

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, December 11, 2024 – 5:30 p.m.
Multipurpose Rooms, 2nd Floor, Peterborough Public Health**

Guest: Ellisa Johnson, Elder, Hiawatha First Nation

1. Call to Order & Land Acknowledgement

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

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

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

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

- Cover Report
- a. Draft Minutes, November 13, 2024
- b. Draft Minutes, November 28, 2024
- c. Draft Minutes, December 4, 2024

7. Business Arising From the Minutes

7.1. Delegation Follow Up – Pickleball Noise (Nov. 13/24)

- Cover Report

8. Staff Reports

8.1. Staff Report & Presentation: Monitoring Food Affordability and Food Insecurity (2024)

- Staff Report
- a. Addressing Food Insecurity in Peterborough: A Growing Hunger for Income Solutions
- b. Presentation (to be circulated)

8.2. Presentation: Safe Sewage Program Transition Update

- Cover Report
- a. Presentation

8.3. Presentation: Strategic Plan Update

- Cover Report
- a. Presentation
- b. Summative Table

9. Consent Items

9.1. Correspondence for Direction

9.2. Correspondence for Information

- Cover Report
- a. PPH Board of Health – Emergency Preparedness
- b. PPH Board of Health – Immunization Registry

9.3. Staff Reports

10. In Camera to Discuss Confidential Matters

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

(d) Labour relations or employee negotiations

(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.

11. Motions for Open Session

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

If prior to December 31, 2024, at the call of the Chair.

13. Adjournment

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Approval of Meeting Minutes
DATE:	December 11, 2024
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meetings held on November 13, November 28 and December 4, 2024.

ATTACHMENTS

- a. [Draft Minutes, November 13, 2024](#)
- b. [Draft Minutes, November 28, 2024](#)
- c. [Draft Minutes, December 4, 2024](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, November 13, 2024 – 5:30 p.m.
Multipurpose Rooms, 2nd Floor, Peterborough Public Health**

In Attendance:

Board Members:

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

Regrets:

Mr. Dan Moloney

Staff:

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 & CEO
Ms. Pam Pressick, Administrative Assistant
Mr. Larry Stinson, Director of Operations

1. Call to Order & Land Acknowledgement

Councillor Lachica called the meeting to order at 5:31 p.m.

2. Confirmation of the Agenda

MOTION:

That the agenda be approved.

Moved: Warden Clark

Seconded: Dr. Makhija

Motion carried. (M-2024-089)

3. Declaration of Pecuniary Interest (*nil*)

4. Consent Items to be Considered Separately

MOTION:

That the following items be passed as part of the Consent Agenda: 9.2 a,b,c,d; 9.3.1; 9.3.2; 9.3.3; 9.3.4; 9.3.5; 9.3.6; 9.4.1; 9.4.2.

Moved: Deputy Mayor Black

Seconded: Mayor Graham

Motion carried. (M-2024-090)

MOTION (9.2 a,b,c,d)

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

a. Letter dated October 11, 2024 from Health Canada, in response to the Board's original letter dated April 30, 2024, regarding nicotine pouches.

b. Association of Local Public Health Agencies (alPHa) e-newsletter dated October 15, 2024.

c. Letter dated October 29, 2024 from the Board Chair to the Premier, Ministers Parsa and Dunlop, regarding student nutrition programs.

d. Email dated October 30, 2024 from alPHa regarding Ontario's Fall Economic Statement.

Moved: Deputy Mayor Black

Seconded: Mayor Graham

Motion carried. (M-2024-090)

MOTION (9.3.1)

That the Board of Health for Peterborough Public Health receive the report, Q3 2024 Financial Report (July 1 – September 30, 2024), for information.

Moved: Deputy Mayor Black

Seconded: Mayor Graham

Motion carried. (M-2024-090)

MOTION (9.3.2)

That the Board of Health for Peterborough Public Health receive the report, Q3 2024 Status Report (July 1- September 30, 2024), for information.

Moved: Deputy Mayor Black

Seconded: Mayor Graham

Motion carried. (M-2024-090)

MOTION (9.3.3)

That the Board of Health for Peterborough Public Health receive the report, Q2 2024 Strategic Plan Report (April 1 – June 30, 2024), for information.

Moved: Deputy Mayor Black

Seconded: Mayor Graham

Motion carried. (M-2024-090)

MOTION (9.3.4)

That the Board of Health for Peterborough Public Health receive the staff report, Q3 2024 Standards Activity Report – Risk Management, for information.

Moved: Deputy Mayor Black

Seconded: Mayor Graham

Motion carried. (M-2024-090)

MOTION (9.3.5)

That the Board of Health for Peterborough Public Health:

- receive the staff report, Preparedness for Future Health Emergencies, for information;
- send correspondence to the provincial and federal Ministers of Health supporting recommendations in the Health Canada Report, *The Time to Act is Now: Report of the Expert Panel for the Review of the Federal Approach to Science Advice and Research Coordination*; and
- send correspondence requesting the Ontario Minister of Health and Chief Medical Officer of Health confirm the status of annual reporting on preparedness activities to the legislature as recommended in the Chief Medical Officer of Health 2022 Annual Report.

Moved: Deputy Mayor Black

Seconded: Mayor Graham

Motion carried. (M-2024-090)

MOTION (9.3.6)

That the Board of Health for Peterborough Public Health:

- receive the staff report, Provincial Immunization Registry for Ontario, for information;
- send correspondence to the Ministry of Health indicating its support for the Ontario Immunization Advisory Committee's recommendation to establish an Immunization Registry for all residents of Ontario; and
- copy local Members of Provincial Parliament (MPPs), Peterborough Ontario Health Team, Peterborough Family Health Team, Peterborough Regional Health Centre, the Association of Local Public Health Agencies and Ontario Boards of Health.

Moved: Deputy Mayor Black

Seconded: Mayor Graham

Motion carried. (M-2024-090)

MOTION (9.4.1)

That the Board of Health for Peterborough Public Health receive meeting minutes of the Indigenous Health Advisory Circle (IHAC) from August 23, 2024 for information.

Moved: Deputy Mayor Black

Seconded: Mayor Graham

Motion carried. (M-2024-090)

MOTION (9.4.2)

That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from October 4, 2024 for information.

Moved: Deputy Mayor Black

Seconded: Mayor Graham

Motion carried. (M-2024-090)

5. Delegations and Presentations

5.1. Delegation: CUPE – Because Public Health Matters Campaign

MOTION:

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

- Title: CUPE – Because Public Health Matters Campaign
- Presenter: Pam Pressick, Administrative Assistant, PPH; Vice President, CUPE Local (presenting on behalf of the Because Public Health Matters Campaign and Committee)

Moved: Mr. Johnston

Seconded: Dr. Makhija

Motion carried. (M-2024-091)

5.2. Delegation: Pickleball Noise

That the Board of Health for Peterborough Public Health:

- receive the following delegation for information:
 - Title: Pickleball Noise
 - Speaker: Elaine Gerelus; and,
- ask staff to report back with a clarified motion, identifying the appropriate agency(ies) to communicate a request to complete a peer-reviewed study regarding the public health impact of pickleball noise.

Moved: Mayor Graham

Seconded: Councillor Riel

Motion carried. (M-2024-092)

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 October 9, 2024.

Moved: Dr. Makhija

Seconded: Councillor Riel

Motion carried. (M-2024-093)

7. Business Arising From the Minutes

8. Staff Reports

8.1. Stewardship Committee: No Merger 2025 Budget (p. 12)

That the Board of Health for Peterborough Public Health:

- receive the No Merger 2025 Budget Staff Report for information; and,
- approve the 2025 Cost-Shared Program Budget for \$13,475,983 as presented, should there be no provincial and shared Board approval for the proposed merger

Moved: Mayor Graham

Seconded: Dr. Makhija

Motion carried. (M-2024-094)

9. Consent Items

10. In Camera to Discuss Confidential Matters

MOTION:

That the Board of Health for Peterborough Public Health go in camera at 6:38 p.m. to discuss three items in accordance with the Municipal Act, 2001, Section 239(2)

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

(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or by or on behalf of the municipality or local board.

Moved: Mr. Johnston

Seconded: Warden Clark

Motion carried. (M-2024-095)

The Chair requested a brief recess until 6:44 p.m. prior to commencing the closed session.

MOTION:

That the Board of Health rise from the In Camera session at 8:36 p.m.

Moved: Dr. Makhija

Seconded: Mayor Graham

Carried. (M-2024-096)

11. Motions for Open Session

MOTION:

That staff be directed to proceed as discussed in relation to In Camera Agenda Item 7.2.

Moved: Warden Clark

Seconded: Mayor Graham

Carried. (M-2024-097)

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

Wednesday, December 11, 2024, 5:30 p.m.
Peterborough Public Health

13. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Dr. Makhija

Seconded: Deputy Mayor Black

Motion carried. (M-2024-098)

The meeting was adjourned at 7:32 p.m.

Chairperson

Medical Officer of Health

**Board of Health for
Peterborough Public Health
SPECIAL MEETING DRAFT MINUTES
Thursday, November 28, 2024 – 3 p.m.
Virtual**

In Attendance:

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

1. Call to Order & Land Acknowledgement

Councillor Lachica called the meeting to order at 3:01 p.m.

2. Confirmation of the Agenda

MOTION:

That the agenda be approved.

Moved: Councillor Wilson

Seconded: Deputy Mayor Black

Motion carried. (M-2024-099)

3. In Camera to Discuss Confidential Matters

MOTION:

That the Board of Health for Peterborough Public Health go in camera at 3:03 p.m. to discuss one item in accordance with the Municipal Act, 2001, Section 239(2)(d) *Labour relations or employee negotiations*.

Moved: Warden Clark

Seconded: Dr. Makhija

Motion carried. (M-2024-100)

MOTION:

That the Board of Health rise from the In Camera session at 4:12 p.m.

Moved: Councillor Wilson

Seconded: Deputy Mayor Black

Carried. (M-2024-101)

4. Motions for Open Session

MOTION:

That the Board Chair follow direction to proceed as recommended by the Board of Health as discussed in closed session, as it pertains to In Camera agenda item 4.1.

Moved: Warden Clark

Seconded: Mayor Graham

Carried. (M-2024-102)

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

Wednesday, December 11, 2024, 5:30 p.m.

Peterborough Public Health

6. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Mayor Graham

Seconded: Councillor Wilson

Motion carried. (M-2024-102)

The meeting was adjourned at 4:15 p.m.

Chairperson

Medical Officer of Health

**Board of Health for
Peterborough Public Health
Special Meeting
DRAFT MINUTES**

**Wednesday, December 4, 2024 – 2:30 p.m.
Dr. J.K. Edwards Board Room, 3rd Floor, Peterborough Public Health**

In Attendance:

Board Members:

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

Staff:

Ms. Donna Churipuy, Director, Health Protection Division
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Dr. Thomas Piggott, Medical Officer of Health & CEO
Mr. Larry Stinson, Director of Operations

1. Call to Order & Land Acknowledgement

Councillor Lachica called the meeting to order at 2:32 p.m.

2. Confirmation of the Agenda

MOTION:

That the agenda be approved.

Moved: Mr. Johnston

Seconded: Mayor Graham

Motion carried. (M-2024-103)

3. Declaration of Pecuniary Interest (*nil*)

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

5. Delegations and Presentations (nil)

6. Confirmation of the Minutes of the Previous Meeting (nil)

The Chair advised that minutes from the previous meetings will be brought forward to the next regular meeting for approval.

7. Business Arising From the Minutes (nil)

8. Staff Reports

8.1. Health Unit Merger Approval

MOTION:

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

- Staff Report – Health Unit Merger Approval; and,
- Letter dated December 2, 2024 from Minister Jones to the Board Chair regarding provincial approval for the merger and associated funding.

Moved: Councillor Haacke

Seconded: Deputy Mayor Black

Motion carried. (M-2024-104)

MOTION:

WHEREAS, the Board of Health has received the Public Health Funding and Accountability Agreement from the Ministry of Health that will provide a combined total of \$10,129,450 in funding for fiscal year 2024-2025 to Peterborough Public Health and Haliburton Kawartha Pine Ridge District Health Unit (HKPRDHU).

WHEREAS, the Ministry of Health included assurances that the government commits to 100% provincial funding support for this merger, and in principle, also provide commitment for eligible out-year merger costs, subject to regulatory changes and appropriate financial reporting.

WHEREAS, the Ministry of Health has articulated it is their intention that there are no fiscal impacts to municipalities and First Nations as a result of the merger.

WHEREAS, the merger intends to strengthen public health delivery, and the Ministry of Health has articulated that operational efficiencies are intended to support public health service delivery;

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, as outlined in the proposed provincial regulatory amendments to Reg 553 and Reg 559 of the Health Protection and Promotion Act; and,
- Provide notice to the Minister of Health, Municipal and First Nations Councils to inform them of this intention.

Moved: Warden Clark

Seconded: Deputy Mayor Black

Motion carried. (M-2024-105)

Recorded Vote: Yeas 12, Nays 0

9. Consent Items (*nil*)

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

11. Motions for Open Session (*nil*)

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

Wednesday, December 11, 2024, 5:30 p.m.

Peterborough Public Health

13. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Councillor Haacke

Seconded: Dr. Makhija

Motion carried. (M-2024-106)

The meeting was adjourned at 2:46 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Business Arising – Pickleball Noise
DATE:	December 11, 2024
PREPARED BY:	Julie Bromley, Manager, Environmental Health
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health direct staff to request that the Canadian Institute for Health Research consider funding and promoting primary research related to the mental health impacts of the noise associated with pickleball courts.

BACKGROUND

At the November 13, 2024, meeting, the Board of Health received a delegation by Elaine Gerelus expressing concern on behalf of a group of residents who live near the Bonnerworth Park area regarding the public health impacts of pickleball noise. Her presentation included a request for the Board of Health to ask for a peer-reviewed study on this matter, however further clarification was required in order to action this item.

The Board passed the following motion:

That the Board of Health for Peterborough Public Health:

- *receive the delegation, Pickleball Noise, for information; and,*
- *ask staff to report back with a clarified motion, identifying the appropriate agency(ies) to communicate a request to complete a peer-reviewed study regarding the public health impact of pickleball noise.*

Moved: Mayor Graham

Seconded: Councillor Riel

Motion carried. (M-2024-092)

The Canadian Institute for Health Research (CIHR) is a federal funding agency for health research. Considering the absence of primary research on this emerging issue and the need for clarity on the potential health impacts of pickleball noise, seeking the assistance of the CIHR would be the most efficient and effective way to explore primary research on the potential health impacts of pickleball courts in urban environments.

PETERBOROUGH PUBLIC HEALTH

BOARD OF HEALTH – STAFF REPORT

TITLE:	Monitoring Food Affordability and Food Insecurity (2024)
DATE:	December 11, 2024
PREPARED BY:	Lauren Kennedy, MScFN, Registered Dietitian, CDE
APPROVED BY:	Hallie Atter, Director of Health Promotion Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report and presentation, Monitoring Food Affordability and Food Insecurity (2024), for information;
- write to the Federal government to recommend development of a federal food insecurity strategy that would ensure that income-based policies are developed to address household food insecurity. Highlight research on the example of the Canada Child Benefit as a policy that has potential to further reduce food insecurity for families with children, if designed to offer more support to families with lowest incomes; and,
- communicate this support to local MPs, the Association of Local Public Health Agencies, and Ontario Boards of Health.

Recommendations to address Indigenous food insecurity and support Indigenous food sovereignty should be led by the Indigenous Health Advisory Circle (IHAC) and local Indigenous Communities in partnership with PPH, if/when this is deemed a priority by local Indigenous Communities, Indigenous partners, and IHAC.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

Monitoring food affordability and addressing food insecurity with income solutions are areas of longstanding advocacy for the Board of Health. For example, the Board used local food affordability data to advocate for Basic Income at the federal level (Sept. 2020), and Bill 60, establishment of a Social Assistance Research Commission at the provincial level (March 2019). Regarding child benefit policies, the board of health endorsed a resolution from Hastings Prince Edward on the Ontario Child Benefit (Oct. 2008).

BACKGROUND

Boards of Health are mandated to monitor food environments (including food affordability), by the [Ontario Public Health Standards](#). PPH staff cost 61 food items that make up Health Canada's

Nutritious Food Basket, collecting data from across the County and City of Peterborough. Food costs are used to assess the cost of nutritious food for a variety of life stages based on nutrient requirements. These numbers are inputted into a variety of income scenarios to determine food affordability locally, with a focus on underserved populations.

PPH has been involved in leading monitoring food affordability work for decades. Since 2021, PPH has co-chaired the updating and leadership of the process of monitoring food affordability across Ontario. PPH's contributions to this work at the national, provincial, and local levels have supported the following work to reduce household food insecurity and build community food security:

- **Local reports and advocacy work**, such as the living wage calculations for Peterborough and across Ontario, to support employers and policy makers with data on incomes needed to support health and wellbeing;
- **Information Sharing Between Local Decision Makers and Community Networks:** In 2024, the [Peterborough Food Action Network](#) (PFAN) met with local decision makers to share food affordability data collected by PPH and discuss policy opportunities for evidence-based solutions;
- **Organizational and Community Awareness Raising** of the impact of low incomes and household food insecurity on physical and mental health inequities. Activities include community reports, responding to media inquiries, and sharing data at community events, such as the United Way Symposium on Healthy Incomes (July 2024), and World Food Day, hosted by PFAN and Basic Income Peterborough Network (October 2024); and
- **International evidence sharing** through presentations, including the International Congress of Nutrition and Dietetics (June 2024).

RATIONALE

Household food insecurity is linked to poor mental and physical health. Household food insecurity is a significant public health issue faced by communities served by PPH. Food insecurity can also have negative, long-lasting impacts on child health and well-being.¹ It is linked with adverse childhood experiences² and may be a source of toxic stress for families.³ As presented to the BOH in March 2024, experiences of adversity in early years of life are linked to increased risk of poor outcomes in learning, relationships, and physical and mental health, including addiction.⁴

Sadly, household food insecurity in Canada is increasing in prevalence, but also in severity, in general, and for households with children.⁵ Between 2021 and 2023, the number of people facing more severe types of food insecurity, increased.⁵ The three types of severity of household food insecurity are marginal, moderate, and severe.⁶ Marginal food insecurity refers to worrying about running out of food, or having a limited selection of food due to not having enough money for food; moderate food insecurity indicates compromises in the quality of quantity of food, due to not having enough money for food; and severe food insecurity means missing meals and reducing food intake, and even going for days without food, due to not

having enough money for food. The percentage of people facing *moderate* household food insecurity went up from 7.6% in 2021 to 10.9% in 2023. The percentage of people facing *severe* household food insecurity went up from 3.6% in 2021, to 6% in 2023. This trend of increasing severity is alarming, due to the association between higher severity of food insecurity with more serious health consequences.¹

As of November 2024, the most recent prevalence estimate indicates that local household food insecurity for areas served by PPH remains high, at nearly 1 in 5 households (3-year average, 2021-2023).^{7,a} Results from 2024 food affordability analysis illustrate that residents including families with children, are having to choose between paying rent, and buying food (see Appendix A). For example, based on 2024 food cost data, and housing data, a family of 4 receiving income from Ontario Works would have a monthly *deficit* of \$66 after paying for food and housing alone. This deficit occurs even before any other essential expenses are considered, such as transportation, internet, laundry, clothing, phone bills, or utilities.

Research identifies that root causes of household food insecurity include inadequate incomes, racism, and colonialism.⁸ Food insecurity disproportionately impacts Indigenous People. Indigenous Peoples living off-reserve have more than double the likelihood of experiencing food insecurity than non-Indigenous Canadians. Restricted access to traditional lands, water, and food resources also impacts Indigenous Peoples' access to traditional foods, which are healthy, nutrient dense, and culturally preferred.

Upstream health promotion approaches can lead to life-long impacts, help to change cycles of intergenerational trauma⁹ and inequity,¹⁰ reduce burden of chronic disease, and optimize health care dollars spent.¹¹

Existing policies have been shown to reduce food insecurity, even though they were not designed to do so. The Canada Child Benefit is an example.¹² This income supplement is for families with children, under the age of 18, and is indexed to inflation. The amount provided is larger for families with lower incomes. Evidence demonstrates that this benefit lowers the severity of food insecurity especially for households with the lowest incomes.¹³ However, **data also indicates that the Canada Child Benefit could be designed to address household food insecurity more effectively** if it were to provide more funds to households living on the lowest incomes.¹² This demonstrates the importance of designing income policies to address household food insecurity, for maximum impact. A federal food insecurity strategy could allow for policies to be intentionally designed for this purpose.

The Board of Health has been an effective and credible advocate for food security in Peterborough for decades. PPH staff continue to play leadership roles in monitoring food affordability, addressing food insecurity and advocating for change through participation and leadership roles with Ontario Dietitians in Public Health (ODPH) and PFAN. PPH recognizes that addressing food insecurity requires a **comprehensive health promotion approach** that includes

^aThese estimates need to be interpreted with caution due to sampling variability and small sample sizes.

tackling its root cause—inadequate incomes, and the importance of emphasizing the development of fostering safe and stable nurturing relationships to help prevent Adverse Childhood Experiences (ACEs). Systemic change is needed to improve social support, to ensure stable access to food, and reduce the conditions that can exacerbate childhood trauma. Such an approach can help break the cycle of food insecurity and Adverse Childhood Experiences (ACEs), promoting healthier, more resilient communities.

PPH staff have and continue to actively work towards evidence-based solutions to food insecurity in our community, and at the provincial and national level. The local evidence gathered through the 2024 food insecurity report (Appendix A) is foundational in this work. Staff actions for 2024-2025 include:

- Continued monitoring of policy windows to address income as a root cause of household food insecurity;
- Active involvement in ODPH Food Insecurity Working group activities and co-leadership of the ODPH Monitoring Food Affordability in Ontario subgroup;
- Knowledge translation provincially through supporting authorship and review of a food affordability report in collaboration with Public Health Ontario and ODPH. This will integrate data from local public health units across Ontario and provide a provincial picture of food affordability and food insecurity to inform policy;
- Continued collection, monitoring and use of food affordability data to move strategic plan priorities forward;
- Chairing and support of PFAN, including meeting with local decision makers. Current PFAN priorities include addressing root causes of hunger and educating and engaging the community to address food security and poverty issues, using research to guide this;
- Continued partnerships with Indigenous organizations and exploration of IHAC's input on conversations and next steps regarding Indigenous Food Insecurity, Indigenous Food Sovereignty, and opportunities for allyship. Relevant insights on Indigenous Food Insecurity and Indigenous Food Sovereignty may also emerge from Indigenous engagement sessions on Climate Change Adaptation, in partnership with Haliburton Kawartha Pine Ridge District Health Unit (HKPR) and Cambium Indigenous Professional Services as well as continued conversations and partnerships with the Local Indigenous Communities including urban and partners at Curve Lake and Hiawatha; and,
- Ongoing efforts to address adversity and promote resilience at organizational, community, and systems levels. This includes supporting the development of an ACEs/resilience network/coalition, the Peterborough Youth Substance Use Prevention Pilot, Extreme Temperature Network, and direct-service programs (e.g., Nurse-Family Partnerships, food literacy, home visiting, oral health screening, etc.).

STRATEGIC DIRECTION

Monitoring food insecurity, food affordability applies to the following strategic directions from

PPH's [2022-2025 Strategic Plan](#):

- Under-served single parents and families are supported in creating healthy safe and nurturing environments for child development.
- Advocate for systemic changes to improve equity in access to basic needs, in particular for children and under-served families.
- People most vulnerable to the health impacts of climate change are supported in adapting to and reducing negative health impacts.
- PPH is fully committed to practicing active allyship for Indigenous self- determination and health equity within the health and social system.

APPENDICES

- a. [Addressing Household Food Insecurity in Peterborough: A Growing Hunger for Income Solutions](#)
- b. Presentation (to be circulated)

REFERENCES:

¹ PROOF (2022). What are the implications of food insecurity for health and health care? Identifying Policy Options to Reduce Household Food Insecurity in Canada. Retrieved from: <https://proof.utoronto.ca/food-insecurity/what-are-the-implications-of-food-insecurity-for-health-and-health-care/>

² Royer, M.F., Ojinnaka, C.O., Zhang, X., Thornton, A.G., Blackhorse, K., & Bruening, M. (2022). Food insecurity and adverse childhood experiences: a systematic review. *Nutrition Reviews*. 80(10), 2089-2099. doi: doi.org/10.1093/nutrit/nuac029

³ Knowles, M., Rabinowich, J., Ettinger de Cuba, S., Becker Cutts, D., & Chilton, M. (2016). “Do You Wanna Breathe or Eat?”: Parent Perspectives on Child Health Consequences of Food Insecurity, Trade-Offs, and Toxic Stress. *Maternal and Child Health Journal*. 20(1). doi: [10.1007/s10995-015-1797-8](https://doi.org/10.1007/s10995-015-1797-8).

⁴ Alberta Family Wellness Initiative. Resilience: Why do some of us bounce back from adversity better than others? Retrieved from <https://www.albertafamilywellness.org/what-we-know/resilience-scale/>

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Addressing Food Insecurity in Peterborough

A Growing Hunger for Income Solutions



Peterborough
Public Health

2024

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*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.*

*We are grateful for the opportunity to collaborate on the development of this report
with other organizations including the New Canadian Centre, Nogojiwanong
Friendship Centre, Curve Lake First Nation Health Centre, and the Peterborough Food
Action Network. Working together allows us to create a greater collective impact.*

Summary: A Growing Hunger for Income Solutions

Household food insecurity refers to worrying about running out of money for food. It is a worsening public health issue, affecting Indigenous people, the County and City of Peterborough, and people across Ontario and Canada. Nearly 1 in 5 households faced food insecurity in Peterborough County and City, between 2021-2023. Locally, individuals and families are forced to choose between paying for rent, or food.

Household food insecurity is not an isolated problem. Tackling this issue reveals interconnections with critical community priorities such as:

- affordable housing,
- adapting to climate change and strengthening food systems,
- addressing racism and discrimination,
- supporting Indigenous self determination and health equity, and
- helping families with children to thrive.

Many types of community and systems change are needed. But there is a common thread through all of these priorities: a growing hunger for income solutions. Inadequate incomes are the root cause of household food insecurity. Despite best efforts, food relief programs can't keep up with the need, and don't address the root of the issue. Policy that allows all community members and families to have enough money to live with dignity, is an essential ingredient to achieve these priorities and to help communities thrive.



What can be done to address the growing hunger for income solutions?

- Learn more about household food insecurity and income solutions.
- Learn about additional systemic roots of food insecurity.
- Speak up for change. Your voice can make a difference.



What is Household Food Insecurity?

Household food insecurity is a serious health issue, affecting under-served people the most. It is the “inadequate or insecure access to food due to financial constraints.”¹ Someone who is food insecure worries about running out of money for food. Food Insecurity is a sensitive marker of ongoing financial hardship.¹

Household Food Insecurity in Peterborough

Roughly 19%* of local households faced food insecurity between 2021-2023 in Peterborough County and City.² This is about the same as the estimate reported in Peterborough Public Health’s 2023 report: nearly 1 in 5 local households worrying about having enough money for food. These are the highest food insecurity prevalence estimates ever recorded in our community.



Local household food insecurity rates remain the highest ever recorded.

Nearly 1 in 5 local households faced food insecurity between 2021-2023.*



**This number is a 3-year average from the Canadian Income Survey (CIS) that needs to be interpreted with caution due to a small sample size and variability in the sample. Household food insecurity numbers may be underestimated as CIS samples do not include unhoused individuals or Indigenous Peoples living on-reserve.*

Household Food Insecurity in Canada: Increasing Prevalence and Severity

There are 3 types of household food insecurity:³

- **Marginal food insecurity** refers to worrying about running out of food, or having a limited selection of food due to not having enough money for food.
- **Moderate food insecurity** indicates compromises in the quality or quantity of food, due to not having enough money for food.
- **Severe food insecurity** means missing meals and reducing food intake, and even going for days without food, due to not having enough money for food.

Health outcomes get poorer as food insecurity gets more severe.⁴ Severe household food insecurity is associated with the most serious health complications, including shortened life spans by an average of 9 years.⁴

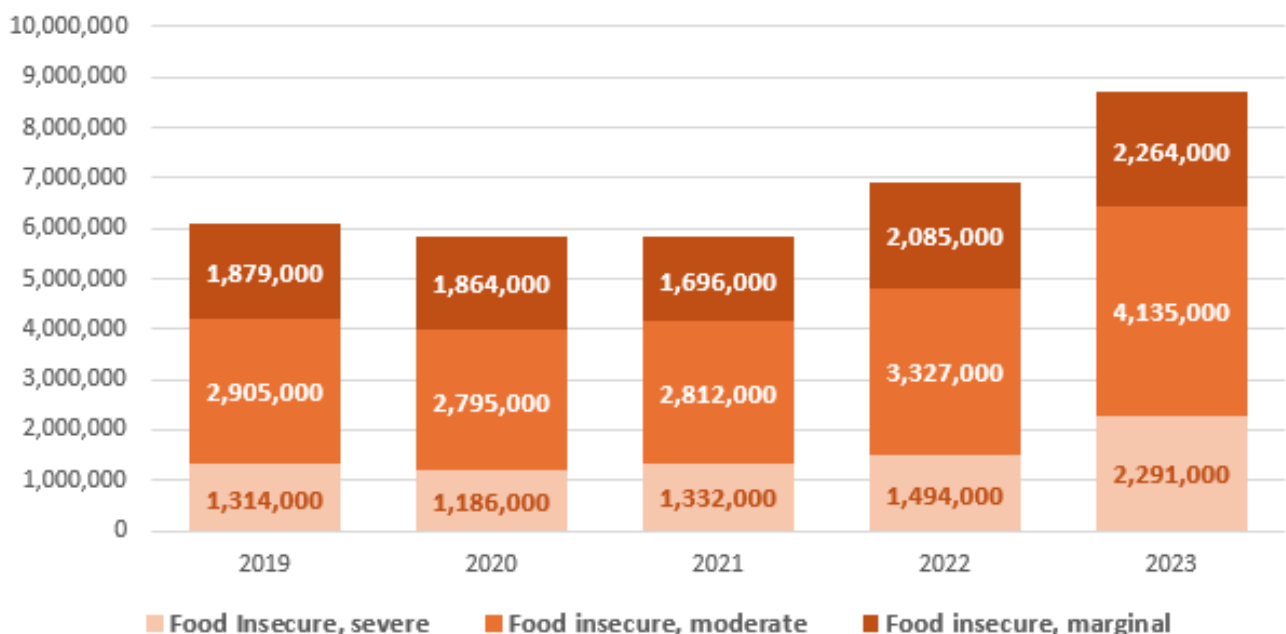
Food Insecurity is Getting Worse

Data from the ten provinces comparing food insecurity to previous years, shows that compared to 2021 and 2022, in 2023:

- There were more people living in food insecure households.⁵
- There were more people facing more severe types of food insecurity.⁵

Those most impacted by increases in severity of food insecurity between 2021-2022 included one-parent households with children, renters, and people with social assistance as their primary income source.⁶

Number of people living in food-insecure households in the ten provinces, 2019-2023⁵



Canadian Income Survey (CIS) 2018-2022. Data on food insecurity for CIS are collected in the year following the survey reference year. Data is labelled using the year of the data collection.

Chart adapted from PROOF • Source: Statistics Canada Table 12-10-0834-01

What is Contributing to Worsening Household Food Insecurity?

Incomes don't meet the rising cost of basic needs.

- Costs have gone up for goods and services. In Canada, this is measured by the Consumer Price Index, which saw the biggest increase in 40 years in 2022 (6.8%) and rose an additional 3.9% in 2023.⁷ Food is just one of these expenses. Food prices can be driven up by many factors including global conflict and climate change impacts, such as drought and extreme weather.⁸
- In many cases, incomes haven't increased enough to cover the costs of basic needs, including, but not limited to food and shelter.

Realities of Limited Incomes in Peterborough

Is Food Affordable in Peterborough County and City? Not for Some.

Households living on fixed incomes and minimum wage have little, if any, money left to cover basic monthly expenses after paying for shelter and food. The following case studies do not represent real people but are based on research and current data representing the impacts of household food insecurity. They include real costs for individuals and families living in Peterborough County and City, and real income examples as of May 2024.

Necessary monthly expenses not captured in these case studies include:

phone/internet, utilities, transportation, household/personal care items, clothing, laundry, childcare, children's activities and school supplies, etc. Income amounts listed are after tax, and include tax credits, and benefits. Actual income amounts in our community may be lower if residents are not able to file income tax and/or do not apply for all available tax credits. Housing costs may also be higher for residents moving into rental units.

People in our community are struggling to make ends meet.



Case Study #1: Single, Pregnant Person, County

- Aisha is in their late 20s, lives on their own in the County of Peterborough, and is expecting a baby.
- They are unable to work due to a chronic health condition and rely on the **Ontario Disability Support Program** for income.
- The cost of rent for their one-bedroom apartment takes up 80% of their monthly income.

Aisha tries to eat balanced meals to give their baby a good start. However, due to a limited income, this is not always possible, and leads to a monthly deficit, even before paying for everything else needed to get by. Facing compounding stress and anxiety about being able to afford rent, food, and necessities for themselves and the baby, Aisha experiences mental health decline. Even though their monthly income went up a little bit, Aisha is still more behind, even before other expenses such as transportation, internet, utilities, and supplies to prepare for the new baby.

What about transportation?

What about phone bills?

What about fees for counselling or physiotherapy?

What about clothes?

What about supplies for the new baby?



2024
Income, \$1505
– Rent, \$1208 (80% of income)
– Food, \$472 (31% of income)
=
– \$175 (deficit)

Case Study #2: Lone Parent-Led Family, County

- Sheena is a single parent with two children under 6 years old.
- She rents a 2-bedroom basement apartment in Peterborough County.
- Sheena currently receives **Ontario Works**, as she has not been able to find work that also allows her to care for her young children. She also receives the Ontario Child Benefit and Canada Child Benefit. Without this, she would be in a monthly deficit after paying for food and rent alone.

Sheena is very resourceful with her limited budget, but rising costs of living means she is having trouble making ends meet. After paying for rent and food alone, she has \$658 left for everything else. She just found out that she needs to replace her used car, her only form of transportation. But she doesn't know how she will pay for this unexpected expense. She finds herself eating less and sometimes skipping meals to make sure that her kids have enough to eat. She notices that she is not feeling her best.

What about childcare, to allow Sheena to return to work?

What about activities?

What about phone and internet bills?

What about gas and car insurance?



2024
Income, \$2863
– Rent, \$1453 (51% of income)
– Food, \$752 (26% of income)
=
\$658

Case Study #3: Newcomer Two Parent Family with Children, City

- Marie and Jean have 2 children, ages 8 and 14. They immigrated to Canada, fleeing a dangerous situation for their family. Their immigration status is “refugee claimant” and they are awaiting their *Notice to Appear* that will inform them of the date, time and location of their Refugee Claimant hearing.
- They rent a 3-bedroom apartment in the City of Peterborough.
- Jean has a work permit and worked his way up to a full-time minimum wage job doing physical labour on night shifts. Due to their immigration status, they are unable to access certain benefits and supports, such as the Ontario Child Benefit or Canada Child Benefit.

Marie, Jean and their children are resilient, and enjoy meeting people in Peterborough. Marie is working hard at learning English in her ESL class, and hopes to go on to post-secondary education, but she is not eligible for the Ontario Student Assistance Program (OSAP). Marie, Jean and their children are skilled at cooking, and they know nourishing food is important. However, the ingredients for their traditional meals are expensive or hard to access in Peterborough, so they adapt with eating more processed food. Jean is worried about his health and diabetes risk and doesn't have OHIP which limits his access to health care. As they do their best to help their children integrate into Canadian culture, they are experiencing significant stress, stretching every area of their budget, and waiting to learn about whether they will be able to stay in Canada.



2024
Income, \$3238
– Rent, \$1689 (52% of income)
– Food, \$1285 (40% of income)
= \$264

What about extracurricular activities and tutoring?

What about transportation?

What about clothing and household supplies?

What about internet and phone bills?

What about emergency expenses?

Case Study #4: Two Parent Family with Children, City

- Jesse and Morgan have 2 children, ages 8 and 14.
- They rent a 3-bedroom apartment in the City of Peterborough.
- Jesse and Morgan used to own a small business, which they lost. They currently receive income from **Ontario Works** as they haven't been able to find suitable work at this time. Some of their total monthly income (listed below) comes from benefits, such as the Canada Child Benefit.

Jesse and Morgan live with their children in a crowded apartment complex with minimal green space. Unfortunately, the apartment complex also has an older air exchange system and no air conditioning in the warmer months. But moving to safe, healthy housing feels out of reach. As of 2024, their small apartment takes up almost 60% of their income. Even if they used the rest of their income on food alone, it still wouldn't be enough to afford the food needed to feed their family.

What about school supplies?

What about saving for the future?

What about household and personal care items?

What about bus fare?

What about clothing and laundry?



2024
Income, \$2908
– Rent, \$1689 (58% of income)
– Food, \$1285 (44% of income)
=
- \$66

This isn't the end of the story. Policies like the Child Benefit can be strengthened to provide more help to families who need it the most.⁹ See pages 19-20 to learn how.

Case Study #5: Single Unattached Person, City

- Sam is 40 years old and is currently unemployed due to circumstances outside of his control.
- He receives income from **Ontario Works**.
- After accounting for all benefits received, Sam's entire income is not enough to meet monthly rent for a simple bachelor apartment in the City of Peterborough in 2024.

Sam worries daily about losing his housing and is unable to pay for food. Despite visiting food banks and meal programs, he is severely food insecure, and sometimes goes days without eating a real meal.



2024
Income, \$881
– Rent, \$903 (102% of income)
– Food, \$446 (51% of income)
= - \$468

What about routine dental care?

What about necessary over the counter medications?

What about clothing and laundry?

What about utilities?

What about transportation?

*For more information, data sources, updates in calculations, and cost breakdowns for each case study or for further income scenarios, see **Appendix A**. For comparisons to previous years, see **Appendix B**.*

How Food Insecurity Links to our Community

Household food insecurity is a complex income problem that affects our community. When incomes do not match the cost of food and other basic needs, there are serious consequences.

Well-being of Children and Families:

- Household food insecurity can have negative, long-lasting impacts on child health and well-being.⁴ It is linked with adverse childhood experiences,¹⁰ and may be a source of toxic stress,¹¹ which can affect brain development in children. Toxic stress can have long term consequences for learning, behavior, and both physical and mental health.¹² This can perpetuate cycles of health inequity.
- Sadly, many families are affected by household food insecurity. In the ten provinces in Canada in 2023,
 - Over 1 in 4 families with children faced food insecurity (27%);⁵
 - Over 2 in 5 female-led lone parent households (46%) faced food insecurity;⁵
 - Over 1 in 4 children faced food insecurity (28%);⁵ and
 - About 3 in 4 of children facing food insecurity were in moderately or severely food insecure households (74%).⁵

In 2023...



1 in 4
families of
couples with
children faced
**food
insecurity.**



2 in 5
female-led lone
parent households
faced
**food
insecurity.**



1 in 4 children
faced
**food
insecurity.**



3 in 4 of these
children were in
moderately or severely
**food insecure
households.**

Low Incomes, Toxic Stress, and Child Development:

Low incomes create challenges for parents and children, and reducing financial stress can strengthen families and support their well-being. When parents and caregivers are chronically stressed about being able to meet household expenses it impacts their physical and mental health, drains mental energy for essential decisions, and can affect their ability to provide safe, supportive and nurturing environments for children.^{13,14,15} Reducing stress and easing the burden on parents and caregivers promotes children's emotional and developmental growth, setting the foundation for healthier, more resilient families.¹⁵

Policies, resources, and strategic community action can support under-served single parents and families as they help create healthy, safe, and nurturing environments for child development.

Every child is born with incredible potential. As a community, we all have a shared responsibility and opportunity to foster their potential.

Physical Health:

Children and adults experiencing food insecurity have increased risk for poor health outcomes.⁴ For example:

- Food insecurity makes it difficult to eat balanced meals that meet nutrition needs.
- Adults living in food insecure households have a higher risk of infectious diseases. They are also more likely to face poor oral health and injuries.
- Adults living in food insecure households also have a higher risk of chronic conditions, such as heart disease, diabetes, hypertension, arthritis, back problems, and chronic pain.⁴
- Facing food insecurity makes it very difficult to manage chronic health conditions.
- Premature death is a serious consequence of food insecurity.⁴ Tragically, people's lives are shortened by an average of 9 years, because they face severe food insecurity.⁴



Food insecurity takes a major toll on the health care system.⁴ Addressing household food insecurity before it happens could result in significant savings for public health care dollars and can also help us to build a stronger and more equitable health system.

Mental Health:

Food insecurity and poor mental health are strongly linked.⁴ For example:

- Adults in food insecure households have a higher risk of mental health conditions such as depression and anxiety disorders.⁴
- Food insecurity is a strong predictor of usage of public mental health care services and supports. In one study, adults experiencing severe food insecurity were more than twice as likely to use health care services for mental health reasons over the past year, than those who were food secure.¹⁶
- Experiencing household food insecurity during pregnancy increases the likelihood of being treated for postpartum mental health problems, and infants have a higher likelihood of visiting an emergency department.¹⁷
- Children facing household food insecurity are more likely to experience poor mental health than those in food secure households.⁴
 - Adequate nutrition is essential for child health, learning, development and well-being.
 - Severe food insecurity and experiences of child and youth hunger are linked to depression and suicidal ideation in adolescence and early adulthood.⁴
 - Food insecurity is connected to hyperactivity and inattention in the early years.⁴



Addressing barriers to services and health inequities requires addressing mental health, well-being and household food insecurity.

Indigenous Self-determination and Health Equity:

- Restricted access to traditional lands, water, and food resources impacts Indigenous Peoples' access to traditional foods, which are healthy, nutrient dense, and culturally preferred.¹⁸
- Although data indicate that Indigenous Peoples face higher rates of food insecurity than the general population, Indigenous Peoples have strengths, resilience, and wisdom to help us move towards health equity together.
- Indigenous health inequities are complex and deeply rooted in historical and ongoing acts of colonization.



To move forward together, we can work towards allyship, and support Indigenous Food Sovereignty. We must work alongside Indigenous Peoples to listen, reflect, amplify Indigenous voices, and help make positive community led changes.

What is Food Sovereignty?

“Food Sovereignty is the right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture systems.” - *La Via Campesina*

Celebrating and Learning from Indigenous Communities

Here are just a few examples of work led by local Indigenous communities in advancing Food Sovereignty in 2024:

- Curve Lake First Nation Health Centre hosted a *Come Cook with Us at Home* program, in partnership with Peterborough Public Health. Parents, children, and extended family, came together to cook, share knowledge, and enjoy a variety of meals including traditional foods. This experience not only built confidence in food preparation but also helped to create connection and positive experiences for everyone involved.
- Nogojiwanong Friendship Centre partnered with the Elizabeth Fry Society of Peterborough and the Rotary Club of Peterborough in 2024 to provide traditional meals to community members.



Housing:

- Housing and food insecurity are deeply interconnected.
 - Renters are more likely to be food insecure than home-owners.¹
 - Between 2021-2022, there was a notable increase in the severity of food insecurity for renters.⁶
 - Owners with mortgages are more vulnerable to food insecurity than those who are mortgage free.¹
- Unaffordable housing is linked to negative health impacts, food insecurity and inadequate nutrition.¹⁹ Rising housing costs force people with limited incomes to choose between paying rent and other basics like food. In addition, unhoused people are highly vulnerable to food insecurity.¹
- Housing and food are basic needs. We need both to be healthy, and to thrive. But concerning, the lowest income households in our community have very limited access to rental stock.²⁰ Locally, the housing crisis in Peterborough became worse in 2024 than it was in 2023.²⁰

In 2022,
27.5%
of Canadian
households who
rented, faced
food insecurity.¹



Our community, local municipalities, provincial and federal governments and First Nations need to work together to address health inequities related to housing and shelter.

Climate Change:

- Climate change may cause decreased food production in Ontario and around the world.^{21,22} This may result from droughts, increased risk of food spoilage and contamination, more pests, impacts of high temperatures on livestock health, and damage to crops from extreme weather events. Rising carbon dioxide levels can also lower the amount of nutrients in some crops.²¹
- Climate change can contribute to higher food prices.⁸ Higher food prices have the greatest impact on those already facing food insecurity.
- When people don't have enough money for food, every day can feel like an emergency. Adaptation measures such as preparing emergency kits for extreme weather events and accessing ways to cool off in hot weather may not be realistic for many community members. Adequate incomes and access to basic needs are necessary for people to be able to adapt to health impacts of climate change.



Community food security is a concept that not only includes economic access to food, but also includes physical access, and the transportation needed to get to food. Community food security means that all people at all times have economic and physical access to food that meets their individual and cultural needs and preferences.²³

Supporting those who are most vulnerable to the health impacts of climate change, improving incomes, and strengthening our food systems can help our community adapt and reduce negative health impacts.

For more information on the impact of climate change on food systems, nutrition for vulnerable populations, and opportunities to strengthen the local food system, see chapter 7 of Peterborough Public Health's *Climate Change Vulnerability Assessment*.

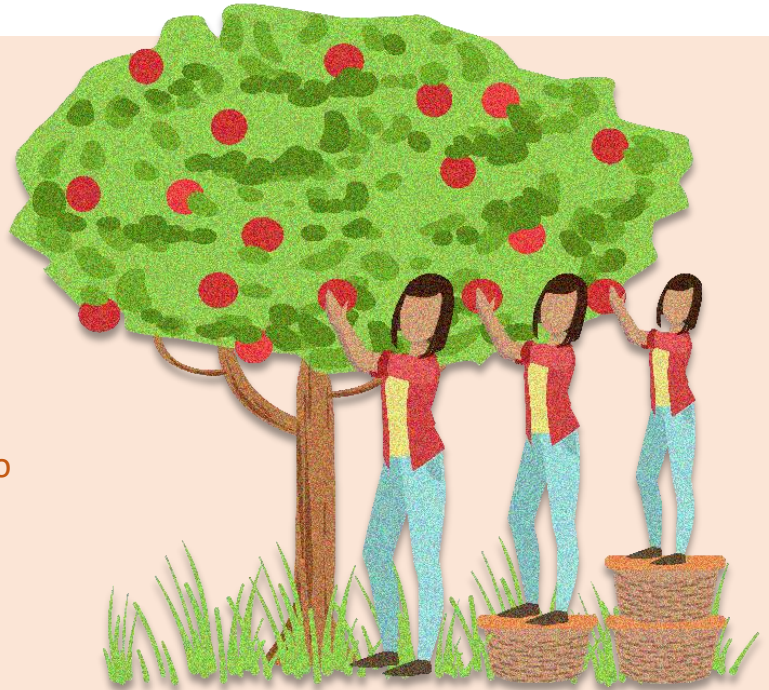


Food Insecurity is a Health Equity Issue.

This means that some groups are more affected than others and can be held back from reaching their health potential because of factors that are beyond their control. For our community to be healthy and resilient, we need to make sure that no one is left behind, that everyone is included, and all have their basic needs met (e.g., food, water, housing, transportation, education, healthcare, etc.).

What is Health Equity?

Health equity means that all people can reach their full health potential and are not disadvantaged from attaining it because of their race, gender, age, socioeconomic status or other socially determined circumstances. Different people need different heights of steps to reach the apple tree, just as different people need different supports to reach health equity.



Racism and Food Insecurity

- Food insecurity disproportionately impacts visible minorities.¹ In 2023, household food insecurity was highest for black and indigenous people.⁵
- Systemic racism and colonialism are the reason that racialized group face higher rates of food insecurity.²⁴ Racism and colonialism have compounding impacts. Stigma and discrimination may also impact access to employment, educational opportunities, housing, and basic needs.²⁵
- It important to listen to voices of these groups and allow them to lead and shape how we understand data and experiences.

How Can We Fix the Problem of Household Food Insecurity?

Household food insecurity is an income problem that requires income solutions.²⁶

Research supports that policies that improve incomes to meet basic needs can help move the needle on household food insecurity. For example, between 2007-2013, low income seniors receiving public pensions (a form of guaranteed income) had **half the rate of food insecurity**, compared with low income Canadians under the age of 65, who did not have this income floor.²⁷ Income solutions address the root of the problem, help to preserve dignity, give choices to buy foods that meet needs, and promote the right to food.²⁶

Examples of income solutions:

- Living Wages,
- A basic income guarantee or guaranteed liveable income,
- Lowering income tax rates for lowest-income households,
- Social assistance, benefit rates, minimum wage rates, and targeted benefits that match the cost of living. Targeted benefits may include (but are not limited to):
 - Disability benefits, and
 - Child benefits designed to adequately support lowest income families.

Income solutions not only address household food insecurity, but also support climate change adaptation, resilience for families, access to housing, and can be one strategy to help address impacts of racism and colonialism.

What about Food Banks?

Although food banks and meal programs may support some people with immediate needs, **they have not been shown to reduce household food insecurity.**²⁶



SPOTLIGHT:

The Canada Child Benefit, an Evidence-Based Policy to Reduce Food Insecurity

Research demonstrates that the Canada Child Benefit reduces household food insecurity.⁹ This income supplement is for families with children under the age of 18, and is indexed to inflation.²⁸ The amount provided is larger for families with lower incomes. Evidence demonstrates that this benefit lowers the severity of food insecurity especially for households with the least incomes.⁹ However, this research also indicates that **the Canada Child Benefit could be designed to address household food insecurity more effectively** if it were to provide more funds to households living on the lowest incomes.⁹ There are also families in Canada who are currently unable to access this benefit, such those with refugee claimant refugee status.²⁹

We can take action to support systemic change. We can speak up for income solutions, the right to affordable housing, childcare, dental and drug plans to support underserved groups. We can address racism and colonialism, build strong healthy food systems, and support climate change adaptation for all. There are benefits for our whole community when **no one is left behind.**

How Can We Learn More and Be Part of the Change?

Get connected and learn about income solutions.

- **Food Insecurity** - www.proof.utoronto.ca
- **Basic Income**
 - Basic Income and Food Insecurity - www.obin.ca/bi and [food security](http://foodsecurity.ca)
 - Basic Income Peterborough - basicincomepeterborough.ca
- **Living Wage** - www.ontariolivingwage.ca
- **Peterborough United Way Research** - www.uwpeterborough.ca/our-research/
- **Canada Child Benefit and Food Insecurity** - proof.utoronto.ca/resource/the-canada-child-benefit-as-a-policy-to-improve-childrens-health-hesa-submission/



Learn about additional systemic roots of food insecurity and connected issues

- **Racism and colonialism** connect deeply with food insecurity, food access, and food sovereignty. Here is one place to learn more about food sovereignty on turtle island: foodsecurecanada.org/2023/10/04/harvesting-hope-and-change-food-sovereignty-on-turtle-island
- **Food Action and the Peterborough Food Charter** - www.foodinpeterborough.ca
- **Climate Change and Health** - www.peterboroughpublichealth.ca/your-health/environmental-hazards/climate-change/

Speak up for change. Your voice can make a difference.

- Talk about food insecurity, incomes, and solutions with your family, friends and community.
- Write to or chat with your local MP, MPP or Council members about the need to improve incomes and housing to help address food insecurity and health inequities.



Let's take action to ensure that everyone can thrive with health and dignity – including future generations.

APPENDIX A: Income Scenarios

Thirteen Scenarios Based on Income and Benefits in Ontario and Canada, and Peterborough Food and Housing Costs (May 2024)

- Case studies above and the scenarios below use food cost data from the Peterborough County and City collected by Peterborough Public Health staff in May 2024 using the Ontario Nutritious Food Basket (ONFB).
 - The 61 food items costed in the ONFB are based on the 2019 National Nutritious Food Basket (NNFB)³⁰ and reflect Canada's Food Guide.³¹ To reduce missingness of certain food items, proxy items were used, which may have minor differences in nutrition and cost, compared to preferred items specified by the costing process. Food cost data does not include: non-food items, foods that may be needed to meet cultural or religious needs, or foods to manage disease conditions, allergies, or intolerances.
 - Canada's food guide and the ONFB are not inclusive for all religious and cultural groups, and they do not acknowledge traditional Indigenous foods and food procurement practices. Peterborough Public Health recognizes this as a significant limitation of this data collection.
- The below income scenarios integrate provincial and federal benefits from May 2024, including child benefits, GST/HST credits, the Ontario Trillium Benefit, the Canada Worker Benefit, and the Climate Action Incentive Payment. They assume that individuals and families have been able to file taxes. Calculations are based on benefits received within a Census Metropolitan Area. Scenarios highlight 2023 Peterborough Census Metropolitan Area Housing Cost Data from the Canadian Mortgage and Housing Corporation (CMHC).³² Rental data from the CMHC was adjusted to estimate rental costs during May of 2024, the time of food costing.
- For more information about limitations and adjustments made to data from previous years, please contact Peterborough Public Health.

2024 – Monitoring Food Affordability in Ontario (MFAO) Income Scenarios PPH

	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7	Scenario 8	Scenario 9	Scenario 10	Scenario 11	Scenario 12	Scenario 13
	Family of Four, Ontario Works (Case Study 4)	Family of Four, Full-time Minimum Wage Earner	Family of Four, Median Income (after tax)	Single Parent Household, Two Children over 6, Ontario Works	One Person Household, Ontario Works	One Person Household, Ontario Disability Support Program (Case Study 5)	One Person Household, Old Age Security/ Guaranteed Income Supplement	Married Couple, Ontario Disability Support Program	Single Pregnant Person, Ontario Disability Support Program (Case Study 1)	Single Parent Household with Two Children under 6, Full-time Minimum Wage Earner	Single Parent Household, Two Children Under 6, Ontario Works (Case Study 2)	Family of Four Refugee Claimants, Full-Time Minimum Wage Earner (Case Study 3)	One Person Household, Part-time Precarious Employment in the Gig Economy
Monthly Calculations													
Total Income	\$2,908.00	\$4,507.00	\$9,685.00	\$2,670.00	\$ 881.00	\$1,465.00	\$2,069.00	\$2,603.00	\$1,505.00	\$4,656.00	\$2,863.00	\$3,238.00	\$1,695.00
Selected Expenses													
Average Monthly Rent (may or may not include heat/hydro ¹)	(3 Bdr.)	(3 Bdr.)	(3 Bdr.)	(2 Bdr.)	(Bachelor)	(1 Bdr.)	(1 Bdr.)	(1 Bdr.)	(1 Bdr.)	(2 Bdr.)	(2 Bdr.)	(3 Bdr.)	(Bachelor)
	\$ 1,689.00	\$ 1,689.00	\$ 1,689.00	\$ 1,453.00	\$ 903.00	\$ 1,208.00	\$ 1,208.00	\$ 1,208.00	\$ 1,208.00	\$ 1,453.00	\$ 1,453.00	\$ 1,689.00	\$ 903.00
Monthly cost of food	\$ 1,285.00	\$ 1,285.00	\$ 1,285.00	\$ 959.00	\$ 446.00	\$ 446.00	\$ 320.00	\$ 741.00	\$ 472.00	\$ 752.00	\$ 752.00	\$ 1,285.00	\$ 446
Total Selected Expenses	\$ 2,974.00	\$ 2,974.00	\$ 2,974.00	\$ 2,412.00	\$ 1,349.00	\$ 1,654.00	\$ 1,528.00	\$ 1,949.00	\$ 1,680.00	\$ 2,205.00	\$ 2,205.00	\$ 2,974.00	\$ 1,349.00
Funds Remaining (for other basic needs e.g. telephone, transportation, child care, household and personal care items, clothing, school supplies etc.)	\$ (66.00)	\$ 1,533.00	\$ 6,711.00	\$ 258.00	\$ (468.00)	\$ (189.00)	\$ 541.00	\$ 654.00	\$ (175.00)	\$ 2,451.00	\$ 658.00	\$ 264.00	\$ 346.00
Percentage of income for rent	58%	37%	17%	54%	102%	82%	58%	46%	80%	31%	51%	52%	53%
Percentage of income for food	44%	29%	13%	36%	51%	30%	15%	28%	31%	16%	26%	40%	26%

APPENDIX B: Changes in Food Affordability Over Time

Changes in Affordability Between May 2022, 2023 and 2024 for Case Studies #1, #2, #4, and #5

- Adjustments were made to 2022 and 2023 rental and food cost data to allow for consistent methodology and comparisons to 2024.
- Food cost was adjusted to reflect updated energy requirements from the Institute of Medicine.³³ Food cost data from 2022-2024 should not be compared to years prior to 2022, due to significant changes in food costing methodology, and use of a different food list. Rental data from the CMHC was adjusted to estimate rental costs during the month of May, the time of food costing.
- Rental data for 2022, 2023, and 2024 were adjusted from CMCH data from October of the prior year, to reflect May of the appropriate year.
- Case Study #3 is new as of 2024; data were not tracked in 2022 or 2023.

Case Study #1: Single Pregnant Person, County, Ontario Disability Support Program

May 2022	May 2023	May 2024
Income, \$1349	Income \$1409	Income, \$1505
-Rent, \$1098	-Rent, \$1115	-Rent, \$1208
-Food, \$421	-Food, \$465	-Food, \$472
= \$ -170	= \$ -171	= \$ -175

Case Study #2: Lone-Parent Led family, County, Ontario Works

May 2022	May 2023	May 2024
Income, \$2705	Income, \$2743	Income, \$2863
-Rent, \$1377	-Rent, \$1370	-Rent, \$1453
-Food, \$700	-Food, \$741	-Food, \$752
= \$628	= \$632	= \$658

Case Study #4: Two Parent Family with Children, City, Ontario Works

May 2022	May 2023	May 2024
Income, \$2760	Income, \$2794	Income, \$2908
-Rent, \$1468	-Rent, \$1558	-Rent, \$1689
-Food, \$1187	-Food, \$1260	-Food, \$1285
= \$ 105	= \$ -24	= \$ -66

Case Study #5, Single Unattached Person, City, Ontario Works

May 2022	May 2023	May 2024
Income, \$863	Income, \$865	Income, 881
-Rent, \$842	-Rent, \$893	-Rent, 903
-Food, \$413	-Food, \$436	-Food, 446
= \$ -392	= \$ -464	= \$ -468

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**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Presentation: Safe Sewage Program Transition Update
DATE:	December 11, 2024
PREPARED BY:	Julie Bromley, Manager, Environmental Health
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

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

ATTACHMENTS

a. [Presentation](#)

Safe Sewage Program Transition Update

Board of Health Meeting
December 11, 2024

Presented By:

Julie Bromley, Manager, Environmental Health
& Former Chief Building Official, Part 8

Presentation Outline

Background

Divestment Process & Timeline

Collaborative Approach

Current State

Reflections & Conclusion

Background – Safe Sewage Program Divestment

April 12, 2023

- Board of Health supported staff's recommendation not to renew the agreement for services related to sewage systems and maintenance inspections upon expiry (November 17, 2024)

Reasons for the decision:

- Declining revenue and potential for ongoing financial shortfalls
- Increasing litigation and organizational risk
- Concerns related to recruitment and staffing
- Potential of health unit mergers
- Not an OPHS-mandated program or strategic priority for PPH

Divestment Process



Timing:

19-month runway for comprehensive approach



Benefits:

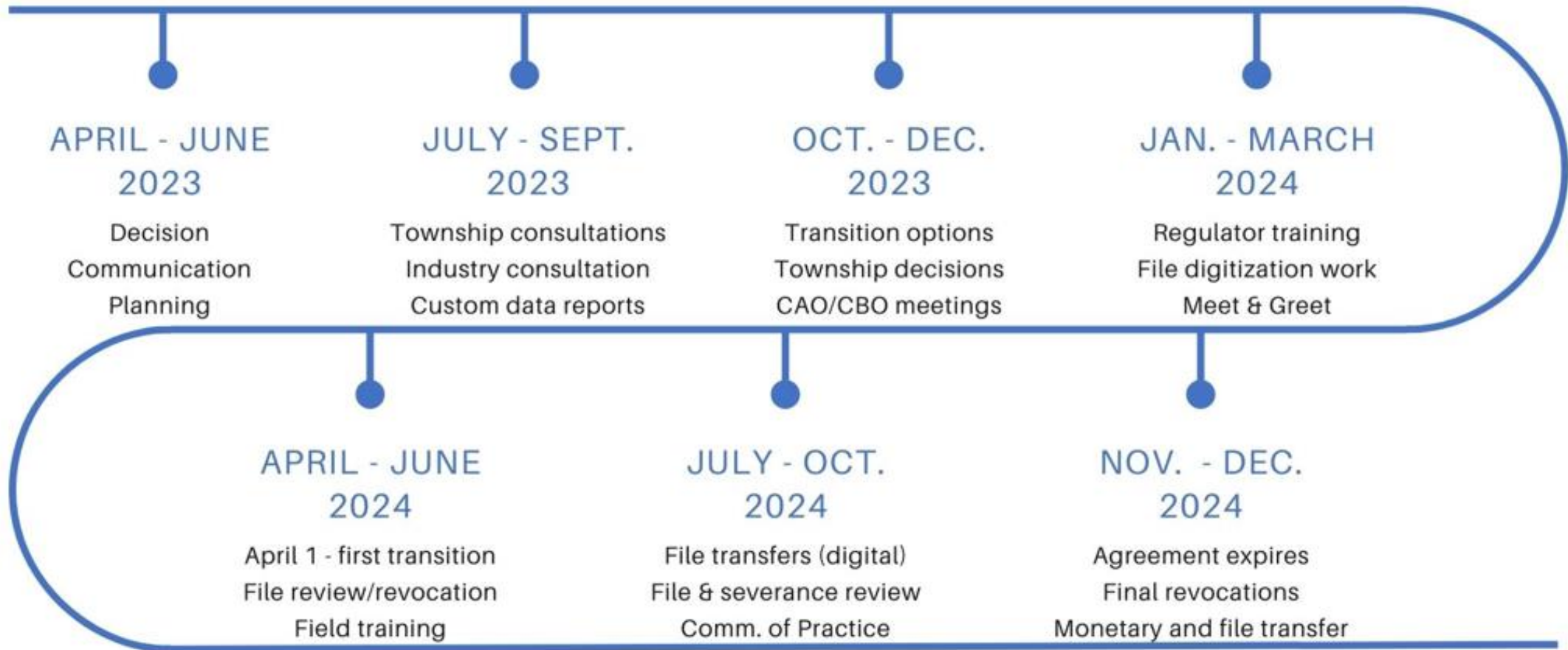
Inclusive change management
Comprehensive & manageable transition plan
Business continuity alongside transition



Transition plan included several major components:

Communication
Training and support
Documents, SOPs, P&Ps
File digitization

Timeline



Success of Collaboration



Strengthened relationships with local municipalities

Enhanced provincial engagement through the Ontario Onsite Wastewater Association

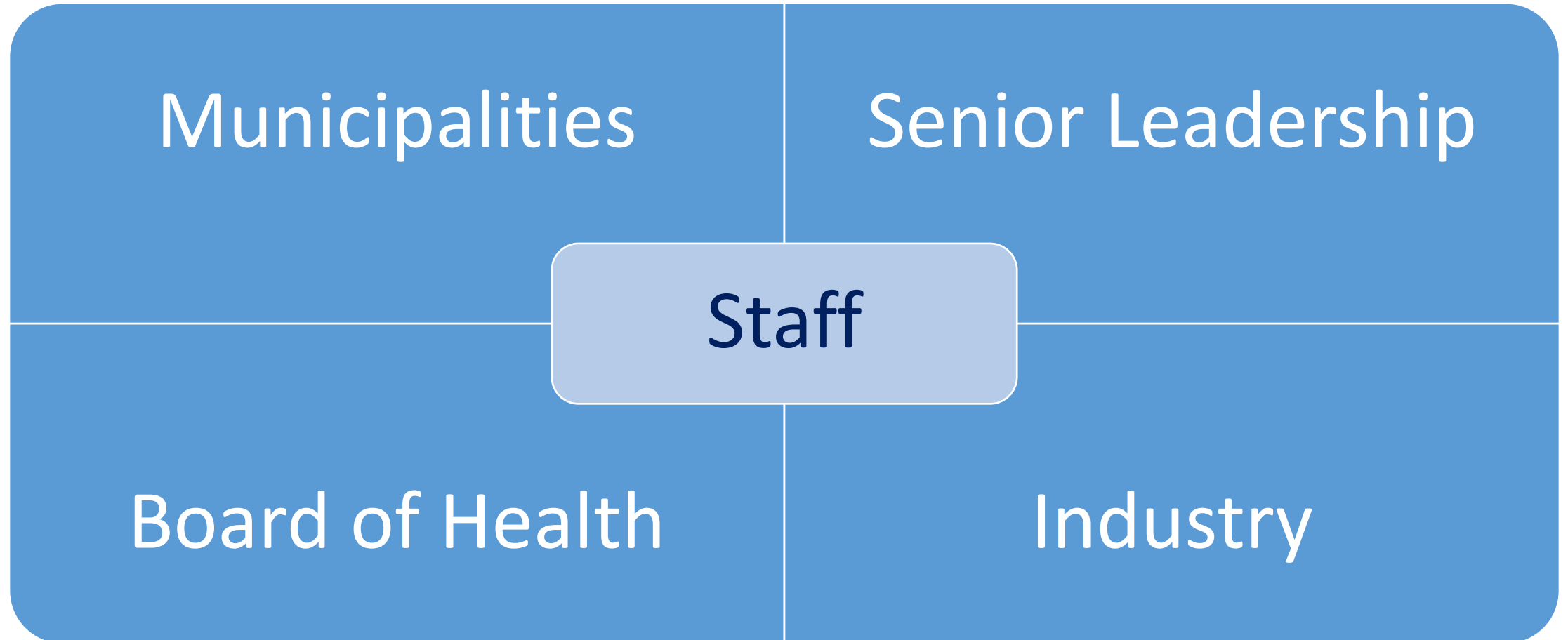
Knowledge translation, two-way!

Appreciation of the comprehensive approach

Formation of new communication processes with inspection services



Partners of Collaboration



A small & mighty team!

“A small team, committed to a cause bigger than themselves, can achieve absolutely anything.”

- *Simon Sinek* (from the book “Start with Why”)

- Keith Beecroft, Health Promoter
- Chantal Stevens, Public Health Inspector
- Pam Pressick, Administrative Assistant
- Kathleen Shepherd, Public Health Inspector



Current State of Program Delivery



All townships are now actively delivering program activities



Continuing to support with file searches, permit interpretation, and the odd site visit



Open permits are actively being transferred, along with 30% of the deferred revenue

Anticipated completion December 20, 2024



Tracking toward a net balance of \$0 for the budget



No staff assigned to the program after December 27, 2024

Reflections & Conclusion



**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Presentation: Strategic Plan Update
DATE:	December 11, 2024
PREPARED BY:	Senior Leadership Team
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

- Strategic Plan Update – Presentation by PPH Senior Leadership Team; and,
- Strategic Plan Summative Evaluation Table

ATTACHMENTS

- a. [Presentation](#)
- b. [Strategic Plan Summative Evaluation Table](#)

Strategic Plan UPDATE

Fall 2024



Updating Our Strategic Journey

PPH released its bold Strategic Plan in the summer of 2022. It focused on three streams: Our Team, Our Community, and Our System. The following slides offer highlights and a summary of the progress we made over the past year and a half.

We kept the graphics used in the original Strategic Plan but in this report the bridges have become visual indicators of progress on our goals. The person crossing the bridge illustrates how far ahead we have moved within each stream.

Just like crossing a bridge can carry us over uneven or treacherous ground/water, this strategic work has been challenging to implement in the context of significant change and while recovery from a pandemic.

Even when the bridge has been crossed, the journey continues...

Our Team

An organization that fosters staff well-being and public health impact.

Healthy Organizational Culture.

Investments in staff wellbeing and development.

Effective teams for effective public health.



Our Team

Overall Reflection

The objectives woven in the **Our Team** stream are ambitious. Building upon one another, they are designed to firmly anchor the agency's commitment to staff well-being and public health impact. To be sustainable, change of that nature takes time.

Indicators of important progress have started to emerge. At a recent reflection session, people pointed out that while initially this work was driven by the Strategic Plan, it has now been fully integrated in team workplans, indicating that it has become part of the agency's regular mode of operation.



Our Team

FEATURE STORY: Reigniting PPH Committees

Full achievement of the **Our Team** goals requires fulsome engagement and involvement of representatives from across our organization. A foundational need, therefore, was to enhance the capacity of our internal committees; by adding to the diversity and size of committees and ensuring they have the fiscal resources needed to carry out their mandate.

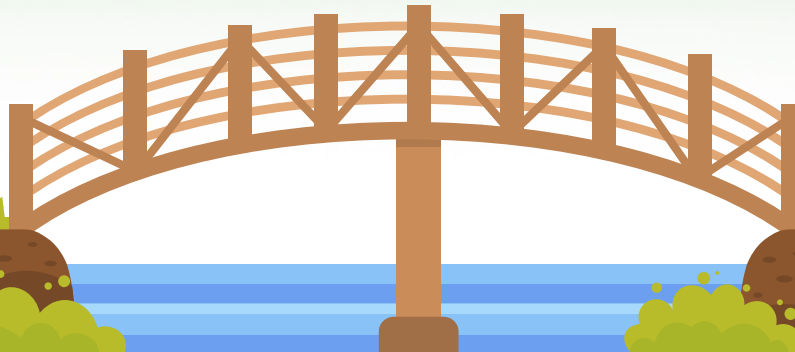
The call for volunteers revealed strong interest and led to new energy and expanded activities.



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.

- 1 People who use drugs have enhanced access to public health services and supports in our collective response to the drug poisoning crisis.
- 2 Under-served single parents and families are supported in creating healthy, safe and nurturing environments for child development.
- 3 People most vulnerable to the health impacts of climate change are supported in adapting to and reducing negative health impacts.



Our Community

Overall Reflection

Our Community stream has transformed our way to engage with the community at large. Prioritizing under-served populations to impact health equity meant that PPH had to adopt a new way of working in community and with our partners.

To support this focus, teams involved in this section of the Strategic Plan have benefited from enhanced staff resourcing. As a result, this is the component of the Plan where we have harvested the most visible results. The seeds of these collective efforts are growing strongly.

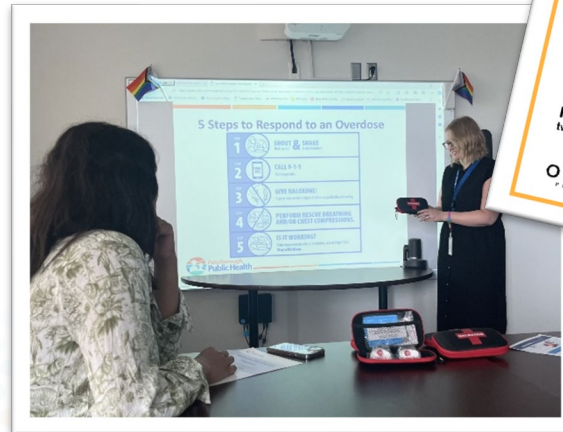


Our Community

FEATURE STORY: Snapshot

- 1 The **Snapshot** is an evidence-based, visual tool designed to map all the strategies and interventions used to address opioid poisoning locally.

With the help of local data collected from across Four comprehensive Pillars (Harm Reduction, Prevention, Community Safety, and Treatment), the Snapshot offers a visually engaging avenue to identify areas of strengths while also detecting gaps. This operational and strategic tool facilitates planning, prioritization and advocacy for greater impact.



Our Community

FEATURE STORY: Nurse Family Partnership

2 In collaboration with Haliburton Kawartha Pineridge District Health unit, PPH began implementing the **Nurse Family Partnership (NFP)** in August 2023. One of only 2 shared sites of NFP in Ontario, this partnership has allowed 2 smaller more rural health units to provide this program effectively.

NFP is a nurse home visiting program which supports young, first-time parents experiencing social or economic barriers. It complements the suite of existing home visiting services in our region. NFP is uniquely designed to help parents accomplish their goals. NFP supports underserved parents and families from the prenatal period, up until the child's second birthday. Evaluation of NFP in other areas has shown that it leads to improve pregnancy outcomes, child health and development while also enhancing.



Our Community

FEATURE STORY: Climate Change & Health Vulnerability Assessment

3 In 2023, after months of research, data collection and analysis, consultation with local climate experts, and community collaboration, PPH completed a regional **Climate Change and Health Vulnerability Assessment (CCHVA)**. The CCHVA establishes the foundation for climate change adaptation aimed at reducing the negative impacts of climate change.

Through strategic communication, presentations, and events, we are now focusing on community adaptation strategies aimed to reduce the negative health impacts for those who are at the greatest risk. Using this equity lens, we are revising local extreme heat and extreme cold emergency plans to strengthen community responses. We are also working with Cambium Indigenous Professional Services and Haliburton, Kawartha, Pine Ridge District Health Unit to enhance engagement with local Indigenous communities and incorporate a two-eyed seeing approach.

CLIMATE CHANGE Vulnerability Assessment

Peterborough Public Health
SUMMARY REPORT | 2023



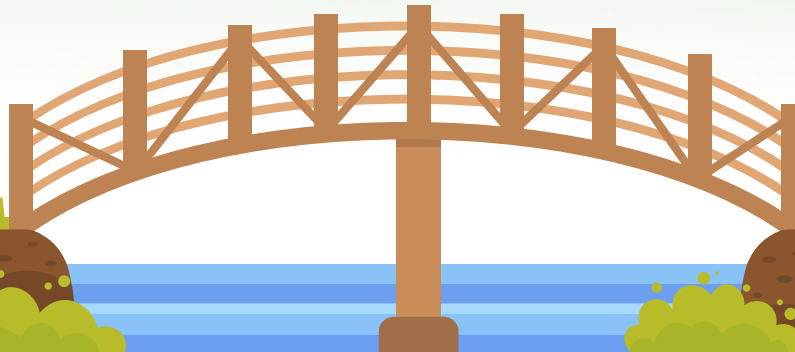
Our System

Positioning PPH to lead in the health and public health system of the future.

Stronger health system through relationships with primary care and health system partners.

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

Partners providing health care and social services address health inequities and barriers to services, in particular in relation to housing and mental health.



Our System

Overall Reflection

Our System stream is most heavily dependent on forces outside of PPH's control. The Strategic Plan was launched when the community was recovering from the pandemic. This timing clearly impacted our capacity along with the capacity of our partners to focus on the activities highlighted within this stream.

The main objective where we have had greater control focuses on our commitment to practice active allyship of Indigenous self-determinant and health equity. This is within this feature of Our System work where we have made the most significant progress.



Our System

FEATURE STORY: Indigenous Health Advisory Circle

Over the past two years, as a sub-committee of the Board of Health, the **Indigenous Health Advisory Circle** continues to champion and help guide our Indigenous engagement.

IHAC is helping us ensuring that Indigenous voices relating to health issues are heard by offering precious feedback to our partners in the health and social service sectors. IHAC has also been extremely instrumental in helping us hire PPH's first Manager of Indigenous Health to further our relationships and enhance engagement with Indigenous communities.

Fostering Mino-Bimmaadiziwn: Housing, Home and Health

The forum speakers discuss the challenges facing Indigenous urban individuals and families as they seek access to good housing.



Registration is now CLOSED!

Attend virtually on YouTube @ptbpublicheath
Monday, October 30, 2023 at 6:30 p.m.



**Peterborough
Public Health**

Serving the residents of Curve Lake and Hiawatha First Nations, and the County and City of Peterborough

Indigenous Governance in Public Health



Health Equity at PPH

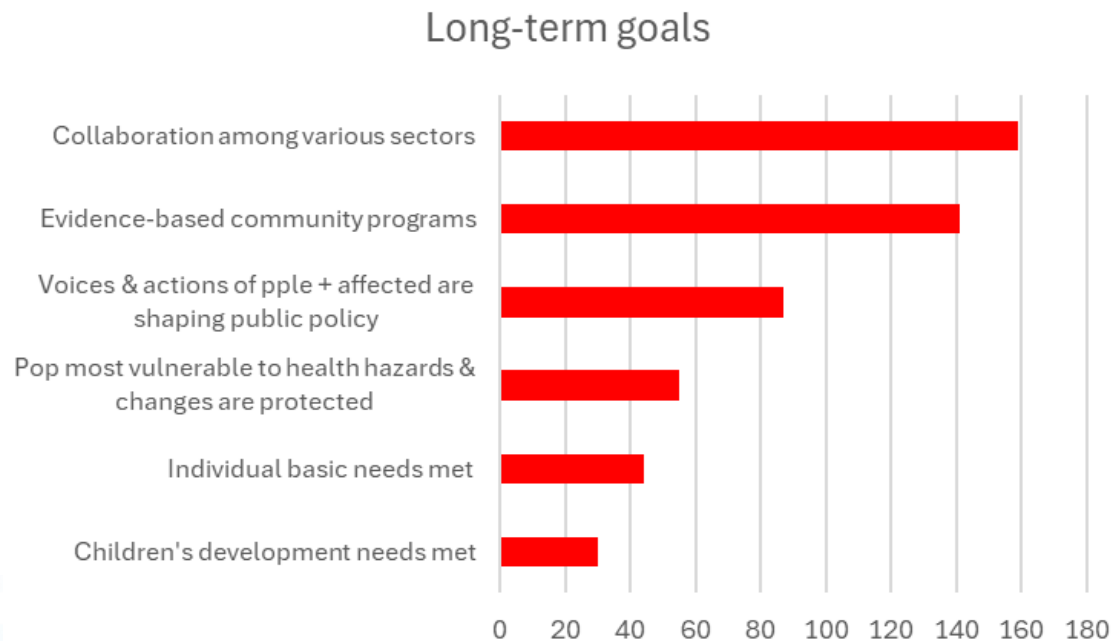
The Strategic Plan proudly states that ***EQUITY flows through everything we do...*** Indeed, equity has been the compass guiding our journey. All teams, including the ones advancing the Ontario Public Health Standards are prioritizing equity-deserving groups. This has generated new conversations, new explorations and a constant effort to effectively support work and activities that enhance health equity throughout our region.



Equity flows through everything we do...

Summary of Activities related to Long-Term Goals

Each activity in the Strategic Plan is connected to one or several long-term goals. This chart represents the number of times a long-term goal was highlighted in our quarterly reports since the launch of our Strategic Plan.



Summary of Activities related to Our Team Objectives

This chart follows a similar approach as the last one, it represents the number of times we highlighted Our Teams Objective in our quarterly reports, since the launch of our Strategic Plan.



Strategic Plan

While we have made significant progress on the goals and objectives of our Strategic Plan, our capacity to meet such an ambitious plan has been hindered by our limited resources. As we move into the Merger with HKPR, we will have the opportunity to review what work we continue to focus on and how we complete this work.



Strategic Plan Summative Evaluation Table

Strategic Plan – 2022-2024 Reporting (November 2024)



Reference: PPH Strategic Plan 2023-25





Introduction:






This table completes the Presentation and reflects a more detailed summary of all of the objectives stated within the original Strategic Plan.







Indicator Description:





- The bridge metaphor echoes the indicator used in the Strategic Plan Progress Report PowerPoint Presentation.
- The movement of the individual is to be read from left to right to demonstrate progress
- The three visuals convey three different results: When the individual is not yet on the bridge, it indicates that the objective associated with the goal has not yet started; Visuals of the individual on the bridge indicates that the objective has been launched or is being implemented; the last visual, where the individual is off the bridge illustrates that the objective is complete. Further work may continue to deepen the impact of the objective.




Strategic Plan Direction	Goal	Objective	Indicator	Brief Summary of Activities
Our Team	Healthy Organizational Culture	Enhance staff engagement and communication.		Integration of ongoing practices to enhance staff communication and engagement (huddles, drop-ins, SLT drop-ins, annual All Staff Days and posts by Medical Officer of Health). Continued transparency and information sharing regarding potential merger with Haliburton, Kawartha, Pine-Ridge District Health Unit.
		Create a diversity, equity and inclusion policy, and ensure that Board of Health policies and organizational policies reflect it.		With guidance from DEI coach, use of evidence-based practices to establish the foundational components of an organizational DEI infrastructure (e.g. commitment to DEI, common language, data collection, indicators of success, shared knowledge, organization review), ultimately leading to a diversity, equity and inclusion policy.





Strategic Plan Direction	Goal	Objective	Indicator	Brief Summary of Activities
				Most recently, a Staff Census Working Group has been established to normalize DEI data collection at PPH.
		Policies are reviewed and actions are taken to support an ongoing culture of safety.		<p>Following the implementation of a new Guarding Minds @ Work survey, committee members analyzed data and developed an action plan with core priorities.</p> <p>The committee is now focusing on implementation of priorities.</p>
		Invest in opportunities to foster a learning (innovative) organization grounded in continuous quality improvement and clarity in desired impact.		<p>Creation of a Theory of Change with short, medium and long-term outcomes.</p> <p>Identified principles and guiding frameworks to achieve long-term impact.</p> <p>Quality improvement and measuring impact initiatives implemented.</p>
		Promote meaningful acknowledgement and celebration of team contributions and success.		<p>All Staff BBQ to express appreciation / thank employees.</p> <p>Introduced Recognition & Awareness Policy to commemorate and celebrate staff.</p> <p>Yearly All Staff Day with a strong focus on connections.</p>
		Have job-related supports and resources that are needed for staff success.		<p>New positions implemented, Pay Equity Evaluation and capacity review (Administrative Assistant).</p> <p>Improvements to our IT systems to enhance security and protect from threats and downtime.</p>





Strategic Plan Direction	Goal	Objective	Indicator	Brief Summary of Activities
	Staff Wellbeing and Development	Ensure orientation and support for board of health members is appropriate and supports governance success.		<p>New orientation presentations developed and delivered to the entire Board over the course of 2023 to familiarize members with Ontario Public Health Standards programs and requirements.</p> <p>Board of Health meetings are evaluated, and summative results are shared with the Governance Committee on an annual basis.</p>
		Create a human resources recruitment & retention strategy that addresses diversity, equity and inclusion.		No action taken here as progress on internal DEI work has not reached the stage where recommendations for a recruitment and retention strategy can be formulated.
		Review and improve staff access to mental and physical well-being support.		<p>Webinar and resource opportunities shared with staff.</p> <p>Psychological Health and Safety – lunch & learn webinars launched.</p> <p>Personal Wellbeing Support Pilot Project implemented.</p>
		Develop a staff learning and development strategy directly informed by staff learning priorities.		<p>Enhanced Education Fund policy and procedure implemented.</p> <p>Learning / Development component of Management meetings.</p>
		Augment formal and informal leadership opportunities.		Continued use of Acting Manager and Program Lead positions; active recruitment and support for roles on internal committees.





Strategic Plan Direction	Goal	Objective	Indicator	Brief Summary of Activities
	Effective Teams	Ensure succession plans are in place.		Annual review was deferred due to merger discussions.
		Develop, apply and integrate use of coaching skills within the leadership.		Management Retreat / Planning Day completed. Change Management training.
		Support effective teamwork and conflict resolution.		Non-Violent Crisis Intervention training scheduled, and train-the-trainer identified.
		Foster a culture where interdisciplinarity is critical to team success.		Multidisciplinary Documentation Committee established. Organizational policies and procedures reviewed and updated. Training plan for all staff planned and implemented.
Our Community	Drug Poisoning Crisis	With partners develop an evidence-based scorecard for strategies and gaps in the community in response to the drug poisoning crisis.		PPH's Opioid Harm's evidence-based Snapshot completed and introduced to PDS partners to inform their planning. Ongoing collaboration with community partners to collect evidence, support harm reduction activities and advocate for meeting urgent needs.
		Practice active allyship for Indigenous cultural perspectives to harm reduction and the response to the drug poisoning crisis.		Ongoing planning of activities with First Nation Health Departments to support harm reduction efforts.




Strategic Plan Direction	Goal	Objective	Indicator	Brief Summary of Activities
		With partners, increase capacity of PWUD to engage in advocacy and inform the response to the drug poisoning crisis response.		With partners, have initiated activities to engage people who use drugs to inform the response to the drug poisoning crisis.
		Pilot PPH clinical services for equitable access for PWUD within the consumption and treatment services site or other accessible spaces.		<p>Development, implementation, and analysis of a pilot outreach project regarding health needs of people experiencing homelessness.</p> <p>Plans for offering clinical services (i.e. oral health) at Trinity Centre are being developed and funding is being sought after.</p>
	Adverse Child Experiences (ACEs) Prevention & Child Development	Complete and evaluate, with engagement of under-served single parents and families, in a pilot of nurse-family partnership or similar enhanced family support program.		<p>Implementation of Nurse Family Partnership (NFP) program in collaboration with HKPRDHU including referral plan and NFP evaluation in collaboration with McMaster University.</p> <p>NFP currently has 34 active clients (PPH/HKPR), 16 of which are clients of PPH.</p>
		Provide coordination, support and leadership of evidence-based programs for the prevention of adverse childhood experiences (ACEs).		<p>Planning and implementation of activities for engaging underserved parents and families, in partnership with Trent University and Peterborough Children and Family Centre. Analysis of “Parenting in Peterborough” survey feedback is underway and focus groups are taking place to further explore the needs of parents.</p> <p>Creation of a Community Resilience Collaborative. Its members are engaged in Community Resilience Core Training. A mechanism for the lived experience of parents to inform Coalition is being developed.</p>




Strategic Plan Direction	Goal	Objective	Indicator	Brief Summary of Activities
				PPH is implementing an evidence-based Peterborough Youth Substance Use Prevention Pilot, based on the Icelandic Model and supported by Planet Youth (PY). PPH was successful in receiving funds from the Public Health Agency of Canada to implement first steps of the pilot.
		Develop an organizational framework for the primary prevention of ACEs and trauma, recognizing the connections to substance use and community mental health and wellbeing.		Organizational framework for the primary prevention of ACEs completed. An Internal ACEs and Resilience Coordinating Table has been established to identify, coordinate and evaluate ACEs-related activities at PPH.
		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).		Resumption of participation in strategic provincial and community networks. PPH staff participated in the development of a provincial ACEs Framework.
	Climate Change	Complete the Peterborough region Climate Change and Health Vulnerability and Adaptation Assessment/Community Plan		PPH's Climate Change and Health Vulnerability Assessment (CCHVA) developed and disseminated to key partners.


Strategic Plan Direction	Goal	Objective	Indicator	Brief Summary of Activities
		Update our collaborative community emergency response plans to adapt to health risks of climate change, specifically including mechanisms to support vulnerable populations and mental health needs during severe climate events.		<p>Applied for a Health Canada Health Adapt Grant in collaboration with HKPR.</p> <p>Coordination of Extreme Temperatures Network (ETN) structure and activities with external partners.</p> <p>Review of literature re: warming room best practices initiated</p> <p>The Extreme Heat Subplan Appendix D "Extreme temperature community partner distribution list" updated.</p>
		Escalate communications & impactful messaging about anticipated health impacts of climate change in the local context.		<p>Communications focused on extreme heat relating to health impacts, vulnerability and adaptation to support vulnerable populations is ongoing.</p> <p>Ongoing internal and external communications on health impacts of climate change.</p>
		Re-launch and support community climate change engagement work with particular attention to Indigenous-led initiatives.		<p>Participated in Indigenous Awareness Training facilitated by Cambium Indigenous Professional Services (CIPS).</p> <p>Ongoing Indigenous engagement with HKPR/CIPS, first session planned with CLFN in Oct 2024.</p>
Our System	Partners in Health Equity	Ensure a strong, collaborative, and sustainable health system and public health response to the COVID-19 pandemic and future emerging / re-emerging disease threats.		A new Inter-agency Emergency Preparedness Planning Table was launched in February. PPH is a founding collaborator with municipal Community Emergency Management Coordinators and other supportive partners (e.g. Age Friendly Peterborough). Table-top exercises and contingency plans are developed and tested.

Strategic Plan Direction	Goal	Objective	Indicator	Brief Summary of Activities
				Facilitate regular meetings to ensure equitable access to vaccines, outbreak management and infection prevention and control related to respiratory diseases.
		Participate fully in the Peterborough Ontario Health Team and its collaborative integrated health system improvement agenda.		<p>Participation in the Peterborough Ontario Health Team Steering Committee, and Primary Care and Digital Health working group meetings.</p> <p>Well-Baby Clinic for unattached infants and toddlers was established.</p> <p>New terms of reference drafted for Peterborough Family Health Team and PPH Leadership Table with a focus on mutually beneficial advocacy efforts.</p>
		Enhance communication channels between service providers in the Peterborough region.		Information provided to health care providers moved from systemic use of faxes to email via subscription as per recommendation of primary care providers.
		Evolve collaborative health system tables, engaging Ontario Health, for ongoing regional health emergency response that is useful for all partners and the communities we serve.		Participation in the Council of Medical Officers of Health (COMOH) Ontario Health Team (OHT) sub-committee for public health unit coordination. Participation in annual Ontario Health East Fall Respiratory Preparedness exercises.
		Offer epidemiology and evaluation support opportunities to inform health system priorities		Currently, the Peterborough Ontario Health Team (POHT) has a data analyst who supports reporting for existing priorities. POHT Strategic Planning commences in November 2024 and may offer

Strategic Plan Direction	Goal	Objective	Indicator	Brief Summary of Activities
		around collaborative priorities.		opportunities for public health epidemiology and evaluation support. The POHT also has access to Ontario Health dashboards on a wide variety of health care delivery indicators.
	Health Equity	Bring population, prevention & health equity lenses to planning conversations with health, education, and social system partners.		Participate in Peterborough Community Safety and Well-being Plan implementation. MOH participates in ongoing discussions to bring health equity lens to planning and education.
		Synthesize health equity data to inform health system prioritization.		Housing/Homelessness mortality data collection continues enhanced by regular data from the coroner's office.
		Build expertise and offer health equity auditing / evaluating supports for priority health programs and services.		Supporting ongoing conversations and actions related to unattached patient population groups e.g. newborns, access to TB surveillance and treatment, access to vaccination.
		Support ongoing evaluation of equitable and effective access to safe consumption site services in Peterborough in partnership with the operator agency FourCast in response to the drug poisoning crisis.		Planning for Consumption and Treatment Site (CTS) evaluation support underway. As of September 30th, 430 samples have been checked using the FT-IR spectrometer since the onset of program to support knowledge and enhanced safety for people using drugs.

Strategic Plan Direction	Goal	Objective	Indicator	Brief Summary of Activities
		Work with local municipal and First Nation partners to address health inequities in local planning and policies, in particular in relation to housing and mental health.		<p>Advocated with local partners to address urgent need to secure appropriate emergency housing options for underhoused citizens.</p> <p>Internal working group collected evidence to inform public health advice related to modular communities.</p>
	Indigenous Allyship	Amplify Indigenous and Indigenous government voices relating to health issues, with particular attention to addressing health system experiences with anti-Indigenous racism.		<p>Annual Indigenous Health Advisory Circle Action Plans are created.</p> <p>Hosting of Community forums on Housing, Home and Health as well as Indigenous Health in the 21st Century.</p> <p>HIAC is acting as a consultation body on health-related topics on Indigenous engagement for other local health and social service boards and organizations within the PPH catchment.</p> <p>Manager, Indigenous Health started in role mid-August 2024. Initial introductions of Manager to Indigenous communities and organizations have begun.</p>
		Continue to promote the critical importance of the Health Protection and Promotion Act section 50 participation of First Nations in Peterborough Public Health governance and the Indigenous Health Advisory Circle.		<p>Presentation to the provincial Public Health Indigenous Engagement Network on PPH's history and impact from having Section 50 agreement.</p>

Strategic Plan Direction	Goal	Objective	Indicator	Brief Summary of Activities
		Support increased representation of Indigenous peoples on important committees related to our work scope.		<p>Two Masters of Public Health students recruited to assist with Indigenous Allyship Action Plan work.</p> <p>Paper submitted to AlterNative by MPH Student (Sylvie Fernandes) on urban Indigenous engagement through COVID.</p> <p>Completed review of Indigenous representation on local committees.</p> <p>Communications to local health and social service committees inviting submissions to IHAC for Indigenous Engagement.</p> <p>IHAC is acting as a consultation body on health-related topics on Indigenous engagement for other local health and social service boards and organizations within the PPH catchment.</p>
	Public Health System	Support Board of Health member orientation to the history of advocacy and principles developed to inform restructuring.		<p>History of Modernization included in Board orientation session & orientation materials.</p> <p>Presentation on public health and PPH Board position paper on modernization provided to staff in March 2023.</p>
		Support staff participation in association / organization work around the public health system as it aligns to Peterborough Public Health Positions.		<p>Inventory of PPH staff expertise and experiences completed to inform provincial Ontario Public Health Standards review representation.</p> <p>Staff participation in OPHS Survey.</p>

Strategic Plan Direction	Goal	Objective	Indicator	Brief Summary of Activities
		Promote community awareness of public health work and its importance.		Presentation at staff huddles on the public health system (provincial, federal / international, associations).

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Information
DATE:	December 11, 2024
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

- a. Letter dated November 27, 2024 from the Board Chair to Ministers Jones and Holland regarding support for the Walport Report and sustained investment and reporting on provincial emergency preparedness.
- b. Letter dated November 29, 2024 from the Board Chair to the Minister Jones regarding support for a provincial immunization registry.

November 27, 2024

Hon. Sylvia Jones
Deputy Minister / Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Hon. Mark Holland
Minister of Health
Government of Canada
hcmister.ministresc@hc-sc.gc.ca

Dear Honourable Ministers:

Re: PPH Board of Health Support for the Walport Report and Sustained Investment and Reporting on Provincial Emergency Preparedness

On November 13, 2024, the Board of Health (BOH) for Peterborough Public Health expressed its support for the recommendations in the Health Canada report, *The Time to Act is Now: Report of the Expert Panel for the Review of the Federal Approach to Science Advice and Research Coordination*. The BOH also confirmed its belief that annual reporting on emergency preparedness activities is an essential mechanism for ensuring continued work and development of emergency preparedness capacity and exhorts the Ontario Ministry of Health to ensure that the legislature is kept informed of the status of emergency preparedness of the Province.

It has been five years since we learned of the outbreak in China that preceded the declaration of a global pandemic. We have learned significantly in public health and more broadly from these experiences and several reports have been authored summarizing the learnings and calling for sustained investment in emergency preparedness.

In 2022, the Office of the Chief Medical Officer of Health (CMOH) published the [*2022 Annual Report - Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics*](#) that included findings at the provincial level and a need for ongoing vigilance and reporting to the Ontario provincial legislature on pandemic readiness on an annual basis.

More recently, Health Canada published [*The Time to Act is Now: Report of the Expert Panel for the Review of the Federal Approach to Science Advice and Research Coordination*](#), which takes a similar, yet higher level call to sustained investment and commitment to emergency preparedness including coordination of research and scientific advice across the country and close attention to addressing inequities and determinants of health.

As noted in the report, “The pandemic exposed and exacerbated the weaker elements of Canada’s health research and science advisory systems. It also highlighted severe shortcomings of health data systems and an inability to conduct timely and adequate observational studies, including infectious disease surveillance, and clinical trials.”¹

Major findings of the Expert Panel Report (also referred to as the “Walport Report” after Panel Chair, Sir Michael Walport) include:

- Canada must act now to be prepared for the next health emergency;
- Greater pan-Canadian coordination of research and science advice is required;
- A greater focus needs to be placed on equity and addressing social and structural determinants of health;
- Indigenous health expertise must be embedded in research coordination and science advice processes.²

The 2022 CMOH report recommended annual reports, however, to date public health reporting to the Province has not changed and to the best of our knowledge the legislature has not yet received a report on preparedness activities for 2023 and 2024. Failing to implement the recommendation for ongoing reporting to the legislature on pandemic readiness would be a significant setback for both the public and public health.

Furthermore, the federal Walport Panel's recommendations, which emphasize the need to improve and sustain emergency preparedness in advance of future crises, underscore the importance of transparent, consistent reporting. Without this essential accountability, Ontario risks falling behind in its readiness for future emergencies, which could have dire consequences for public health and safety.

Respectfully,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

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

¹ Walport Report, p. 7

² Ibid, p. 7-8

November 29, 2024

Hon. Sylvia Jones
Deputy Minister / Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Dear Minister Jones:

Re: PPH Board of Health Support for a Provincial Immunization Registry

I am writing on behalf of the Board of Health for Peterborough Public Health to indicate its strong support for the Ontario Immunization Advisory Committee's recommendation to establish an Immunization Registry for all residents of Ontario.

Immunizations registries are centralized electronic systems that hold immunization information of residents. They facilitate "timely, accurate recording of all relevant immunization information, regardless of where and by whom vaccines are administered."¹ Currently, the immunization records for residents of Ontario may be stored at a wide variety of locations including physician offices, clinics, public health agencies, and pharmacies, to name a few.

In September, 2024, the Ontario Immunization Advisory Committee (OIAC) released a position statement strongly urging that Ontario Ministry of Health develop a provincial immunization registry. The OIAC recommends that such a registry include vaccination records for all residents and ensure real-time access to everyone, including their health care providers. The OIAC position statement also outlines seven recommendations on what is needed for Ontario to implement an immunization registry² that meets the "need of diverse populations and ensure timely and equitable access to individual immunization records."³

An Ontario-wide immunization registry would address many of the challenges with the current system, including:

- eliminate the need for parents to report vaccinations to local public health agencies;
- reduce the risk of inaccurate information being reported;
- help identify individuals who are overdue on their immunizations;
- prevent duplication of immunizations;
- reduce resources needed to enter data;
- lower school suspension rates; and
- enable evaluation of immunization programs.

We respectfully request that the Ministry employ the powerful and efficient technology that is now available to develop a provincial Immunization Registry that will ease administrative burdens, increase the efficiency and effectiveness of the health care system and meet the needs of all Ontarians.

Sincerely,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

cc: Local MPPs
Peterborough Family Health Team
Peterborough Ontario Health Team
Peterborough Regional Health Centre
Association of Local Public Health Agencies
Ontario Boards of Health

¹ [Immunization records: Canadian Immunization Guide - Canada.ca](#)

² [OIAAC Position Statement: A Provincial Immunization Registry for Ontario \(publichealthontario.ca\)](#)

³ Ibid.