

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, March 10, 2021 – 5:00 p.m.
Electronic Meeting**

1. Call to Order

Mayor Andy Mitchell, Chair

1.1. Welcome and Opening Statement

Land Acknowledgement

We respectfully acknowledge that Peterborough Public Health is located on the Treaty 20 Michi Saagiig territory and in the traditional territory of the Michi Saagiig and Chippewa Nations, collectively known as the Williams Treaties First Nations, which include: Curve Lake, Hiawatha, Alderville, Scugog Island, Rama, Beausoleil, and Georgina Island First Nations.

Peterborough Public Health respectfully acknowledges that the Williams Treaties First Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come. We are all treaty people.

Recognition of Indigenous Cultures

We recognize also the unique history, culture and traditions of the many Indigenous Peoples with whom we share this time and space. We give thanks to the Métis, the Inuit, and the many other First Nations people for their contributions as we strengthen ties, serve their communities and responsibly honour all our relations.

1.2. Farewell: Andy Sharpe, Provincial Appointee

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

Board Members: *Please identify which items you wish to consider separately from section 10 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 10.2 a b c d e f g h i j k l 10.3.1 10.3.2 10.3.3*

5. Delegations and Presentations

6. Board Chair Report

7. Confirmation of the Minutes of the Previous Meeting

- Cover Report
- a. February 10, 2021

8. Business Arising From the Minutes

9. Staff Reports

9.1. Staff Report: Auditor Engagement

- Staff Report
- a. PPH Audit Planning Report

9.2. Oral Report: COVID-19 Update

- Cover Report

9.3. Staff Report: PPH Q4 2020 Ministry Report (Unaudited Projection)

- Staff Report
- a. Q4 2020 Ministry Submission

10. Consent Items

10.1. Correspondence for Direction

10.2. Correspondence for Information

- Cover Report
- a. Healthcare Worker Thanks PPH Resolution
- b. Bill 216, Food Literacy Act
- c. Paid Sick Leave
- d. Healthcare Worker Thanks – Asphodel-Norwood
- e. Healthcare Worker Thanks – County
- f. Provincial Appointments
- g. CODE COMOH / Student Nutrition Programs
- h. alPHa – Paid Sick Leave
- i. alPHa – Safe Reopening of Ontario
- j. alPHa – E-newsletter
- k. alPHa – AGM

I. KFL&A – Land and Border Restrictions

10.3. Staff Reports

10.3.1. Q4 2020 Financial Report

- Cover Report
- a. Q4 2020

10.3.2. 2021-22 Budget Approval – Healthy Babies, Healthy Children Program

- Staff Report

10.3.3. 2021-22 Budget Approval – Infant and Toddler Development Program

- Staff Report

10.4. Committee Reports (nil)

11. New Business

Media/public access to the meeting will terminate at this point. Any motions arising from the closed session will be posted on the Board of Health section of the PPH website by the following day.

12. In Camera to Discuss Confidential Matters

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

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

13. Motions for Open Session

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

Wednesday, April 14, 2021, 5:00 p.m.

Electronic Meeting

15. Adjournment

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

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Approval of Minutes
DATE:	March 10, 2021
PREPARED BY:	Natalie Garnett, Board Secretary
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on February 10, 2021.

ATTACHMENTS

- a. [Minutes, February 10, 2021](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, February 10, 2021 – 5:00 p.m.
(Electronic Meeting)**

In Attendance:

Board Members:

Councillor Gary Baldwin
Councillor Henry Clarke (5:31 p.m.)
Deputy Mayor Matthew Graham
Councillor Nodin Knott
Mayor Andy Mitchell, Chair
Mr. Andy Sharpe
Dr. Hans Stelzer
Councillor Don Vassiliadis
Councillor Kathryn Wilson

Regrets:

Deputy Mayor Bonnie Clark

Staff:

Ms. Brittany Cadence, Manager of Communications and IT
Ms. Donna Churipuy, Director of Public Health Programs
Ms. Natalie Garnett, Recorder
Ms. Alida Gorizzan, Executive Assistant
Dr. Rosana Salvaterra, Medical Officer of Health
Mr. Larry Stinson, Director of Operations

1. Call to Order

The Chair, called the meeting to order at 5:03 p.m.

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

MOTION:

That the following items be passed as part of the consent agenda: 10.2. a-c and f, 10.3.1 and 10.3.2.

Moved: Mr. Sharpe
Seconded: Councillor Baldwin
Motion carried. (M-2021-014)

(10.2. a-c and f)

MOTION:

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

- a. Letter dated January 13, 2021 from Dr. David Williams, CMOH, to Ontario Board of Health Chairs regarding 2021 COVID-19 extraordinary costs.*
- b. alPHA e-newsletter dated January 21, 2021.*
- c. Email dated January 22, 2021 from the Ontario Wastewater Surveillance Initiative regarding COVID-19 wastewater surveillance.*
- f. Peterborough Examiner article dated February 5, 2021 regarding legal action taken by Curve Lake First Nation against the Federal Government relating to safe drinking water.*

Moved: Mr. Sharpe
Seconded: Councillor Baldwin
Motion carried. (M-2021-014)

(10.3.1)

MOTION:

That the Board of Health for Peterborough Public Health receive the staff report, Summary of Complaints, 2020, for information.

Moved: Mr. Sharpe
Seconded: Councillor Baldwin
Motion carried. (M-2021-014)

(10.3.2)

MOTION:

That the Board of Health for Peterborough Public Health receive the staff report, Summary of Donations, 2020, for information.

Moved: Mr. Sharpe
Seconded: Councillor Baldwin
Motion carried. (M-2021-014)

5. Delegations and Presentations

6. Board Chair Report

7. 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 January 13, 2021.

Moved: Deputy Mayor Graham

Seconded: Councillor Wilson

Motion carried. (M-2021-015)

8. Business Arising From the Minutes

9. Staff Reports

9.1 Oral Report: COVID-19 Update

MOTION:

That the Board of Health for Peterborough Public Health receive the oral report, COVID-19 Update, for information.

Moved: Deputy Mayor Graham

Seconded: Councillor Baldwin

Motion carried. (M-2021-016)

9.2 Oral Report: Collaborative Action to Address the Gap in Access to Paid Sick Days

MOTION:

That the Board of Health for Peterborough Public Health:

- *Receive the oral report, Collaborative Action to Address the Gap in Access to Paid Sick Days, for information;*
- *Receive correspondence related to paid sick leave from:*
 - *Peel Public Health – December 14, 2020*
 - *MPP Peggy Sattler – January 25, 2021*
 - *KFL&A Public Health – February 1, 2021;*
- *Receive for information and endorse the Decent Work and Health Network's report, Before it's too late: How to close the paid sick days gap during COVID-19 and beyond;*
- *Endorse in principle, Bill 239, the **Stay Home If You Are Sick Act, 2020**, in a declared health emergency and encourage the government to examine the issue of paid sick days following the end of the current pandemic; and,*
- *Communicate this support by writing to the Premier of Ontario, Minister of Health and the Minister of Labour, with copies to local Members of Provincial Parliament, Opposition Health Critics, local Councils, the Association of Local Public Health Agencies and Ontario Boards of Health.*

Moved: Mr. Sharpe
Seconded: Councillor Vassiliadis
Motion carried. (M-2021-017)

10. Consent Items

(10.1.a, 10.2.d e g, 10.3.3, and 10.3.4)

MOTION:

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

- *receive the letter dated January 28, 2021 from the Council of Ontario Directors of Education (CODE) and Council of Ontario Medical Officers of Health (COMOH), for information; and*
- *support their position and communicate this support to the Provincial Government, with copies to the Premier of Ontario, and Ministers of: Education, Health, and Children, Community and Social Services, with copies to local Members of Provincial Parliament, Opposition Health Critics, Ontario Boards of Health and the Association of Local Public Health Agencies.*

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

- d. *Letter dated January 25, 2021 from alpha to the Minister of Finance regarding Spring 2021 budget consultations.*
 - e. *Presentation dated Feb 4, 2021 from PRHC regarding their 2020-21 Roadshow*
- Correspondence from local public health units:*
- g. *Grey Bruce - Ontario Health West Region*

That the Board of Health for Peterborough Public Health receive the following for information:
Quarter 4 2020 Status Report.

That the Board of Health for Peterborough Public Health approve revisions to By-Law 3, the Calling of and Proceedings and Meetings.

Moved: Councillor Clarke
Seconded: Councillor Wilson
Motion carried. (M-2021-018)

11. New Business

12. In Camera to Discuss Confidential Matters

MOTION:

That the Board of Health move into In Camera at 6:32 p.m. in accordance with the Municipal Act, 2001, Section 239(2):

- *(b) Personal matters about an identifiable individual, including Board employees; and,*

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

Moved: Councillor Clarke
Seconded: Councillor Wilson
Motion carried. (M-2021-019)

MOTION:

That the Board of Health for Peterborough Public Health rise from In Camera at 7:10 p.m.

Moved: Deputy Mayor Graham
Seconded: Councillor Wilson
Motion carried. (M-2021-020)

16. Motions for Open Session

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

Next Regular Meeting - Wednesday, March 10, 2021 at 5:00 p.m.

18. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Dr. Stelzer
Seconded by: Deputy Mayor Graham
Motion carried. (M-2021-021)

The meeting was adjourned at 7:11 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT

TITLE:	Auditor Engagement
DATE:	March 10, 2021
PREPARED BY:	Dale Bolton, Manager, Finance and Property
APPROVED BY:	Larry Stinson, Director, Operations Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- Receive the staff report, *Auditor Engagement* for information;
- Engage the audit services of Baker Tilly Kawarthas LLP, formerly Collins Barrow Chartered Accountants LLP; and
- Authorize the Chair and Vice-Chair to sign the Letter of Engagement.

FINANCIAL IMPLICATIONS AND IMPACT

Agreement will result in the annual audit fees which are part of the approved budget. If the Letter of Engagement is not signed, the auditor will not be able to carry out the audit. The Letter is contained within the PPH Audit Planning Report (attached).

DECISION HISTORY

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

BACKGROUND

The Letter of Engagement is a standard letter required by the Canadian Institute of Chartered Accountants (CICA). Approval of the Letter of Engagement is required annually by the Board of Health.

RATIONALE

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

These relationships include:

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

The auditors have not identified any relationship.

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

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

The auditors will:

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

The Board or delegated committee is required to:

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

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

STRATEGIC DIRECTION

This report applies to the strategic direction of *Quality and Performance*.

ATTACHMENTS

[Attachment A – PPH Audit Planning Report](#)



Audit planning report

Peterborough Public Health
2020 Audit

Prepared by Baker Tilly KDN LLP
March 4, 2021





Purpose of the report

To Members of the Board of Health:

We have been engaged to express an audit opinion on the consolidated financial statements of Peterborough Public Health ("the Health Unit") in accordance with Canadian Public Sector Accounting Standards for the year ended December 31, 2020, as outlined in our engagement letter dated March 4, 2021.

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

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

Yours very truly,

Baker Tilly KDN LLP

Chartered Professional Accountants, Licensed Public Accountants

Per: Richard Steinginga, CPA, CA

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

Now, for tomorrow

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- 6 Materiality
- 7 Data analytics
- 8 Other matters

Appendices

Appendix A – Responsibilities



Overview and audit approach

Key audit dates

Year end testing – March 15-19, 2021

Audit approach

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

Engagement team

The key individuals involved in the audit:

Richard Steinginga, Engagement Partner – rsteinginga@bakertilly.ca, (705) 742-3418 ext. 248

Monica Howes, Engagement Supervisor – mbhowes@bakertilly.ca, (705) 742-3418 ext. 232

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Audit plan

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

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

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

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



Materiality

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

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

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

We set our materiality at \$370,000 (2019 - \$370,000).

Materiality was calculated as a percentage of total revenue.

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

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Data analytics

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

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

Specific areas where we may choose to use these tools:

Planning and risk assessment	We may leverage data analytics tools to identify risk areas, unusual transactions and trends through an improved understanding of your operations and associated risks, including the risk of fraud. This allows us to more effectively design procedures to specifically target the identified risks.
Journal entry testing	We may leverage data analytics tools to identify transactions more susceptible to management override of controls by applying processes designed to analyze multiple criteria at once.
Identification of misstatements	By examining 100% of the items in certain populations, where deemed relevant, we are able to lower the risk of missing possible misstatements.
Two-way communication with your team	By gaining insight through our ability to analyze greater volume of transactions, we engage your team in focused discussions about your operations.
Reporting	Where deemed relevant, we will provide a summary of results obtained through application of various data analytics tools to you.

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Other matters

Independence

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

We confirm we are independent of the Health Unit.

Fraud Discussion

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

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

Responsibilities

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



Conclusion

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

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

Yes / No (please circle one)

If yes, please contact our office immediately.

Acknowledgement of the Board of Health:

We have read this report.

Name, Position

Signature

Name, Position

Signature

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Appendices

Appendix A – Responsibilities



Appendix A – Responsibilities

Our responsibilities as auditor

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

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

Our audit includes:

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

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Our responsibilities as auditor (continued)

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

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

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

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

Illegal acts, fraud, intentional misstatements and errors

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

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

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

Related party transactions

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

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Board of Health member responsibilities

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

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

Management's responsibilities

Management is responsible for:

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

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

Now, for tomorrow



Baker Tilly KDN LLP

Tax

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

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

Advisory

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

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

Assurance

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

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

Transaction

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

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

IT

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

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

Local insight meets global reach

4 offices | 17 partners | 120 professionals

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Thank you



**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Oral Report: COVID-19 Update
DATE:	March 10, 2021
PREPARED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the oral report, *COVID-19 Update*, for information.

PETERBOROUGH PUBLIC HEALTH

BOARD OF HEALTH – STAFF REPORT

TITLE:	PPH Q4 2020 Ministry Report (Unaudited Projection)
DATE:	March 10, 2021
PREPARED BY:	Dale Bolton, Manager, Finance and Property
APPROVED BY:	Larry Stinson, Director of Operations

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, *PPH Q4 Ministry Report (Unaudited Projection)*, for information; and,
- recommend the recovery of local funder contributions for 2020 in the amount of \$184,701 (pending audit) be allocated to the PPH Program Reserve.

FINANCIAL IMPLICATIONS AND IMPACT

The response to COVID required expenditures outside of the approved Annual Service Plan and beyond the 2020 budget approved by the Board of Health (BOH). The Ministry of Health provided the opportunity in September 2020 to apply for additional funds to offset these expenses. The intention of the Ministry is to provide funding to cover COVID costs above approved funding levels and remove any obligation for these costs from local funders.

DECISION HISTORY

The BOH approved the 2020 Budget at its November 2019 meeting. With the onset of the COVID-19 Pandemic and move into emergency response in March 2020, many staff were redeployed and considerable proportion of program delivery was suspended. Despite the fact that much of the response to COVID was achieved through redeployment, the additional needs pushed expenditures beyond approved funding levels. This was reported to the BOH monthly between April and June. In April, the Ministry announced \$100M to cover extraordinary COVID-related expenses in the public health system and that details regarding eligible expenses and request processes would be forthcoming. In late August, local public health agencies (LPHAs) received a request for submission for 'extraordinary COVID expenses'. Based on to-date actual and projected 2020 costs, PPH submitted a request to the Ministry on September 15, 2020 for and additional \$471,100. On December 30, 2020 approval was received from the Ministry for one-time funding for COVID extraordinary expenses for that amount. The Q4 Report was submitted to the Ministry on February 17, 2021 and reflects actual expenditures and additional funds required to offset 2020 expenditures.

BACKGROUND

The response to COVID required significant expenses related to staffing and overtime, increased communication, protective equipment and cleaning. As the provincial shut down led to the suspension of many public health programs, in the early months of the response, the ability to redeploy staff and reallocation of unspent program expenses meant the majority of expenses related to the COVID response could be managed within approved funding levels. As the province moved into recovery and essential public health programs came back online, the required funding for both COVID response and essential programs exceeded funding levels more significantly.

The announcement of specific funding to pay for extraordinary expenses related to COVID-19 response was welcomed. The request from PPH for funding in September 2019 took into account the actual costs up to the end of August 2020 and projected expenditures to December 31, 2020. The submission was also based on the submission request description and template which indicated the request should be for costs above the approved funding for the 2020 budget.

In November 2020, LPHAs received a new template to submit their Q3 report, which would include expenditures to September 30 and projected expenditures to year end. The template automatically generated the calculation of extraordinary COVID expense funding required. Despite the fact that we had operated within the approved budget and submission request, the template-generated COVID recovery amount was significantly higher than the requested amount.

Upon further discussion with Ministry staff, they shared their formula for calculating the recovery for COVID expenses. The fundamental difference was that they were not allowing local share dollars to go towards COVID expenses, only the Ministry's initial 70% share and the 100% mitigation funding. This would result in an underspending of local share and an increased amount required from the province.

Based on the Q4 submission, and year-end reconciliation for actual expenditures (attached), the excess in local contributions is assessed (pre-audit) at \$184,701. The amount required from the province beyond the 2020 approved allocations due to COVID is \$597,353. The COVID extraordinary expense approved by the province in December 2020 was \$471,100, leaving a shortfall of \$126,253. As part of the Q4 submission, this additional payment is requested from the Province and anticipated to be approved.

STRATEGIC DIRECTION

Achieving a balanced budget and ensuring appropriate funding for a COVID response helps us to achieve the strategic directions related to Capacity and Infrastructure and Quality and Performance.

ATTACHMENTS

- a. [PPH Q4 2020 Reconciliation Ministry Report, Dec. 2020](#)

**Peterborough Public Health
Reconciliation to the Ministry Report
For the period ended December 31, 2020**

Unaudited

**Total
Gross
Expenditures**

Total Gross Expenditures - All Programs including COVID		11,167,681
Less: COVID	Funded 100%	3,734,200
Net Gross Cost-Shared		7,433,481
Less: Offset Revenue - all cost shared programs		474,757
Net Cost Shared Budget		6,958,724
Allocation of Cost Shared (without COVID)		
Ministry of Health	70%	4,871,107
Local Partners	30%	2,087,617
Total without COVID		6,958,724

Local Partner - Excess of Funding **

Budget Local Funding (2020)	2,272,319
Local Portion - expenses	2,087,617
Local Partner - Excess	184,702

** Based on funding formula assumed through Ministry template

Reconciliation to the Ministry Report

Net Cost Shared Programs	6,958,724
Add:	
COVID Expenditures	3,734,200
Ontario Seniors Dental	519,734
Gross Expenditures - MOH Report	11,212,658

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Information
DATE:	March 10, 2021
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

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

- a. Letter dated January 26, 2021 from the Board Chair to Local First Nation and Municipal Councils regarding thanks to community healthcare workers.
- b. Letter dated February 12, 2021 from the Board Chair to Premier Ford and Ministers Elliott and Leece regarding Bill 216, Food Literacy for Students Act, 2020.
- c. Letter dated February 16, 2021 from the Board Chair to Premier Ford and Ministers Elliott and McNaughton regarding paid sick leave.
- d. Letter dated February 23, 2021 from the Township of Ashpodel-Norwood regarding thanks to local healthcare workers.
- e. Email dated February 23, 2021 from the County of Peterborough regarding thanks to local healthcare workers.
- f. Letter dated March 3, 2021 to Minister Elliott from the Board Chair regarding provincial appointments.
- g. Letter dated March 5, 2021 to Premier Ford and Ministers Elliott, Leece and Smith regarding support for the CODE/COMOH recommendations to strengthen student nutrition programs.

Correspondence from the Association of Local Public Health Association (alPHA)

- h. Letter dated February 9, 2021 regarding paid sick leave.
- i. Letter dated February 19, 2021 regarding the safe reopening of Ontario.
- j. E-newsletter dated February 19, 2021.
- k. Email dated February 19, 2021 regarding the 2021 Annual General Meeting.

Correspondence from local public health units:

I. Land and Border Restrictions – KFL&A

- Paid Sick Leave - Letters of support issued by Chatham-Kent, Simcoe Muskoka, Windsor Essex County. *(available upon request)*

January 26, 2021

To all Local First Nation and Municipal Councils:

Re: Public Health Resolution Thanking Community Health Care Workers

At its meeting on January 13, 2021, the Board of Health for Peterborough Public Health unanimously passed the following motion #M-2021-008:

WHEREAS the Peterborough region has been experiencing an outbreak of COVID 19 since March of 2020, and

WHEREAS our health care workers have been on the front line fighting the pandemic in our community, and

WHEREAS our health care workers have been providing quality care to our residents, and

WHEREAS our health care workers have made a significant positive difference on the health outcomes of individual residents, and

WHEREAS our health care workers continue to be called on to meet new demands such as vaccine roll outs,

NOW THEREFORE BE IT RESOLVED that our health care workers be recognized as local heroes, and

FURTHER that we collectively express our respect and appreciation to our health care workers for all they have done and are doing, and

FURTHER that we express a hearty "Thank you", and

FURTHER that the Board of Health Chair communicate this message to our community, and

FURTHER that local Municipal and First Nation Governments within the Peterborough Public Health catchment area are asked to endorse this resolution.

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag

February 12, 2021

Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

Honourable Stephen Lecce
Minister of Education
stephen.lecce@pc.ola.org

Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@pc.ola.org

Dear Premier Ford, Ministers Lecce and Elliott:

Re: Bill 216: Food Literacy for Students Act, 2020

On behalf of the Board of Health for Peterborough Public Health (PPH), I would like to express our support for Bill 216: Food Literacy for Students Act, 2020.

As shared in a staff report at the December 9, 2020 meeting of the PPH Board of Health, food literacy is an important life skill encompassing much more than food and cooking skills¹ and is essential for a solid foundation of healthy eating behaviours. We are pleased that the proposed Bill will require school boards to offer experiential food literacy education to all Ontario students in grades 1 through 12. Requiring food literacy in the Ontario curriculum will ensure that all children and youth develop vital skills to inform food choices throughout their lives. We know that using hands-on, experiential learning about food contributes significantly to increasing vegetable and fruit consumption for students aged 4-18 years.² As well, youth (18-23 years) who have self-perceived cooking skills are more likely to have positive nutrition-related outcomes ten years later (i.e., more frequent preparation of meals including vegetables, and less frequent consumption of fast food).³

The benefits of food literacy and cooking programs extends beyond healthy eating behaviours. Research indicates these programs also improve psychosocial outcomes such as resilience, socialization, self-esteem, and quality of life⁴ which aligns seamlessly with the Ministry of Education's focus on Mental Health and Social Emotional Learning (SEL) Skills.⁵

We live in the most complex food environment in human history.⁶ Evidence-based food literacy education relevant to today's food environment is necessary to improve the health of current and future generations.⁷ Including food literacy in curricular expectations will simplify the achievement of your Ministry's goal for preparing Ontario students for academic and personal success while training them with life skills and addressing society's burden of chronic disease. Registered Dietitians working in Ontario's Public Health

Agencies have expertise in food literacy and curriculum development, and would be pleased to meet with your representatives to develop resources and supports for a food literacy curriculum for Ontario students.

We urge your support to ensure that Bill 216 is passed when legislature resumes in 2021.

Yours in health,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Daryl Kramp, MPP Hastings-Lennox and Addington
Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Marit Stiles, MPP Davenport, Critic, Education
France Gélinas, MPP Nickel Belt, Critic, Health Care
Diane Lloyd, Chair, Kawartha Pine Ridge District School Board
Michelle Griepsma, Chair, Peterborough Victoria Northumberland Clarington Catholic District School Board
André Blais, Directeur de l'éducation, Conseil Scolaire Catholique MonAvenir
Dianne Dowling, Chair, Food Policy Council for KFL&A
Association of Local Public Health Agencies
Council of Ontario Medical Officers of Health
Ontario Boards of Health
Ontario Dietitians in Public Health
Ontario Home Economics Association

¹ LDCP Healthy Eating Team (2018). Food Literacy: A Framework for Healthy Eating. Retrieved from https://www.odph.ca/upload/membership/document/2018-11/foodliteracy-poster-front-back-final-for-web_1.pdf

² Ontario Agency for Health Protection and Promotion (Public Health Ontario), Mensah G. (2016). Evidence Brief: Impact of food skills programs on fruit and vegetable consumption among children and youth. Toronto: Queen's Printer for Ontario.

³ Utter, J., Larson, N., Laska, M., Winkler, M., & Neumark-Sztainer, D. (2018). Self-Perceived Cooking Skills in Emerging Adulthood Predict Better Dietary Behaviors and Intake 10 Years Later: A Longitudinal Study. *Journal of Nutrition Education Behaviour*, 494-500.

⁴ Farmer, N., Touchton-Leonard, K., & Ross, A. (2017). Psychosocial Benefits of Cooking Interventions: A Systematic Review. *Health Education & Behaviour*, 167-180.

⁵ Ontario Ministry of Education. (2019). Mental Health and Social Emotional Learning in Ontario Schools. <https://www.ontario.ca/document/health-andphysical-education-grades-1-8/social-emotional-learning-sel-skills> (accessed Nov 18 2020)

⁶ Slater, J (2017). Food literacy: A critical tool in a complex foodscape. *Journal of Family Consumer Sciences*, 109(2).

⁷ Slater, J. (2013). Is cooking dead? The state of Home Economics Food and Nutrition education in a Canadian province. *International Journal of Consumer Studies*, 37: 617–624

February 16, 2021

Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@pc.ola.org

Honourable Monte McNaughton
Minister of Labour, Training and Skills Development
monte.mcnaughton@pc.ola.org

Dear Premier Ford, Ministers Elliott and

Re: Paid Sick Leave During an Infectious Disease Emergency

The battle to contain COVID-19 and bring the pandemic to an end has been waged on many fronts. The regulatory framework introduced by the Province, the development and dissemination of important public health guidelines and the imminent rollout of vaccines are all positive steps that have been contributing to the local efforts in the Peterborough region.

Despite governments, public health's and residents' best efforts, it has been our experience in Peterborough that the COVID-19 pandemic continues to smoulder and spread among young and precariously employed adults in our community.

These individuals, when interviewed, report their inability to stay home when sick. They describe to our nurses, going to work with symptoms of COVID-19. They explain delaying or avoiding testing in order not to jeopardize their incomes, their housing, and their food security. Often, these barriers result in cases not being identified until they become known to us as contacts. By then they have often transmitted the virus to many others.

We know that staying home when sick, getting tested, and isolating as soon as symptoms develop are key to containing this pandemic. It is clear, however, that without appropriate policies in place, behavioural recommendations alone are limited in their effectiveness. When faced with a choice between continued employment, securing food and paying rent or limiting the possibility of spreading the infection, it is not surprising that an individual's economic and security considerations take precedence.

As a result, in communities throughout Ontario, workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 transmission and outbreaks. COVID-19 data also demonstrates that this burden is being borne more heavily by the racialized members of our community. Lack of access to paid sick leave is amplifying the inequities and vulnerabilities already present in our society. Current Federal programs,

although welcomed, are often inaccessible or not timely, and are of limited immediate value to the precariously employed.

For these reasons, the Board of Health for Peterborough Public Health supports the introduction of paid sick leave during an infectious disease emergency. It is requesting that the Ontario government immediately introduce paid sick leave as an essential component to the legislated emergency unpaid leave currently available as per Regulation 228/20. We further urge the government to provide funding to enable all employers to provide this important public health measure to their employees as per the principals outlined in Bill 239 (Stay Home If You Are Sick Act, 2020).

The Board of Health also supports the need to provide paid sick leave as a continuing measure once the current emergency is over. Such a measure will significantly assist in our health promotion and prevention mandate. We would urge the government to examine models to introduce and fund such a continuing initiative.

Thank you for considering our position.

Stay safe and be well.

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Peggy Sattler, MPP London West
France G  linas, MPP Nickel Belt, Critic, Health Care
Local Councils
Association of Local Public Health Agencies
Ontario Boards of Health

February 23, 2021

Sent by E-mail
info@peterboroughpublichealth.ca

Peterborough Public Health
Jackson Square
185 King St
Peterborough, ON K9J 2R8

Re: Thanking Community Health Care Workers

Dear Mayor Mitchell,

At its regular meeting of Council on February 9, 2021, the Council of the Township of Asphodel-Norwood passed the following motion:

C11 Peterborough Public Health

Re: Public Health Resolution Thanking Community Health Care Workers

45/21 Moved by: Deputy Mayor Burt

Seconded by: Councillor Archer

"THAT the Council of the Township of Asphodel-Norwood receives Correspondence item C11 with a motion of support."

Carried

With respect to motion #M-2021-008 passed by the Board of Health for Peterborough Public Health on January 13, 2021:

WHEREAS the Peterborough region has been experiencing an outbreak of COVID-19 since March of 2020, and

WHEREAS our health care workers have been on the front line fighting the pandemic in our community, and

WHEREAS our health care workers have been providing quality care to our residents, and

WHEREAS our health care workers have made a significant positive difference on the health outcomes of individual residents, and

WHEREAS our health care workers continue to be called on to meet new demands such as vaccine roll outs,

NOW THEREFORE BE IT RESOLVED that our health care workers be recognized as local heroes, and

FURTHER that we collectively express our respect and appreciation to our health care workers for all they have done and are doing, and

FURTHER that we express a hearty, "Thank you", and

FURTHER that the Board of Health Chair communicate this message to our community, and

FURTHER that local Municipal and First Nation Governments within the Peterborough Public Health catchment area are asked to endorse this resolution.

The Township of Asphodel-Norwood joins you in this matter and trusts you will find the foregoing satisfactory. Please do not hesitate to reach out should you require anything further.

Sincerely,



Melanie Hudson, Deputy Clerk
Township of Asphodel-Norwood

From: Green, Katie <KGreen@ptbocounty.ca>
Sent: Tuesday, February 23, 2021 8:35 AM
To: Andy Mitchell <amitchell@selwyntownship.ca>
Cc: Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>; Fawn, Lynn <LFawn@ptbocounty.ca>; Stevenson, Kari <KStevenson@ptbocounty.ca>; Boyd, Sarah <SBoyd@ptbocounty.ca>; Jegeris, Kristina <KJegeris@ptbocounty.ca>; Green, Katie <KGreen@ptbocounty.ca>
Subject: County of Peterborough Resolution RE: Thanking Community Health Care Workers

WARNING: This email did not originate from an internal source. Do not open attachments or click on links unless you know it is safe. ONLY if you suspect this is a phishing or fraudulent email, please forward it to IT's dedicated account for suspicious emails.

Good morning,

Re: Public Health Resolution Thanking Community Health Care Workers

At their meeting held February 17, 2021, Peterborough County Council passed the following resolution:

“Be it resolved that County Council supports the Peterborough Public Health resolution dated January 13, 2021 Thanking Community Health Care Workers”.

In addition, please note that the County will be sending out a media release on this matter. If you could kindly share this information with the Board it would be greatly appreciated.

Should you have any questions or concerns, please contact Lynn Fawn, Manager, Legislative Services/Clerk at lfawn@ptbocounty.ca.

Thank you.

Katie Green

Administrative Services Assistant
Clerk's Division/Land Division
(705) 743-0380 Ext. 2105

* Individuals who submit letters and other information to Council should be aware that any personal information contained within their communications may become part of a public record and may be made available to the public through the Council Agenda process.

March 3, 2021

Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@pc.ola.org

Dear Minister Elliott,

The Board of Health (BOH) for Peterborough Public Health (PPH) is committed to its legislated mandate to protect and promote the health of our communities and residents. We are very proud of our legacy of community health protection, which dates back over 130 years to 1889, when the Town of Peterborough passed a By-law to appoint its first board of health. For much of that time, we have had representation from two First Nations, Curve Lake and Hiawatha, firmly embedded within our governance structure. When the Health Protection and Promotion Act (HPPA) was proclaimed in 1990, our municipal and First Nation councils utilized Section 50 of the HPPA to formalize our relationships.

More specifically, our BOH is composed of 8 representatives of our locally elected councils: one from Curve Lake FN, one from Hiawatha FN, three from the County of Peterborough and three from the City of Peterborough. In addition, the Province appoints five members.

We are writing to you to express our urgent concern about the current lack of provincial representation on our board. Their absence has created a lack of board capacity and impairs the board from comprehensively fulfilling its governance responsibilities.

Peterborough board members, on behalf of the community and our funding partners, are charged with significant responsibilities. They engage with staff on key initiatives such as strategic planning, establishing the annual budget, tracking financial results and performance against planned targets, and ensuring we meet the regulatory mandates established by the Province.

In addition, board members serve on committees, which provide the board advice on key financial, performance and regulatory matters. Unique to Peterborough, our board has struck an Indigenous Health Advisory Circle to ensure the board is aware of and responsive to public health matters that are relevant to our Indigenous populations.

We believe boards of health work best when there is strong and effective representation from all the funders. Their perspectives help to make our public health agencies and services more responsive to local needs and provincial mandates. With the current COVID-19 pandemic, boards will play an important role in the regrouping and reprioritizing that will need to occur once herd immunity has been achieved and we can pick up where we left off in February 2020.

Over the past two years we have had several provincial appointees unsuccessfully apply for a renewal of their appointment and only one alternative appointment has been made. We are now down to only two provincial appointees, one who recently requested reappointment and whose term expires March 3rd. The other was a new member appointed for only a one-year term, due to end August 13, 2021. Should these positions not be

filled before the end of the terms and the current vacant positions filled, governance of Peterborough Public Health will be significantly compromised.

We urge you to allow the provincial appointment process to resume. We would welcome the reappointment of our two provincial members and also the addition of three provincial appointees to replenish what we have lost.

We also respectfully request that appointments be a minimum of two years (ideally three as was previously the norm), given the time and effort necessary to onboard these representatives. Longer terms will allow members to feel they have had adequate time to be oriented to their responsibilities, and will provide them with an opportunity to meaningfully engage in public health decisions for their community.

Thank you for your consideration.

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Ontario Chief Medical Officer of Health
Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

March 5, 2021

Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

Honourable Stephen Lecce
Minister of Education
stephen.lecce@pc.ola.org

Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@pc.ola.org

Honourable Todd Smith
Minister of Children, Community and Social Services
todd.smith@pc.ola.org

Dear Premier Ford and Honourable Ministers:

On behalf of the Board of Health for Peterborough Public Health, I would like to express our support for the recommendations to strengthen provincial Student Nutrition Programs advocated for by the Council of Ontario Directors of Education (CODE) and Council of Ontario Medical Officers of Health (COMOH) on January 28, 2021.

School food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the potential of school food programs to improve food choices and support academic success (including academic performance, reduced tardiness and improved student behaviour) for all students.^{1,2,3,4}

Our Board of Health (BOH) is a long-time supporter of local Student Nutrition Programs (SNP) and has been a partner in local programs for almost 30 years. With ninety-six percent of our schools offering SNP, we see their tremendous benefit to our community.

Recently, CODE/COMOH, with support from the Ontario Dietitians in Public Health, identified six recommendations to strengthen Ontario's Student Nutrition Program's reach and impact, and provide much needed supports to address numerous program challenges, many that have been further exacerbated due to COVID-19.

We urge your support to ensure these recommendations are realized in a timely and effective way.

Yours in health,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

Encl.
/ag

cc: Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Marit Stiles (Davenport), Critic, Education
France Gélinas (Nickel Belt), Critic, Health Care
Association of Local Public Health Agencies
Ontario Dietitians in Public Health
Ontario Boards of Health

¹ Impacts of School Food Programs on Children and Youth, Toronto Public Health, 2019.

² [The combined impact of diet, physical activity, sleep and screen time on academic achievement: a prospective study of elementary school students in Nova Scotia, Canada](#), Faught et al, 2017.

³ [The impact of Canadian School Food Programs on Children's Nutrition and Health](#), Colley et al, 2018.

⁴ [Nourishing Young Minds](#), Toronto Public Health, 2012.

alPHA's members are
 the public health units
 in Ontario.

alPHA Sections:

Boards of Health
 Section

Council of Ontario
 Medical Officers of
 Health (COMOH)

**Affiliate
 Organizations:**

Association of Ontario
 Public Health Business
 Administrators

Association of
 Public Health
 Epidemiologists
 in Ontario

Association of
 Supervisors of Public
 Health Inspectors of
 Ontario

Health Promotion
 Ontario

Ontario Association of
 Public Health Dentistry

Ontario Association of
 Public Health Nursing
 Leaders

Ontario Dietitians in
 Public Health

February 9, 2021

Hon. Doug Ford
 Premier of Ontario
 Legislative Bldg Rm 281,
 Queen's Park
 Toronto, ON M7A 1A1

Re: Paid Sick Leave as a Public Health Measure

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to support the calls for the permanent inclusion of paid sick leave provisions under the Employment Standards Act, as a public health measure to prevent transmission of communicable diseases including COVID-19.

The rapid and steep uptick in COVID-19 cases and the emergence of new variants of concern in the past few months in Ontario have been alarming. Turning the tide of the resurgence while aiming to reopen schools in the coming days and businesses in the coming weeks will require a strong and clear reinforcement of the public health interventions aimed at preventing transmission, such as minimizing social contacts, maximizing physical distancing, and requiring masks.

As with so many other healthy behaviours, we know that limiting such reinforcement to public messaging is not sufficient and it is imperative that your Government exercise policy options that make the healthiest choice the easiest choice. With workplaces having been identified as increasingly significant drivers of COVID-19 outbreaks, we agree that one of these options should be to reinstate guaranteed paid sick leave under the Employment Standards Act, to ensure that workers do not have to choose between their livelihoods and following public health directives.

We hope that you will take this recommendation under careful advisement, and we would be pleased to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,



alPHA President

COPY: Hon. Monte McNaughton, Minister of Labour, Training and Skills Development
 Hon. Christine Elliott, Minister of Health
 Hon. Peter Bethlenfalvy, Minister of Finance
 Dr. David Williams, Chief Medical Officer of Health

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

alPHA's members are
the public health units
in Ontario.

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

February 19, 2020

Hon. Doug Ford
Premier of Ontario
Legislative Bldg Rm 281, Queen's Park,
Toronto, ON M7A 1A1

Dear Premier Ford,

Re: Keeping Ontario Safe and Open

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, we are writing to provide our comments on the recent decision to begin easing the recent province-wide shutdown and stay-at-home orders in context of the rapid emergence of COVID-19 Variants of Concern (VOCs).

We too have been encouraged by the downward trend in daily case counts in recent weeks, but the rapidly increasing proportion of the highly contagious VOCs within these counts is deeply troubling. Our members, who are on the front lines of the public health response to the COVID-19 pandemic in Ontario, therefore have serious concerns about the increased mobility, more frequent interpersonal contacts, and consequent potential exposures to COVID-19 that will accompany a return to the progressive categories under the Response Framework at this time.

We certainly appreciate the need to support the recovery of our economy, being fully aware of its role as a key driver of so many of the determinants of physical and mental health. On balance however, we believe that the timing of loosening the restrictions and the degree to which they have been relaxed in many areas underestimates the imminent and considerable threat posed by the VOCs. Experience in other jurisdictions has demonstrated that decisive and early action prevents later prolonged shutdowns, which in turn contributes to faster economic recovery.

According to Public Health Ontario, data are clear that the prevalence of the B.1.1.7 variant is increasing rapidly enough that it is expected to be the dominant one in Ontario within the next month¹. This variant is known to be significantly more contagious, may cause more severe illness and may be more resistant to certain vaccines. Based on these factors as well as the lived experience in other jurisdictions, Public Health Ontario has also stated that it is equally clear that public health measures need to be intensified to minimize the spread of COVID-19 VOCs in Ontario².

While we acknowledge the creation of the "emergency brake" provision that allows the local medical officer of health to request the reimposition of restrictions if their public health unit experiences rapid acceleration in COVID-19 transmission or if its health care system risks becoming overwhelmed, any decision to use this provision is a reactive one and thus would almost certainly be too late to have a meaningful effect. This assumption is supported by the failure of similar mechanisms in England, Ireland, and Denmark, each of which was compelled to re-implement strict, nation-wide lockdowns to minimize mobility and bring the spread of VOCs under control³.

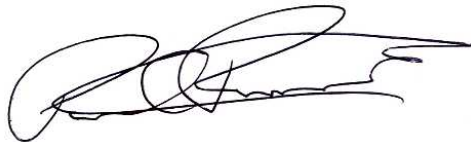
We believe it is not too late to alter the course towards a more gradual easing of restrictions, allowing time to monitor how the trends respond and adjust accordingly to keep transmission rates low. Accordingly, we support our MOH members who have requested a delay in their PHU Regions returning to the COVID-19 Response Framework and for the Stay-at-Home Orders to continue in their health units for the time being. Moreover, a slower approach would also allow for the development of clear public messaging that reinforces the undiminished seriousness of the pandemic in Ontario while continuing to offer reasons for hope and optimism until vaccines are widely available.

Our members, as Ontario's pre-eminent public health experts, are more than willing to provide further advice and input, particularly with regards to the VOCs and ensuring that Ontario's COVID-19 Response Framework remains robust and that its public health goals and objectives can be achieved. We look forward to an invitation to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,



Carmen McGregor,
alPHA President



Dr. Paul Roumeliotis,
Chair, Council of Ontario Medical
Officers of Health (COMOH)



Trudy Sachowski,
Chair, Boards of Health
Section

COPY: Hon. Christine Elliott, Minister of Health
Dr. David Williams, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

^{1,2} Public Health Ontario Evidence Brief: [Evidence on Public Health Measures Required for Rapid Control of Variants of Concern](https://www.publichealthontario.ca/-/media/documents/ncov/phm/2021/02/eb-public-health-measures-for-voc.pdf?la=en) 02/16/2021. Accessed 02/17/21 at <https://www.publichealthontario.ca/-/media/documents/ncov/phm/2021/02/eb-public-health-measures-for-voc.pdf?la=en>

From: Gordon Fleming <gordon@alphaweb.org>
Sent: Friday, February 19, 2021 11:36 AM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Subject: alPHa Information Break, February 2021



February 19th, 2021

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

COVID-19 Update

As part of the response to COVID-19, alPHa continues to represent the public health system and work with key stakeholders including the Ministry of Health, Office of the Chief Medical Officer of Health, Ontario Medical Association, Association of Municipalities of Ontario, Dalla Lana School of Public Health, primary care sector, and others.

alPHa would like to thank the following guests for coming to the recent Board meeting and discussing key COVID-19-related issues:

- Colleen Geiger and Dr. Brian Schwartz (PHO)
- Dr. David Williams (Chief Medical Officer of Health)
- Dr. Dominik Nowak (Primary Care)
- Dr. Kieran Moore (Minister's COVID-19 Vaccination Task Force)
- Dean Steini Brown, Dr. Ross Upshur and Patrick Feng (Dalla Lana School of Public Health)

alPHa frequently shares Situation Reports and COVID-19-related news with the membership. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of alPHa.

[Visit the Ministry of Health's page on guidance for the health sector](#)

[View the Ministry's website on the status of COVID-19 cases](#)

[Go to Public Health Ontario's COVID-19 website](#)

[Visit the Public Health Agency of Canada's COVID-19 website](#)

See below for alPHA's recent COVID-19-related submissions.

Conference and Annual General Meeting

Ontario's Public Health System

Challenges – Changes – Champions

June 8, 2021

alPHA is pleased to announce that Dean Steini Brown from the University of Toronto's Dalla Lana School of Public Health will be the lunchtime speaker and Emcee for the awards program. alPHA is also pleased to announce that Dr. Robert Kyle, alPHA's Past President, will be the Parliamentarian for the AGM.

Click on this link to download the [June 2021 alPHA AGM Notice and Calls](#). Documents include:

- [Notice and agenda for the 2021 alPHA Annual General Meeting](#)
- [Call for 2021 alPHA Resolutions](#)
- [Call for 2021 alPHA Distinguished Service Awards](#)
- [Call for Board of Health Nominations to the 2021-22 alPHA Board of Directors](#).

Stay tuned for further conference details. The draft program and registrations will go live on the alPHA website in mid-April. In the meantime, don't forget to hold the date: June 8th!

Request for Photos

Do you have a photo showing alPHA members in action that we can share with attendees at the Annual Conference? We want to profile the key role that public health is playing in the pandemic response. Please send your images to: info@alphaweb.org

alPHA Correspondence

Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. The most recent submissions are below and a full list of [submissions](#) is on the website:

[alPHA Letter - Paid Sick Leave](#)

[COMOH Letter – Reopening Schools](#)

[COMOH Letter - Student Nutrition Programs](#)

[alPHA Spring 2021 Pre-Budget Submission](#)

Guide to Engaging Primary Care in local COVID-19 Vaccine Rollout

alPHA and COMOH have collaborated with the primary care associations, hospital, and health sector leaders in creating a [practical guide to engaging primary care in local COVID-19 vaccine rollout](#). The guide is intended to inform, validate, and support existing primary care engagement strategies.

PHO Courses

Information on PHO events and professional development opportunities can be found here: <https://www.publichealthontario.ca/en/education-and-events/events#q=1> Topics include: infectious disease, emergency preparedness, immunization, environmental and occupational health, health promotion, chronic diseases, epidemiology, laboratory sciences and research.

Boards of Health: Resources

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

In addition, here are additional resources available on the alPHA website:

- [Orientation Manual for Board of Health](#)
- [Review of Board of Health Liability\(PowerPoint presentation\)](#)
- [Governance Toolkit](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#)
- [Ontario Boards of Health by Region](#)
- [List of Public Health Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)

News Releases

- [Ontario Investing in Wearable Contact Tracing Technology to Help Protect Workers from COVID -19](#) – February 18, 2021
- [Ontario Returning 27 Public Health Regions to Strengthened COVID-19 Response Framework](#) – February 12, 2021
- [Ontario Deploys Rapid Tests to More Essential Workplaces and Settings](#) – February 12, 2021
- [Retailers Show Improvement in Complying with Public Health Guidelines](#) – February 10, 2021
- [Ontario Supporting COVID-19 Response in High Priority Communities](#) – February 9, 2021
- [Ontario Extending Stay-at-Home Order across Most of the Province to Save Lives](#) – February 8, 2021
- [Ontario Supports Air Monitoring Technology to Better Protect People from COVID-19](#) – February 4, 2021

From: Loretta Ryan <loretta@alphaweb.org>
Sent: Friday, February 19, 2021 2:54 PM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Cc: Board <Board@lists.alphaweb.org>
Subject: alPHa Annual General Meeting Notice and Package

WARNING: This email did not originate from an internal source. Do not open attachments or click on links unless you know it is safe. ONLY if you suspect this is a phishing or fraudulent email, please forward it to IT's dedicated account for suspicious emails.

Dear alPHa Members,

alPHa's 2021 Annual General Meeting and Conference will be held online on June 8, 2021.

Please click here for the [June 2021 alPHa AGM Notice and Package](#) or click on the links below for the individual documents within this package:

- [Notice and agenda for the 2021 alPHa Annual General Meeting](#)
- [Call for 2021 alPHa Resolutions](#)
- [Call for 2021 alPHa Distinguished Service Awards](#)
- [Call for Board of Health Nominations to the 2021-22 alPHa Board of Directors](#)

Further details regarding registration and the [conference program](#) will be available in the coming weeks, so please stay tuned!

Take Care,

Loretta

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)
480 University Avenue, Suite 300
Toronto, ON M5G 1V2
Tel: 416-595-0006 ext. 222
Cell: 647-325-9594
loretta@alphaweb.org
www.alphaweb.org



February 02, 2021

The Right Honourable Justin Trudeau, PC, MP
Prime Minister of Canada
80 Wellington Street
Ottawa, ON K1A 0A2

Electronic Distribution

RE: Land and Water Border Restrictions

Dear Mr. Prime Minister:

We are pleased to learn of the new enhanced restrictions for international air travellers that will be implemented to control COVID-19 risks in Canada. However, we are requesting further consideration to implement the same restrictions to those travellers entering Canada from the United States land and water borders. The new restrictions should be the same regardless of how individuals are entering Canada's borders.

As the January 29, 2021 news release states that land border entry will require a 72-hour pre-arrival COVID-19 test that is negative which will be presented to the Border Official. These individuals should be required to reserve a room in a Government of Canada approved hotel for three nights at their own expense and take a COVID-19 molecular test on arrival again at their own expense. Also, consideration should be given to restrict access through Government of Canada approved border crossings. This will allow for tighter controls which will help in preventing the spread of COVID-19.

As the new restrictions for air travellers have been put in place to protect the health and safety of Canadians from transmission of COVID-19, especially the new variants of the virus, into Canada these same restrictions should be applied to travellers entering through land and water border crossings for the same reasons.

Sincerely,



Denis Doyle
Chair, KFL&A Board of Health

Copy to:

The Honourable Doug Ford, Premier of Ontario
The Honourable, Chrystia Freeland, Deputy Prime Minister and Minister of Finance
The Honourable Patty Hajdu, Minister of Health
The Honourable Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care
The Honourable Bill Blair, Minister of Public Safety and Emergency Preparedness
The Honourable Marc Garneau, Minister of Foreign Affairs
The Honourable Steve Clark, Minister of Municipal Affairs and Housing
Mark Gerretsen, MP, Kingston and the Islands
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

Main Office 221 Portsmouth Avenue
Kingston, Ontario K7M 1V5
613-549-1232 | 1-800-267-7875
Fax: 613-549-7896

Branch Offices	Cloyne	613-336-8989	Fax: 613-336-0522
	Napanee	613-354-3357	Fax: 613-409-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

BOH Agenda

Mar 10 2021 - Page 55 of 67

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Q4 2020 Financial Report
DATE:	March 10, 2021
PREPARED BY:	Dale Bolton, Manager, Finance and Property
APPROVED BY:	Larry Stinson, Director of Operations

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the Q4 2020 Financial Report, for information.

ATTACHMENTS

- a. [Q4 2020](#)

Financial Update Q4 2020 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2020

	Funding Type	2020 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2020 Submission (100%)	Year To Date Expenditures to December 31	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	MOHLTC Cost Shared (CS)	10,481,171	14-Nov-19	Approved Aug. 21/20	10,481,171	6,958,825	66.4%	3,522,346	Year-to-date underspending due to redeployment of staff to COVID response mid-March through December. Increased costs for mandatory programs from October through end of year as temporary employees hired to address workload and assist with core program delivery. Expenditures related to pandemic have been reported separately below. As reported to the Board in September, overall funding including MOH (Base, Mitigation and Indigenous Communities) and local partners is \$10,693,024 resulting in a short-fall of \$211,853. See note below: COVID Response.
COVID Response						3,734,199	35.6%	(3,734,199)	Covid response commenced early March through December. Year to date expenditures are in excess of cost-shared program underspending, however funding is expected from the Ministry to cover COVID expenditures in excess of underspending from cost-shared programs. The province previously approved funding of \$471,100 based on the September COVID expense submission. In December, COVID extraordinary expenses of \$3,734,199 were reported to the Ministry. Additional COVID funding of \$126,253 has been requested from the Ministry to offset the final COVID expenditures. Awaiting feedback and approval from Ministry. If approved the funding will eliminate the short-fall in funding reported above.

Combined Cost-Shared		10,481,171			10,481,171	10,693,024	102.02%	(211,853)	See note above.
	Funding Type	2020 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2020 Submission (100%)	Year To Date Expenditures to December 31	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
Medical Officer of Health Compensation	100%	73,700	Sept. 9 /20	Approved Aug. 21/20	73,700	73,188	99.3%	512	Operated within budget submission.
Ontario Seniors Dental	100%	700,100	Sept.9/20	Approved Aug. 21/20	700,100	519,734	74.2%	180,366	Program significantly underspent as service delivery ceased effective mid-March through mid-July due to COVID. Increased activity through 3rd quarter to end of year. Portion of underspending used to offset equipment costs related to the expansion.
Total - Ministry Funded - 2020		11,254,971			11,254,971	11,285,946	100.3%	(30,975)	
One-Time Funding funded April 1, 2020 to March 31, 2021									
	Funding Type	2020 - 2021	Approved by Board	Approved by Province/Other	YTD Budget \$ (100%)	Year To Date Expenditures to December 31	% of Budget	Year to Date Variance Under/(Over)	Comments
PHI Practicum Student	100% MOH	10,000	Sept. 9/20	Approved Aug. 21/20	7,500	-	0.0%	7,500	Funding for 1 PHI Practicum Student for 12 week period - January to March 2021
Covid - Case & Contact Management Solutions	100% MOH	25,800	Nov. 11/20	Approved Sept. 9/20	19,350	15,698	60.8%	3,652	Funding for costs associated with Case & Contact Management (CCM) & I & IT Solution including onboarding and ongoing operating for COVID-19 case and contact management and reporting.

Covid - School-Focused Nurses Initiative	100% MOH	402,000	Nov. 11/20	Approved Sept. 9/20	301,500	190,874	47.5%	110,626	PHN's hired to provide rapid-response support to school boards and schools to facilitate public health and preventative measures relating to pandemic. PHN's hired in September 2020. Anticipate underspending by end of March 2021.
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Capital - Vaccine Room Air Conditioner	100% MOH	18,000	Sept. 9/20	Approved Aug. 21/20	13,500	-	0.0%	13,500	Purchase and installation of dedicated air-conditioner for Vaccine Room to protect vaccines and refrigerators. Work to be complete before end of March 2021.
MOH/AMOH - Compensation Initiative	100% MOH	15,200	Sept. 9/20	Approved Aug. 21/20	11,400	13,166	86.6%	(1,766)	MOH Compensation adjustment for 2018-19 & 2019-20. Anticipated funding of \$15,200 will offset balance.
Capital - Ontario Seniors Dental Program	100% MOH	355,400	Nov. 11/20	Approved Aug. 21/20	266,550	-	0.0%	266,550	Renovations to existing dental clinic with anticipated completion date by the end of June 2021.
Temporary Pandemic Pay	100% MOH	65,900	Sept. 9/20	Approved Aug. 21/20	65,900	7,747	11.8%	58,153	Funding to support PHN staff perceived to face or be at risk of COVID-19 exposure due to inability to maintain physical distance while providing services for the period of April 24 to August 13/20. Actual well below approved funding based on eligible criteria.

Programs funded April 1, 2020 to March 31, 2021

	Funding Type	2020 - 2021	Approved by Board	Approved by Province	YTD Budget \$ (100%)	Year To Date Expenditures to December 31	% of Budget	Year to Date Variance Under/(Over)	Comments
Infant Toddler and Development Program	100% MCCSS	262,074	Mar. 11/20	Submitted Oct. 30/20. Awaiting approval.	196,556	166,107	63.4%	30,449	Underspensing due to staff deployed to COVID response beginning mid-March through December and some staff gapping from Jstaff member. Budget included other deferred revenue to balance, however year-to-date savings will offset the need for other funds to balance operations.
Healthy Babies, Healthy Children	100% MCCSS	928,413	Mar. 11/20	Submitted Oct. 30/20. Awaiting approval.	696,310	520,106	56.0%	176,204	Program operating well below budget as majority of staff deployed to COVID response beginning mid-March. Increased operating expenditures through second half of year as staff hired to backfill program PHN's redeployed for COVID response.

Funded Entirely by User Fees January 1 to December 31, 2020

	Funding Type	2020	Approved By Board	2020 Budget	YTD Revenue \$ (100%)	Year To Date Expenditures to September 30	% of Budget	Year to Date Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	402,775	NA	402,775	315,548	300,441	74.6%	15,107	Program funded entirely by user fees. User Fees are below budget; however expenditures are also below budget resulting in an overall surplus of \$15,107. Underspending due to gapping of one PHI position throughout 2020 due to staff redeployment for COVID. Program activity levels were lower in 2020 due to impact of COVID-19.
Mandatory and Non-Mandatory Re-inspection Program	Fee for Service	97,500	NA	97,500	84,600	88,814	91.1%	(4,214)	Program funded entirely by fees. Program activity based on number of properties inspected during the period of May through October. Deficit will be covered through program reserve.
Total - All Programs		13,838,033			13,233,684	12,588,899	91.0%	644,785	Underspending due to one-time approvals not expended to date and MCCSS programs due to re-deployment of staff.

PETERBOROUGH PUBLIC HEALTH

STEWARDSHIP COMMITTEE – STAFF REPORT

TITLE:	2021-22 Budget Approval – Healthy Babies, Healthy Children Program
DATE:	March 10, 2021
PREPARED BY:	Dale Bolton, Manager, Finance and Property
APPROVED BY:	Larry Stinson, Director of Operations

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, *2021-22 Budget Approval - Healthy Babies, Healthy Children Program*, for information; and
- recommend approval of the 2021-22 budget for the Healthy Babies, Healthy Children (HBHC) program in the total amount of \$928,413.

FINANCIAL IMPLICATIONS AND IMPACT

The HBHC budget is 100% funded by the Ontario Ministry of Children, Community and Social Services (MCCSS).

The 2021-22 budget has been completed based on the provincial funding allocation of \$928,413. Funding for the program has not increased since 2013. Lack of funding increases to cover the cost of increasing wage and benefit costs, has compromised staffing levels over the past number of years despite ongoing demand in the program. In 2021-22, no additional funding is anticipated. The program staff will be maintained at the previous year levels with 4.8 PHN FTE's, 1.8 FTE's Family Home Visitors (FHV's), 1.1 FTE Administrative Assistant (AA) and a share of Program Manager. During COVID, some of these staff have been and will continue to be redeployed.

The proposed budget for April 2021 March 2022 is balanced within the funding allocation of \$928,413.

Healthy Babies Healthy Children Program Budget - 2021-22

Expenditures

Salaries	\$684,914
Benefits	191,924
Early Identification and Interpretation Services	26,275
Staff development	1,000
Travel	12,000
Audit fees	1,800
Communications	3,000
Program resources	<u>7,500</u>
Total Program Expenditures	<u>\$928,413</u>

Funding

Ministry of Children, Community and Social Services	<u>\$928,413</u>
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DECISION HISTORY

The Board of Health has hosted and supported the HBHC program since its inception in 1998. Letters have been sent by this Board and other provincial public health agencies (such as the Association of Local Public Health Agencies (aLPHa)) to the provincial government, government ministers, and opposition party critics. These letters have advocated that HBHC be maintained as a 100 percent provincially-funded program; and that sufficient increases to the annual budget be granted to keep pace with demands from client families, partner agencies, and the community, and on public health agencies themselves as employers.

BACKGROUND

Introduced in 1998 by the Government of Ontario, the HBHC program is mandated as a requirement within the Healthy Growth and Development standard of the 2018 Ontario Public Health Standards of the Ministry of Health and Long-Term Care.

HBHC is a prevention and early intervention home visiting program providing services during the prenatal period and to families with children from birth up to their transition to school. The program's intent is to optimize newborn and child healthy growth and development and reduce health inequities for families receiving service.

The program's intent is to optimize newborn and child healthy growth and development and reduce health inequities for families receiving service through screening, assessment and the provision of home visiting services.

STRATEGIC DIRECTION

The HBHC program is identified as a requirement under the Healthy Growth and Development standard in the Ontario Public Health Standards 2018. Approval of the budget will contribute to the program and Peterborough Public Health's ability to continue to meet the strategic directions of:

- Community-Centred Focus; and
- Determinants of Health and Health Equity.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	2021-22 Budget Approval – Infant and Toddler Development Program
DATE:	March 10, 2021
PREPARED BY:	Dale Bolton, Manager, Finance and Property
APPROVED BY:	Larry Stinson, Director of Operations

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, 2021-22 Budget Approval - Infant and Toddler Development Program (ITDP), for information; and
- recommend the approval of the 2021-22 budget for the Infant and Toddler Development Program in the total amount of \$242,423.

FINANCIAL IMPLICATIONS AND IMPACT

The ITDP is funded 100% by the Ministry of Children, Community and Social Services (MCCSS).

The 2021-22 budget has been completed based on the Ministry funding allocation of \$242,423. There have been no funding increases to the program since 2003. The budget reflects staffing, resources, occupancy costs and a reasonable recovery of costs to administer the program. Operating costs continue to be limited to the approved funding level of \$242,423. The lack of funding increases to cover the cost of increasing wage and benefit costs has impacted staffing levels over the past number of years. No funding increase is anticipated this year. Over the past two fiscal periods, reserve funds were required to balance operations and maintain staffing levels.

Given the uncertainty regarding public health restructuring/modernization, for 2021-22 the recommendation is to continue the program at status quo. For 2021-22, no additional funding is anticipated. Program staffing levels have been adjusted for the upcoming year to 1.6 full-time equivalent (FTE) Infant Development Workers, .2 FTE Administrative Assistant and .1 FTE Program Manager. As funding has not increased, there is a greater importance to advocate for an increase in Ministry funding to support the ongoing program operating costs.

Budget to be submitted to MCCSS is presented below.

Infant Toddler Development Program Budget – 2021-22

Expenditures

Salaries	\$150,304
Benefits	43,681
Materials and Supplies	2,500
Travel	4,000
Occupancy	15,396
Audit and legal fees	1,800
Communications	500
Allocated administration	<u>24,242</u>

Net Program Expenditures **\$242,423**

Funding

Ministry of Children, Community
& Social Services **\$242,423**

DECISION HISTORY

The Board of Health has operated the ITDP Program since 1981.

Since 2008, the Board has annually reviewed the impact of funding shortfalls and communicated to the funder the resulting challenges. Senior management has continued to communicate with MCCSS regarding funding requirements. Over the years, they have met at least annually with provincial representatives, and MCCSS has committed to allowing the budget to cover off a more reasonable reflection of the organization's costs to operate the program, but MCYS is unable to provide any additional funds.

In June 2017, the Board of Health approved the use of reserves to balance program operations until depleted. The Board will need to address the future funding of the program with the Ministry prior to the next fiscal year.

BACKGROUND

The ITDP is funded 100% by the MCCSS. The ITDP supports families with infants and young children who may become delayed in their development because of prematurity, social, or economic concerns; are diagnosed with special needs, such as Down syndrome, cerebral palsy, or spina bifida; or are found to be delayed in development. An approved budget is required to

continue to operate this program and offer these important supports to families in the community.

STRATEGIC DIRECTION

Although not part of the Ontario Public Health Standards, the ITDP assists Peterborough Public Health in continuing to meet its mandate through coordinated efforts with the Healthy Babies Healthy Children program and the Child Health program. It also assists in building on our leadership role by developing important linkages in our community and providing a valued service to help maintain the Community-Centred Focus.