeting minutes of the Indigenous Health Advisory Circle (IHAC) from December 15, 2023 for information.

**BACKGROUND**

IHAC held its last meeting on February 23, 2024. At that meeting, the Circle requested that these items come forward to the Board of Health at its next meeting.

**ATTACHMENTS**

- a. [December 15, 2023 IHAC Minutes](#)



**Indigenous Health Advisory Circle  
MINUTES  
Friday, December 15, 2023 – 1:00 – 4:00 p.m.  
Dr. J.K. Edwards Board Room, 3<sup>rd</sup> Floor, PPH**

**Present:** Councillor Dave Haacke (virtual)  
Mr. Paul Johnston  
Councillor Nodin Knott (virtual)  
Ms. Kristy Kennedy  
Councillor Joy Lachica  
Professor David Newhouse  
Ms. Elizabeth Stone, Chair  
Ms. Rebecca Watts  
Councillor Kathryn Wilson (virtual)

**Regrets:** Ms. Ashley Safar

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

**Guests:** Dr. Natalie Bocking, Medical Officer of Health & CEO, Haliburton, Kawartha Pine Ridge District Health Unit  
Dawn Marie Kelly, Councillor, Alderville First Nation (virtual)  
Julie Bothwell, Health & Social Services Manager, Alderville First Nation  
Tony Yu, Principal, Sense & Nous

---

**1. Call to Order**

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. Merger Exploration Consultation**

Mr. Tony Yu, consultant, was in attendance to obtain feedback from Circle members for a merger feasibility report under preparation for consideration by the Boards of Health for Peterborough Public Health and Haliburton, Kawartha Pine Ridge District Health



Unit. Guests including Dr. Bocking, and representatives from Alderville First Nation, were invited to participate.

#### **4. Minutes of the Previous Meeting**

##### **4.1. October 13, 2023**

The minutes from October 13, 2023 were approved. **ACTION: The minutes will be circulated to the Board of Health at its next meeting.**

#### **5. Items Arising from the Minutes**

##### **5.1. Development of Preparatory Document for IHAC Consultations**

- Development of this document will occur in 2024.

##### **5.2. Debrief of October 30th Forum**

- Liz Stone, David Newhouse, Hallie Atter, Dr. Piggott and Alida Gorizzan met shortly after the October 30th Forum to debrief.
- Dr. Newhouse has begun work planning the next forum which will occur on February 9 (originally scheduled for January 25).

##### **5.3. Indigenous Engagement Liaison**

- This position was supported by the Stewardship Committee, and the Board of Health.
- Further discussion on this item was included under new business.

##### **5.4. Provincial Announcement regarding Public Health Unit Mergers**

- Please refer to item 3.

##### **5.5. PRHC Invitation**

- Given the prioritization of other items for the December 15th meeting, Dr. Mikula will be invited to an IHAC meeting in early 2024.

#### **6. New Business**

##### **6.1. Indigenous Engagement Staffing Model Implementation Considerations**

- Staff sought additional direction from IHAC regarding the specific



implementation of the new staffing model.

- Q: What is the most appropriate way to include Indigenous identity in the job posting?
  - It was recommended that this should be explicit in the posting.
  - Suggestion to refer to job postings by Fleming College and/or Dnaagdawenmag Binnoojiiyag Child & Family Services for appropriate language.
  - Examples noted included production of government-issued identification; provision of family genealogical history; demonstrated connection and letter of support from their community.
- Q: What do we need to think about as an organization to support the psychological safety of this staff member? What do we need to put in place before hiring?
  - Peel Region has a circle of Elders available for support; other health units are supported by an agreement with a local organization, e.g., Anishnawbe Health Toronto.
  - Potential contacts at Ontario Health (Denise Graham) and Cancer Care Ontario (Kathy McLeod Beaver) were noted.
  - Areas to smudge, store traditional medicines, and space for other traditional ceremonies/activities.
  - Check-ins with supervisor based on the four quadrants of the medicine wheel.
- Q: What qualifications should be required (i.e., we might suggest not having formal educational requirements due to barriers that would create)? What qualifications would an asset?
  - It was recommended to note 'desirable assets' vs. specific educational requirements.
  - Knowledge and experience with traditional Indigenous protocols and ceremony.
  - Graduate degree or demonstrated experience with Indigenous communities in a health-related field.
- A hiring committee comprised of members of IHAC will be struck once this process has been initiated.

## 6.2. October 30<sup>th</sup> Forum Debrief and Upcoming Forum Information

- Professor Newhouse shared details of the upcoming forum scheduled to take place on Friday, February 9 at Trent University as part of the annual Elders Gathering.
  - Forum Title: Fostering Mino-Bimmaadiziwin - Determinants of Indigenous Health in the 21st Century
  - Forum Speakers: A talk by Darrell Manitowabi, Northern Ontario School of Medicine. Panel discussion: Phyllis Williams, Health and Social



Services, Alderville First Nation; Lesa Fox, Professor of Practical Nursing, Fleming College, Lorenzo Whetung, Cultural Advisor and Samantha Roan, PhD Student, Trent.

6.3. Interest in Community Appointments for 2024

- All members expressed interest in reappointment for 2024.

6.4. Review of 2023 Accomplishments and Strategic Plan Progress

- Deferred.

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

To be scheduled.

8. **Adjournment**

The meeting was adjourned at 3:40 p.m.



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Board of Health Committees Update</b>
<b>DATE:</b>	<b>March 13, 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 report, Board of Health Committees Update, for information.

**BACKGROUND**

Given competing priorities in the context of the merger decision, the Board Chair is recommending the following:

- Cancellation of Governance Committees for the present time.
- Stewardship Committee meetings will proceed in a focused way, including the scheduling of a late May Auditor meeting, and a late October meeting to review the 2025 budget for Board approval.
- IHAC meetings will proceed as scheduled.

All other business normally dealt with by Committees will be directed to the Board, as required.