

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, October 13, 2021 – 5:30 p.m.
Multipurpose Rooms, 2nd Floor
185 King Street, Peterborough**

1. Call to Order

Mayor Andy Mitchell, Chair

1.1. Opening Statement

Land Acknowledgement

We respectfully acknowledge that Peterborough Public Health is gathering in Hiawatha First Nation, in 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. Introduction – Dr. Ian Gemmill, Acting Medical Officer of Health

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: 10.1 a 10.2 a b c d e f 10.3.1 10.3.2

5. **Delegations and Presentations**
6. **Board Chair Report**
7. **Confirmation of the Minutes of the Previous Meeting**
 - Cover Report
 - a. September 8, 2021
8. **Business Arising From the Minutes**
9. **Staff Reports**
 - 9.1. **Presentation: COVID-19 Update**
 - Cover Report
 - a. Presentation (*to be circulated*)
 - 9.2. **Q2 2021 Ministry Financial Report**
 - Staff Report
 - a. Financial Report
10. **Consent Items**
 - 10.1. **Correspondence for Direction**
 - Cover Report
 - a. Hamilton – Local Boards of Health
 - 10.2. **Correspondence for Information**
 - Cover Report
 - a. MECP Wastewater Surveillance
 - b. MLTSD Response – Paid Sick Leave
 - c. Selwyn – Wastewater Surveillance
 - d. Minister Elliott – Dr. Piggott Appointment
 - e. MPs – Election Letters
 - f. HKPR - Funding
 - 10.3. **Staff Reports**

10.3.1. Staff Report: Food for Kids Student Nutrition Programs Annual Report 2020/21

- Staff Report
 - a. Annual Report
 - b. CODE COMOH Letter

10.3.2. Staff Report: Health Care Worker Influenza Immunization: 2020/21

- Staff Report

10.4. Committee Reports (nil)

11. New Business

12. In Camera to Discuss Confidential Matters

13. Motions for Open Session

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

Wednesday, November 10, 2021 – 5:30 p.m.

Multipurpose Rooms, 2nd Floor, Peterborough Public Health (185 King St.)

15. Adjournment

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Approval of Minutes |
| DATE: | October 13, 2021 |
| PREPARED BY: | Natalie Garnett, Board Secretary |
| APPROVED BY: | Larry Stinson, Acting Chief Executive Officer |

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on September 8, 2021.

ATTACHMENTS

- a. [Minutes, September 8, 2021](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, September 8, 2021 – 5:00 p.m.
123 Paudash Street, Hiawatha First Nation**

In Attendance:

Board Members:

Councillor Gary Baldwin
Deputy Mayor Bonnie Clark
Councillor Henry Clarke
Deputy Mayor Matthew Graham
Councillor Nodin Knott
Mayor Andy Mitchell, Chair
Dr. Hans Stelzer
Councillor Don Vassiliadis
Councillor Kathryn Wilson (electronic)

Staff:

Ms. Brittany Cadence, Manager of Communications and IT
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 6:50 p.m.

1.2 Recognition of Dr. Rosana Salvaterra, Medical Officer of Health

Presentations were made to recognize the contributions of Dr. Salvaterra to Peterborough Public Health as well as to the residents of Curve Lake First Nation, the City of Peterborough, the County of Peterborough, and Hiawatha First Nation.

2. Confirmation of the Agenda

MOTION:

That the Board of Health for Peterborough Public Health confirm the agenda as circulated.

Moved: Deputy Mayor Clark

Seconded: Deputy Mayor Graham

Motion carried. (M-2021-089)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

MOTION:

That the following item be passed as part of the Consent Agenda: 10.2.a.

Moved: Councillor Baldwin

Seconded: Councillor Knott

Motion carried. (M-2021-090)

MOTION (10.2.a):

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

a. Email dated August 13, 2021, Association of Local Public Health Agencies (ALPHA) e-newsletter.

Moved: Councillor Baldwin

Seconded: Councillor Knott

Motion carried. (M-2021-090)

5. Declarations and Presentations

6. Board Chair Report

It was noted that the interim Medical Officer of Health has been extended an invitation to attend the October Board of Health meeting. The Chair expressed Board support of staff who are continuing to work professionally despite protests at their places of work.

7. Confirmation of the Minutes of the Previous Meeting

MOTION:

That the minutes for the meeting of the Board of Health for Peterborough Public Health on August 11, 2021, be approved as presented.

Moved: Dr. Stelzer

Seconded: Deputy Mayor Clark

Motion carried. (M-2021-091)

8. Business Arising From the Minutes

9. Staff Reports

9.1 Presentation: COVID-19 Update

MOTION:

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

Moved: Deputy Mayor Graham

Seconded: Councillor Baldwin

Motion carried. (M-2021-092)

9.2 Presentation: Support for COVID-19 Wastewater Surveillance

MOTION:

That the Board of Health for Peterborough Public Health:

- *receive the presentation, Support for COVID-19 Wastewater Surveillance, for information; and,*
- *advocate for funding to support additional and ongoing surveillance activities.*

Moved: Councillor Baldwin

Seconded: Councillor Graham

Motion carried. (M-2021-093)

9.3 Oral Report: Consumption and Treatment Site Update

MOTION:

That the Board of Health for Peterborough Public Health receive the oral report, Consumption and Treatment Site Update, for information.

Moved: Deputy Mayor Graham

Seconded: Deputy Mayor Clark

Motion carried. (M-2021-094)

10. Consent Items

11. New Business

11.1 Ad-hoc Nominations Committee for 2022 Board Elections

MOTION:

That Deputy Mayor Graham and Councillor Baldwin be appointed members of the Ad-hoc Nominations Committee for 2022.

Moved: Deputy Mayor Clark

Seconded: Councillor Vassiliadis

Motion carried. (M-2021-095)

12. In Camera to Discuss Confidential Matters

MOTION:

That the Board of Health for Peterborough Public Health moved In Camera at 8:07 p.m. to discuss one item under Section 239(2)(a) Security of Board property and one item under Section 239(2)(e) Litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board.

Moved: Councillor Baldwin
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-096)

MOTION:

That the Board of Health for Peterborough Public Health rise from In Camera at 8:25 p.m.

Moved: Councillor Baldwin
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-097)

13. Motions for Open Session

14. Nominations Committee Report

MOTION:

That the following individuals be appointed to positions on the Board of Health for Peterborough Public Health for 2022:

Chair – Mayor Andy Mitchell

Vice Chair – Councillor Henry Clarke

Chair of Governance – Deputy Mayor Bonnie Clark

Chair of Finance and Stewardship – Dr. Hans Stelzer

Chair of Indigenous Health Advisory Committee – Councillor Katherine Wilson

Moved: Deputy Mayor Graham
Seconded: Councillor Clarke
Motion carried. (M-2021-098)

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

The next Board of Health for Peterborough Public Health meeting will be held on October 13, 2021, at 5:30 p.m. in the Multipurpose Room, 185 King Street.

16. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Deputy Mayor Graham

Seconded by: Deputy Mayor Clark

Motion carried. (M-2021-088)

The meeting was adjourned at 8:30 p.m.

Chairperson

Medical Officer of Health

DRAFT

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Presentation: COVID-19 Update |
| DATE: | October 13, 2021 |
| PREPARED BY: | Donna Churipuy, Acting Incident Commander |

PROPOSED RECOMMENDATIONS

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

ATTACHMENTS

- a. Presentation (to be circulated)*

PETERBOROUGH PUBLIC HEALTH

BOARD OF HEALTH – STAFF REPORT

| | |
|---------------------|--|
| TITLE: | Q2 2021 Financial Report |
| DATE: | October 13, 2021 |
| PREPARED BY: | Dale Bolton, Manager of Finance and Property |
| APPROVED BY: | Larry Stinson, Acting Chief Executive Officer |

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Q2 2021 Financial Report*, for information.

Financial Implications and Impact

The Ministry of Health requires submission of quarterly financial statements that reflect actual expenditures to-date and projected expenditures for the balance of the fiscal year. During the COVID-19 pandemic, particularly for the 2021 year, reporting on COVID-19 response and COVID-19 vaccination expenses will inform adjustments to approved one-time funding for extraordinary expenses that can not be managed within base funding. Staying within budgeted expenditures for core programs and reporting accurately on COVID-19 expenses will ensure full funding is available for program activities.

Decision History

The Board of Health approved the cost-shared budget for Peterborough Public Health (PPH) in November 2020. The Board also approved the submission for the budget to the Ministry of Health for 2021, which included the request for COVID-19 one-time funding, in April 2021. The cost-shared budget was approved by the Ministry in August 2021. One-time funding was approved by the Ministry in August as well, but only for approximately 50% of the initial estimate for expenditures. The Ministry has assured through communications to local public health agencies that funding will be provided for all eligible COVID expenditures and that approvals and payments will be adjusted following Q3 and Q4 reports.

Background

The second quarter report covers the period from January to June for the fiscal year and would normally be prepared within 30 days of the end of the quarter or July 31st, and presented to the Board at the next meeting (usually September). Due to the addition of the two streams of COVID funding, the Ministry of Health revised the template for quarterly reporting and made this available to local public health agencies in late August. This template not only included the additional COVID funding streams, but requested significantly more detail regarding categories of expenditures.

This report highlights the status of expenditures for each budgeted program as of June 30, 2021 (Schedule A). As this is not a typical year there are some variances from the expected 50% of expenses realized by this date. Because it is expected that COVID expenses are to be covered through base cost-shared funds until depleted and expenses in excess will be covered by one-time funding, a disproportionate amount of COVID expenses show up in the first two quarters. As we move to Q3 and Q4 we will see increased amounts, above initially projected costs, reflected in COVID one-time allocations. At the table below shows, overall COVID expenses are anticipated to be more than a million dollars above in the projection from April. Changes to vaccination delivery models and broadening of the vaccination requirements are the main reason for this increase.

One Time COVID Expenditures

| Program | COVID-19 One-Time Submission | Actual Expenditures Jun 30/21 | Projected Expenditures Jul to Dec/31 | COVID-19 Total Projected | COVID-19 Variance (Over)/Under |
|-------------------|------------------------------|-------------------------------|--------------------------------------|--------------------------|--------------------------------|
| COVID Response | 1,407,083 | 303,645 | 1,116,196 | 1,419,841 | (12,758) |
| COVID Vaccination | 1,137,034 | 332,627 | 1,898,074 | 2,230,701 | (1,093,667) |
| Total | 2,544,117 | 636,272 | 3,014,270 | 3,650,542 | (1,106,425) |

The allocation of expenditures reported in the Ministry Q2 reports include breakdowns by staffing category, clinic type and regular vs overtime pay. The table below provides a high-level overview of the actual costs for the two COVID categories, which are proportionally consistent with predictions with the exception of Materials and Supplies for vaccination. These costs increases include a variety of unanticipated needs including things like mobile carts, printers, tents and plexiglass barriers.

Figure 1: Budgeted vs Actual COVID One-Time Funding Requirements

| Category | COVID-19 Response Budget | COVID-19 Response Actual | COVID-19 Vaccination Budget | COVID-19 Vaccination Actual |
|----------------------|--------------------------|--------------------------|-----------------------------|-----------------------------|
| Salaries and wages | 2,854,169 | 1,716,999 | 1,992,611 | 1,659,536 |
| Benefits | 504,428 | 321,284 | 292,522 | 227,725 |
| Purchased services | 79,080 | 60,506 | 430,040 | 285,745 |
| Communications | 15,561 | 6,060 | 66,323 | 39,176 |
| Materials and supply | 48,626 | 34,548 | 59,010 | 124,110 |

| Category | COVID-19 Response Budget | COVID-19 Response Actual | | COVID-19 Vaccination Budget | COVID-19 Vaccination Actual |
|----------|--------------------------|--------------------------|--|-----------------------------|-----------------------------|
| Travel | 3,098 | 3,182 | | 2,743 | 7,850 |
| Other | 11,070 | 1,828 | | - | |
| Total | 3,516,032 | 2,144,407 | | 2,843,249 | 2,344,142 |

As expected cost-shared expenses are less than what would be anticipated for the end of Q2 because of redeployment and reduced service levels. The allocation across the mandate programs is reflected below. Immunization and Infectious Disease Programs show significant variance as they include the COVID expenses that are able to be managed within the approved cost-shared budget.

Figure 2: Budgeted vs Actual Cost-Shared Program Expenditures

| | Budget | YTD | Forecast Q3+Q4 | Total | Difference | Difference % |
|------------------------|-----------|-----------|----------------|------------|------------|--------------|
| Foundational Standards | 372,304 | 127,192 | 192,391 | 319,583 | -52,721 | -14% |
| CDP and Wellbeing | 1,295,631 | 555,395 | 671,936 | 1,227,331 | -68,300 | -5% |
| Food Safety | 394,326 | 124,615 | 156,793 | 281,408 | -112,918 | -29% |
| Environmental Health | 258,249 | 107,774 | 155,772 | 263,546 | 5,297 | 2% |
| Immunization | 193,1276 | 2,409,959 | 2,067,423 | 4,477,382 | 2,546,106 | 132% |
| Infectious Disease | 3,413,653 | 2,744,333 | 1,812,629 | 4,556,962 | 1,143,309 | 33% |
| Safe Water | 322,408 | 123,858 | 189,215 | 313,073 | -9,335 | -3% |
| School - Oral Health | 389,596 | 174,121 | 277,984 | 452,105 | 62,509 | 16% |
| School - Vision | 21,193 | 0 | 0 | 0 | 21,193 | 100% |
| School - Immunization | 51,411 | 11,298 | 43,142 | 54,440 | 3,029 | 6% |
| School- Other | 262,510 | 96,861 | 153,844 | 250,705 | -11,805 | -4% |
| Substance Misuse Prev. | 643,418 | 198,410 | 368,799 | 567,209 | -76,209 | -12% |
| Healthy Growth & Dev. | 221,392 | 34,317 | 146,062 | 180,379 | -41,013 | -19% |
| Total | 9,577,367 | 6,708,133 | 6,235,990 | 12,944,123 | 3,366,756 | |

STRATEGIC DIRECTION

Compliance with reporting requirements provide accountability to the Board of Health and Ministry and ensure mid-year planning adjustments can be made to reduce risk and manage finances effectively.

ATTACHMENTS

Attachment A – Financial Update Q2 2021

Financial Update Q2 2021 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2021

| | Funding Type | 2021 Submission | Approved by Board | Approved by Province | YTD Budget \$ Based on 2021 Submission (100%) | Year To Date Expenditures to June 30 | 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) | 6,456,640 | 8-Nov-20 | Approved July 22/21 | 3,228,320 | 2,836,889 | 43.9% | 391,431 | Year-to-date underspending due to redeployment of staff to COVID response from January through June. Anticipate increased costs through 3rd and 4th quarters, as some core programs are restored at modified levels. Temporary employee contracts have been extended for some staff to address workload and assist with program delivery. Expenditures related to pandemic have been reported separately below. Total funding includes MOH (Base, Mitigation and Indigenous Communities) and local partners. |
| COVID Response | MOHLTC Cost Shared (CS) | 2,128,786 | 8-Nov-20 | | 1,064,393 | 1,840,763 | 86.5% | (776,370) | Covid response commenced in January is on-going. The province approved \$590,000 based on the Annual Service Plan submission. In June, total COVID extraordinary expenses of \$2,144,407 were reported to the Ministry. Year-to-date expenditures of \$1,840,763 represents the portion of costs that can be covered through underspending in cost-shared programs as of June 30. Eligible expenditures in excess of the cost-shared underspending will be covered through the province at 100% based Ministry approval granted through the quarterly report submission process. See one-time section below. |

| | Funding Type | 2021 Submission | Approved by Board | Approved by Province | Based on 2021 Submission (100%) | Year To Date Expenditures to June 30 | Year to Date % of Budget Submission | Year to Date Variance Under/(Over) | Comments |
|--|-------------------------|-----------------|-------------------|----------------------|---|--------------------------------------|-------------------------------------|------------------------------------|---|
| COVID Vaccination | MOHLTC Cost Shared (CS) | 1,706,847 | 8-Nov-20 | | 853,424 | 1,374,220 | 80.5% | (520,797) | Covid vaccination commenced mid-February and is on-going. Covid vaccination costs are cost-shared by the province and local partners. The province approved \$568,600 based on the Annual Service Plan submission. In June, total COVID extraordinary expenses of \$2,344,142 were reported to the Ministry. Year-to-date expenditures of \$1,374,220 represents the portion of costs that can be covered through underspending in cost-shared programs as of June 30. Eligible expenditures in excess of the cost-shared underspending will be covered through the province at 100% based Ministry approval granted through the quarterly report submission process. See one-time section below. |
| Combined Cost-Shared | | 10,292,273 | | | 5,146,137 | 6,051,872 | 58.80% | (905,736) | See notes above and refer to staff report. |
| | Funding Type | 2021 Submission | Approved by Board | Approved by Province | YTD Budget \$ Based on 2021 Submission (100%) | Year To Date Expenditures to June 30 | Year to Date % of Budget Submission | Year to Date Variance Under/(Over) | Comments |
| Medical Officer of Health Compensation | 100% | 73,700 | Aug 11/21 | Approved July 22/21 | 36,850 | 36,104 | 49.0% | 746 | Operating within budget submission. New MOH Compensation application submitted to the Ministry on September 3, 2021. |
| Ontario Seniors Dental | 100% | 700,100 | Aug 11/21 | Approved July 22/21 | 350,050 | 336,653 | 48.1% | 13,397 | Program delivery resumed in January 2021. Dental treatment provided through clinical staff and contract services, including dentists and specialists. As program staff continued supporting COVID response, external contract services were engaged to ensure clients had access to required treatment. Anticipate operating within budget through end of year. |
| Total - Ministry Funded - 2021 | | 11,066,073 | | | 5,533,037 | 6,424,629 | 58.1% | (891,593) | |

| | Funding Type | 2021 Submission | Approved by Board | Approved by Province | YTD Budget \$ Based on 2021 Submission (100%) | Year To Date Expenditures to June 30 | Year to Date % of Budget Submission | Year to Date Variance Under/(Over) | Comments |
|---|--------------|-----------------|-------------------|----------------------|---|--------------------------------------|-------------------------------------|------------------------------------|--|
| One-Time Funding funded January 1, 2021 to December 31, 2021 | | | | | | | | | |
| COVID Response | 100% MOH | 1,407,083 | Aug 11/21 | Approved July 22/21 | 703,542 | 303,645 | 21.6% | 399,897 | Excess year-to-date COVID extraordinary expenditures, per notes above, not covered through underspending in cost-shared programs. Ministry approved funding of \$590,000 in July. Additional funding will be granted for eligible expenditures through submission of quarterly Ministry reports. |
| COVID Vaccination | 100% MOH | 1,137,034 | Aug 11/21 | Approved July 22/21 | 568,517 | 332,627 | 29.3% | 235,890 | Excess year-to-date COVID vaccination expenditures, per notes above, not covered through underspending in cost-shared programs. Ministry approved funding of \$568,600 in July. Additional funding will be granted for eligible expenditures through submission of quarterly Ministry reports. |

| One-Time Funding funded April 1, 2021 to March 31, 2022 | | | | | | | | | |
|--|--------------|-------------|-------------------|-----------------------------|----------------------|--------------------------------------|-------------|------------------------------------|---|
| | Funding Type | 2021 - 2022 | Approved by Board | Approved by Province/ Other | YTD Budget \$ (100%) | Year To Date Expenditures to June 30 | % of Budget | Year to Date Variance Under/(Over) | Comments |
| PHI Practicum Student | 100% MOH | 20,000 | Aug 11/21 | Approved July 22/21 | 5,000 | - | 0.0% | 5,000 | Funding for 2 PHI Practicum Students for 12 week period - October to December 2021 |
| Covid - School-Focused Nurses Initiative | 100% MOH | 600,000 | Aug 11/21 | Approved July 22/21 | 150,000 | 183,275 | 30.5% | (33,275) | PHN's hired to provide rapid-response support to school boards and schools to facilitate public health and preventative measures relating to pandemic. Overbudget due to increased school activity and case & contact tracing. Anticipate being within budget by end of March 2022. If required excess cost will be covered through cost-shared or COVID extraordinary funding. Program spending will be monitored through next six months. |

| | | | | | | | | | |
|--|----------|---------|-----------|-----------------------|---------|---------|--------|---|--|
| Capital - Ontario Seniors Dental Program | 100% MOH | 249,200 | Aug 11/21 | Approved Jul 22/21 | 249,200 | 249,200 | 100.0% | - | Funding extended from 2020-21 fiscal period. Renovations to dental clinic completed in June. Awaiting final invoice. Anticipate within budget based on projected cost. |
|--|----------|---------|-----------|-----------------------|---------|---------|--------|---|--|

Programs funded April 1, 2021 to March 31, 2022

| | Funding Type | 2021 - 2022 | Approved by Board | Approved by Province | YTD Budget \$ (100%) | Year To Date Expenditures to June 30 | % of Budget | Year to Date Variance Under/(Over) | Comments |
|--|--------------|-------------|-------------------|----------------------------------|----------------------|--------------------------------------|-------------|------------------------------------|---|
| Infant Toddler and Development Program | 100% MCCSS | 242,423 | Mar. 10/21 | Budget submission due Oct. 22/21 | 60,606 | 60,103 | 24.8% | 503 | Program operating within budget request. |
| Healthy Babies, Healthy Children | 100% MCCSS | 928,413 | Mar. 10/21 | Budget submission due Oct. 22/21 | 232,103 | 161,810 | 17.4% | 70,293 | Program operating well below budget as majority three nursing staff are redeployed to the COVID response. Anticipate increased operating expenditures through upcoming months as staff are expected to gradually return to program. |

Funded Entirely by User Fees January 1 to December 31, 2021

| | Funding Type | 2021 | Approved By Board | 2021 Budget | YTD Revenue \$ (100%) | Year To Date Expenditures to June 30 | % of Budget | Year to Date Variance Under/(Over) | Comments |
|---|-----------------|-------------------|-------------------|-------------|-----------------------|--------------------------------------|--------------|------------------------------------|--|
| Safe Sewage Program | Fee for Service | 402,775 | NA | 402,775 | 161,435 | 193,267 | 48.0% | (31,832) | Program funded entirely by user fees. Expenditures are just below budget; however user fees below budget resulting in a deficit of \$(31,832). Program activity expected to increase through the next quarter with the building season and expected to offset current deficit. |
| Mandatory and Non-Mandatory Re-inspection Program | Fee for Service | 97,500 | NA | 97,500 | 26,650 | 24,960 | 25.6% | 1,690 | Program funded entirely by fees. Program activity based on number of properties inspected during the period of May through June. Activity expected to increase through next quarter. |
| Total - All Programs | | 16,150,501 | | | 7,690,089 | 7,933,516 | 49.1% | (243,427) | |

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|---|
| TITLE: | Correspondence for Direction – Hamilton Board of Health re: Support for a Local Boards of Health |
| DATE: | October 13, 2021 |
| PREPARED BY: | Alida Gorizzan, Executive Assistant |
| APPROVED BY: | Larry Stinson, Acting Chief Executive Officer |

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the letter dated September 15, 2021, from the Hamilton Board of Health regarding support for local boards of health;
- endorse the letter and communicate this support by sending a letter to Minister Elliott, with copies to:
 - Local MPPs
 - Council of Ontario Medical Officers of Health
 - Association of Local Public Health Agencies
 - Ontario Boards of Health.

COMMENTS

The position taken by Hamilton Board of Health (BOH) is in line with previous advocacy by the Peterborough Public Health BOH, specifically around the provincial announcement in 2019 proposing significant changes to the provincial funding and structure of public health in Ontario. History of BOH advocacy on this issue can be found on the [PPH website](#).



OFFICE OF THE MAYOR
CITY OF HAMILTON

September 15, 2021

Honourable Christine Elliott
Minister of Health and Long-Term Care
10th Floor, 80 Grosvenor Street,
Toronto, ON M7A 2C4
Christine.Elliott@pc.ola.org

RE: Support for a Local Board of Health

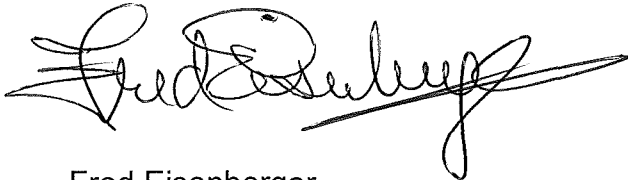
Dear Minister Elliott,

As the province of Ontario and Public Health Unit's across the province continue to respond to the COVID-19 pandemic, the City of Hamilton's Board of Health has been reflecting on our local pandemic response. COVID-19 has highlighted the importance of public health local responsiveness, particularly when dealing with local outbreaks. During the past eighteen months we have seen how local knowledge and partnerships has strengthened the pandemic response by better understanding the needs in the community and leveraging trusted relationships. The strength, timeliness, and flexibility of local collaboration can be seen through the implementation of various strategies, including increased public health measures, equitable access to COVID-19 testing, and an extremely complex and targeted vaccination strategy.

We are writing this letter to reiterate our position that a local, rather than regional governance is preferred to inform planning on how to strengthen and modernize the public health system. One of the current strengths of the governance system in Hamilton is the ties to the municipal sector which has a direct influence on opportunities for health where people live. As a governing body, the Hamilton Board of Health / Council can remain flexible and make decisions to increase, decrease or change service delivery based on local need. This has been particularly important throughout the pandemic as regular public health programs had to be flexible with the level of their operations to allow for resources to be shifted to essential services and the COVID-19 response. Maintaining the local voice supports ongoing advocacy of local need to ensure that priorities in the community are met, for example, the collection of local Social Determinants of Health Data which has allowed public health efforts to more effectively reach those who are disproportionately affected by the pandemic.

It is believed that if there is a shift to a regional board of health model, there will be a reduced local leadership voice in decision making. Due to this, it is important that public health governance remains local while ensuring accountability to municipalities, the province and the local population. Leveraging local responsiveness during the pandemic has reinforced our position that a local rather than regional governance remains the preferred model.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred Eisenberger', with a long horizontal stroke extending to the right.

Fred Eisenberger
Mayor

CC:

Andrea Horwath, MPP, Hamilton Centre
Paul Miller, MPP, Hamilton East – Stoney Creek
Monique Taylor, MPP, Hamilton Mountain
Sandy Shaw, MPP, Hamilton West – Ancaster – Dundas
Donna Skelly, MPP, Flamborough – Glanbrook
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (alPHA)
Ontario Boards of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Correspondence for Information |
| DATE: | October 13, 2021 |
| PREPARED BY: | Alida Gorizzan, Executive Assistant |
| APPROVED BY: | Larry Stinson, Acting Chief Executive Officer |

PROPOSED RECOMMENDATIONS

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

- a. Letter dated September 15, 2021 from the Board Chair to the Minister of Environment, Conservation and Parks regarding wastewater surveillance.
- b. Letter dated September 16, 2021 from the Minister of Labour, Training and Skills Development, in response to the Board Chair's initial letter dated February 16, 2021, regarding paid sick leave.
- c. Letter dated September 21, 2021 from the Township of Selwyn, in support of the Board's advocacy for wastewater surveillance.
- d. Letter dated October 1, 2021 from the Board Chair to the Minister of Health regarding the appointment of Dr. Thomas Piggott, incoming Medical Officer of Health and Chief Executive Officer.
- e. Letter dated October 1, 2021 from the Board Chair to MP-elect Michelle Ferreri, regarding her recent election as the federal representative for Peterborough-Kawartha. *NOTE: Similar letters were also sent to MPPs Lawrence and Schmale who were re-elected.*

Correspondence from other local public health agencies:

- f. Haliburton, Kawartha, Pine Ridge - Funding

September 15, 2021

Honourable David Piccini
Minister of Environment, Conservation and Parks
minister.mecp@ontario.ca

Dear Minister Piccini,

Re: Wastewater Surveillance

Wastewater surveillance, the measurement of levels of COVID-19 viral RNA in wastewater, is proving to be a useful tool to help evaluate community-level infection trends, augment our traditional surveillance based on case reporting, monitor public health interventions, and anticipate human resource and other needs.

Here in Peterborough, thanks to the leadership of our partners at Trent University, we have been able to receive regular wastewater testing data from both upstream sites, such as our post-secondary campuses and retirement homes, as well as from two of our municipal wastewater treatment sites, the City of Peterborough and Millbrook.

Our experience to date has been that this additional source of surveillance has proven to be useful both in predicting an increase of human cases, as well as reassuring us during times when viral transmission has been very low. Looking ahead, we would like to see all of our Peterborough wastewater treatment sites included for surveillance. That would require funding to expand to another three testing sites: Norwood, Havelock and Lakefield.

Recent experience in Millbrook shows how sensitive wastewater surveillance can be at detecting the presence of the virus. In smaller sewer sheds, and in populations who may be hesitant to present for testing, wastewater surveillance may be the only indication that transmission is occurring.

The estimated cost of providing this service would be \$1,500 per week per facility. This would allow for testing three days per week. It is also recommended that additional financial capacity be provided to expand testing to five times per week during periods of accelerated spread and that funding be provided for courier services to ensure samples get to the laboratory quickly enough to provide results to public health by the next day.

We believe the requested investment represents good value in providing population-based assessments of COVID-19 infection and transmission and ask the Minister to consider our request positively.

We look forward to your response.

Sincerely,

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
Dr. Christopher Kyle, Professor, Trent University
Township of Asphodel-Norwood Council
Township of Havelock-Belmont Methuen Council
Township of Selwyn Council

From: Minister MLTSD (MLTSD) <Minister.MLTSD@ontario.ca>
Sent: Monday, September 20, 2021 3:04 PM
To: Alida Gorizzan
Subject: Response from the Minister of Labour, Training and Skills Development

His Worship Andy Mitchell
Mayor
Chair, Board of Health
Peterborough Public Health
c/o agorizzan@peterboroughpublichealth.ca

Dear Mayor Mitchell:

Thank you for your letter regarding paid sick leave for Ontario workers who miss work due to COVID-19. I appreciate the time you have taken to share the Peterborough Public Health perspective on this important issue.

Our government will always have the backs of workers, and we have stepped up to make sure they can stay home when they need to. Ontario was the first province to bring in job-protected leave and now we're a leader in protecting income too.

Our *COVID-19 Putting Workers First Act, 2021* requires employers to provide up to \$200 a day for up to three days if an employee must miss work because of COVID-19. Along with the Canada Recovery Sickness Benefit (CRSB), workers now have access to a comprehensive approach to COVID-19 leave.

The [Worker Income Protection Benefit \(WIPB\)](#) helps employees pay their bills and make it easier to stay home to prevent the spread of COVID-19 while ensuring employers are supported through a reimbursement program. The WIPB is effective until December 31, 2021, providing support even after the federal CRSB program is set to expire.

Employees can use this paid leave for any of the following reasons:

- they have symptoms or may be sick with COVID-19 or has an adverse reaction to a COVID-19 vaccine
- COVID-related mental health reasons
- self-isolating
- getting tested for COVID-19
- taking care of a dependent who is:
 - sick with COVID-19 or has symptoms of COVID-19
 - self-isolating due to COVID-19
 - getting vaccinated for COVID-19

This paid leave is in addition to employees' rights to unpaid job-protected [infectious disease emergency leave](#).

I want to emphasize the importance of Ontario's workers to our country's economy, society and our communities. Thank you again for writing about this important issue.

Sincerely,

[Original signed by]

Monte McNaughton
Minister of Labour, Training and Skills Development

c: The Hon. Doug Ford, Premier of Ontario
 The Hon. Christine Elliott, Deputy Premier and Minister of Health

September 23, 2021

Honorable David Piccini
Minister of Environment, Conservation and Parks
minister.mecp@ontario.ca

Re: Wastewater Surveillance

Please be advised that at its meeting held the 21st day of September, 2021 the Council of the Township of Selwyn passed the following resolution:

Resolution No. 2021 – 244 – Municipal Officer's and Staff Reports – Information/Housekeeping/Non-Controversial

Councillor Anita Locke – Councillor Donna Ballantyne –

That correspondence from Peterborough Public Health regarding wastewater surveillance be received for information; and

That the Township of Selwyn send correspondence to the MECP in support of the recommendation of Peterborough Public Health urging the MECP to invest in funding for wastewater surveillance programs given the recent success of the local program in monitoring and tracking COVID-19 trends in the community; and that Peterborough Public Health and MPP Dave Smith be forwarded a copy of this Resolution.

Carried.

I trust you find this in order. Please do not hesitate to contact me if you have any questions.

Sincerely,



Brandie Mocha
Office Assistant / Reception

Cc:

MPP Dave Smith - david.smith@pc.ola.org

Alida Gorizzan, PPH - agorizzan@peterboroughpublichealth.ca

Mailing Address
PO Box 270
Bridgenorth
Ontario K0L 1H0

Tel: 705 292 9507
Fax: 705 292 8964
BOH Agenda - Oct 2021
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October 1, 2021

The Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@ontario.ca

RE: Appointment of Dr. Thomas W. Piggott as MOH/CEO for Peterborough Public Health

Dear Minister Elliott,

I am pleased to submit this request, on behalf of the Board of Health (BOH) for Peterborough Public Health (PPH), to appoint Dr. Thomas W. Piggott as Medical Officer of Health (MOH) and Chief Executive Officer commencing December 1, 2021.

The BOH struck a Recruitment Committee in February of this year, tasked with the responsibility of finding a successor to Dr. Rosana Salvaterra who announced her retirement after successfully leading PPH for the last thirteen years. The Committee later enlisted the services of a reputable recruiting firm with experience in the recruitment of executives in the health care sector to conduct an exhaustive search for candidates. Dr. Piggott emerged as the successful applicant, and subsequent to further assessments, testing and screening (references, social media activity, etc.) completed by the firm, the BOH supported his appointment at their meeting on August 11, 2021.

Dr. Piggott is looking forward to returning home to Ontario, he will be departing from his current position as the MOH for the Labrador-Grenfell Health Regional Health Authority. In the interim, the BOH has appointed Dr. Ian Gemmill as Acting MOH, and PPH senior executives are stepping in to fill acting positions for Chief Executive Officer, and Incident Commander for our COVID response. The Office of the CMOH has been apprised of these arrangements.

On behalf of the BOH, I am confident that Dr. Piggott will be an excellent MOH/CEO for our organization, and for the residents of the City and County of Peterborough, Curve Lake and Hiawatha First Nations.

Yours truly,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Dr. Kieran Moore, Chief Medical Officer of Health
Elizabeth Walker, Director, Accountability and Liaison Branch, OCMOH

October 1, 2021

Michelle Ferreri
MP, Peterborough-Kawartha
michelle.ferreri@parl.gc.ca

Dear MP Ferreri:

On behalf of the Board of Peterborough Public Health, we extend our congratulations to you on your election. We look forward to working with you during your term to pursue a shared interest of healthy and safe communities and in addressing health inequities among our community members.

Peterborough Public Health has a long history of protecting and promoting health in the County and City of Peterborough, as well as Curve Lake and Hiawatha First Nations. This commitment and dedication to our mission is central as we continue to respond to the COVID-19 health emergency. We look forward to collaborating with you and our local partners as we continue to protect our community.

As vaccinations and other public health measures help to control the spread of COVID-19, we also look forward to refocusing on the many public health programs and services that have been sidelined during the pandemic.

Issues ranging from climate change to harm reduction for those suffering from opioid addiction to adequate housing and nutrition have continued or grown. A strong local public health system has never been more important and your advocacy on these and other issues will be helpful ensuring healthier local communities.

The Board Chair and our Executive team would be pleased to meet with you to share details of our mandate and the challenges ahead, and ask that you advise a time you may be available. In addition, you are welcome to join our bi-weekly media scrums with other community leaders to provide a unified front to our efforts to battle COVID-19, these currently take place on Thursdays at 12:00 p.m.

We wish you success in your efforts during your term in office, and in representing the health and other interests of our communities.

Yours truly,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Larry Stinson, Acting CEO, Peterborough Public Health



September 16, 2021

Honourable Christine Elliott, Deputy Premier
Minister of Health, Ontario
Hepburn Block 10th Floor 80 Grosvenor Street Toronto,
ON M7A 1E9
Sent via email: christine.elliott@pc.ola.org

Dear Minister Elliot,

I want to begin by thanking you and your government for your leadership and financial support during the COVID-19 pandemic. On behalf of the Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), I have appreciated the province's announcements to date which have included a commitment to fund 100% of the costs related to the COVID-19 response as well as the continuation of mitigation funding for the year 2022.

I am writing today to specifically request ongoing government financial support for the following items that have not been captured by previous funding announcements:

1. Allocations to support program "restarts", "catchup", and broader recovery
2. Increased base funding to reflect the following demands on health unit resources:
 - a. Endemicity of COVID-19 response activities
 - b. Increased wage, benefit, and operational costs due to inflation
 - c. Increased demand for health unit services to support population recovery from COVID-19 (e.g. mental wellness, harm reduction)

Since the start of the COVID-19 pandemic, HKPRDHU has responded to greater than 2,300 confirmed cases of COVID-19, 71 COVID-19 related outbreaks, responded to greater than 700 community complaints regarding infection prevention and control and enforcement for COVID-19 public health measures, and 6,930 COVID-19 related inquiries through our COVID-19 call centre. In addition, HKPRDHU has coordinated the implementation of COVID-19 vaccination across our jurisdiction with greater than 270,000 doses of vaccine administered.

Throughout the pandemic, resources at HKPRDHU have been diverted from pre-existing services to ensure a timely response to COVID-19 and prevent further spread of the virus throughout Ontario. Similar to other areas of the health sector, difficult decisions have been made about which programs to scale down (or stop) and which to continue. This has resulted in a backlog of services that includes the following:

- 2400 students that missed the school-based immunization program and an additional 1200 that have not been offered second doses to complete their full immunization series through the school program
- Greater than 70 small drinking water systems that require inspection in addition to the routine annual cohort for 2022
- 5300 children needing Oral health screening

.../2

:

PROTECTION · PROMOTION · PREVENTION

HEAD OFFICE
200 Rose Glen Road
Port Hope, Ontario L1A 3V6
Phone · 1-866-888-4577
Fax · 905-885-9551

HALIBURTON OFFICE
Box 570
191 Highland Street, Unit 301
Haliburton, Ontario K0M 1S0
Phone · 1-866-888-4577
Fax · 705-457-1336

LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · 705-324-0455

We are reaching a point locally that if we don't start to catch up on these services the backlog will become too large of a hurdle to overcome. As such, we intend to build in capacity to begin addressing this issue but will require assurance from the Ministry that extraordinary costs associated with this will be covered.

It is now clear that COVID-19 will require dedicated attention for many years to come. Case and contact management, outbreak management, infection prevention and control, immunization, surveillance, communication, and enforcement activities will all see a baseline of increased work for the foreseeable future. To do this work well, we need to expand our public health workforce and provide opportunities for permanent positions.

Prior to COVID-19, local public health agencies had received only one increase to base funding in the past five years. Despite this, several new programs were introduced to the Ontario Public Health Standards, including Vision Screening and requirements to respond to Infection Prevention and Control Complaints and inspection of private swimming pools. Furthermore, due to inflation, wage, benefit, and operating costs continued to increase. This means that we were already under-resourced to respond to an infectious disease emergency as well as implement routine public health priorities prior to the pandemic.

Now, more than ever, our communities need a robust public health system to not only respond to the threat of newly emerging infectious diseases, but also help the population recover from the many collateral harms that have resulted throughout the pandemic response. Harms such as increased opioid overdose deaths and deterioration of children's mental health have been well documented over the last year. These are two key areas that local public health agencies have a clear mandate to address but will require the resources to do so.

For the above reasons, the Board of Health urges the provincial government to commit dedicated funding to support both catch-up and recovery of public health activities as well as the ongoing increased demands for health unit response to COVID-19. The COVID-19 pandemic has demonstrated the instrumental role that local public health agencies play in preventing and mitigating the spread of infectious diseases. As we look to the future, it is imperative that we support the recovery of public health in a comprehensive and sustainable way.

In writing this letter, we also call upon the Association of Local Public Health Agencies of Ontario to endorse/support this request.

Respectfully,

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT
Original signed by Mr. Elmslie

Doug Elmslie, Chair, Board of Health

DE/nb

Cc (via email): The Hon. Doug Ford, Premier
The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
David Piccini, MPP Northumberland-Peterborough South
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Dr. Charles Gardner, Chair, Council of Medical Officers of Health
Association of Municipalities of Ontario
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies

PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT

| | |
|---------------------|---|
| TITLE: | Food for Kids Student Nutrition Programs Annual Report 2020-21 |
| DATE: | October 13, 2021 |
| PREPARED BY: | Luisa Magalhaes, Registered Dietitian |
| APPROVED BY: | Larry Stinson, Acting Chief Executive Officer |

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the report, *Food for Kids Peterborough and County Student Nutrition Programs Annual Report 2020-21*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

BACKGROUND

Fifty Student Nutrition Programs (SNPs) are running in local elementary and high schools, thanks to dedicated school staff, volunteers and a passionate community that values access to healthy food at school. Last year, and when schools closed, Food for Kids continued to work with community partners to help feed hungry students. School food boxes with local produce and cheese fed at-school learners. Vulnerable families of school-age children received food baskets for at-home learners, grocery gift cards and fresh produce boxes.

While the COVID-19 pandemic has significantly exacerbated disparities in food security and resultant health inequities, it has created overwhelming challenges to program delivery. School closures, virtual learning, reduced volunteer capacity, rising costs due to increased use of ready-to-serve food, and increased public health safety measures required significant changes to food preparation and delivery. This resulted in less students accessing healthy food at school. Last year, almost 1.1 million meals were served, half the numbers from the year before.

Children and youth have been disproportionately affected by COVID-19. Extended school closures negatively impacted their social connections, academic achievement, physical health, and for the most vulnerable students, their access to healthy food daily and a safe, nurturing environment. The long-term impacts on their physical and mental health are unknown at this time. Due to increased food insecurity and impacted access to school programs due to COVID-19, Breakfast Clubs of Canada estimates the number of children going to school on an empty stomach could increase between 50%-80%.¹

SNPs have come to be an integral part of the school day, nurturing bodies, minds and social connections. The Board of Health's longtime support of local SNPs is greatly valued and a key

contributor to our local school program's success. In addition to staff support for SNPs (Public Health Dietitian, Public Health Inspector, Accounting Services, Administrative support, Communications/Media support), the Board of Health is also an active advocate at the provincial and federal level, requesting continued and increased support and funding for SNPs, for the use of locally grown food by SNPs, support for a national school food, and most recently supporting the Council of Ontario Directors of Education and Council of Ontario Medical Officers of Health's recommendations to strengthen Ontario's SNPs. Our programs are stronger and more sustainable because of Peterborough Public Health's support.

RATIONALE

With the Board of Health's continued support, we anticipate a similar number this coming year. Thirty percent of households with children under the age of 18 in the County and City of Peterborough experienced food insecurity compared to 15.5% in Ontario; one in every 2 female lone parents experienced food insecurity, compared to 1 in 4 in Ontario.² While more recent local data is not available, it is known that the COVID-19 pandemic has resulted in many Canadians experiencing income loss; the rate of food insecurity has risen (39% increase compared to 2017-2018 Canadian Community Health Survey, where 10% of households experience food insecurity).³

SNPs adopt a universal approach by providing all students with the opportunity to participate, regardless of socioeconomic status. This reduces stigma and discrimination, and supports Food for Kids philosophy that all students deserve the opportunity to arrive at school ready to learn. In 2020-2021, a total of 18,710 local students had access to programs.

STRATEGIC DIRECTION

This report applies to the following strategic directions: Community-Centred Focus; Determinants of Health and Health Equity; Capacity and Infrastructure; Quality and Performance

APPENDICES

Appendix A – Food for Kids Peterborough and County SNP Annual Report 2020-21

Appendix B - Priority and Proactive Steps to Ensure Universal Access to SNP

REFERENCES:

¹ Breakfast Clubs of Canada. Food Insecurity: The Impact of COVID19 on Canadian Children. <https://www.breakfastclubcanada.org/covid-impacts/>. 2020. Accessed September 14, 2021.

² Peterborough Public Health. Limited Incomes Report. <https://www.peterboroughpublichealth.ca/wp-content/uploads/2020/01/2019-Limited-Incomes.pdf>. 2019. Accessed September 14, 2021.

³ Stats Canada. Food Insecurity During the COVID-19 Pandemic. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00039-eng.htm>. 2020. Accessed September 14, 2021.



PETERBOROUGH AND COUNTY Student Nutrition Programs

ANNUAL REPORT 2020-21



A non-profit community partnership that gives students access to healthy food in an inclusive and welcoming environment.

Feeding
kids since
1992



Student Nutrition Programs help kids get the nutrition they need to perform their best.



Where programs exist, teachers report...

- ✓ Increased Ability to Learn
- ✓ Better Behaviours and Attitudes
- ✓ Greater Attention Spans

And kids...



Miss LESS School



Do BETTER in Math



Are MORE Likely to Graduate

Our Local Recipe:



523 Volunteers



962 Volunteer Hours/Week



18,710 Kids who can access programs



1,098,075 Meals served

School Food Boxes:



11,050 Pounds of Ontario apples and local cheese



10 Deliveries to each school

2 Deliveries to emergency food depots



500 Boxes delivered

During the year and while schools were closed, FFK helped get food to kids in many ways.

- 1** Grocery Store Gift Cards delivered to vulnerable families



- 3** Nourish Fresh Produce Boxes

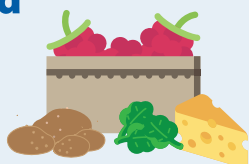
24 deliveries made to students' homes

50 families reached



- 2** Kawartha Food Share

Food baskets for at home learners



- 4** Feeding Youth & Families Together Holiday Food Boxes

473 families reached from **42** schools



Thank you to our generous community for donating money, food, supplies, space & time.
Together, we help improve child nutrition, well-being and learning capacity!

Community Members:

Parents
Grandparents
Individuals

Businesses:

CHEX
CNB Media
Danone
Egg Farmers of Ontario
Egg Farmers of Canada
Empire Cheese
Kawartha Credit Union
Made Good
Mapledale
Motts
Pepsi-Quaker-Tropicana-Gatorade
Peterborough Appliances
Sysco Central Ontario, Inc.

Churches:

Catholic Women's League of Norwood & Havelock
Emmanuel United Church
Grace United Church
St. George Anglican Church
St. James United Church & Men's Club

Community Groups:

Kiwanis Club of Peterborough
Kiwanis Club of Scott's Plains
Lakefield Village Lions Club
Peterborough Liftlock Atom Hockey Tournament
Retired Teachers of Ontario District 36
Royal Gardens Retirement Residence
St. Vincent De Paul Society

Organizations:

Breakfast Club of Canada
Community Foundation of Greater Peterborough
Kawartha Food Share
KINARK Child and Family Services
Ministry of Children, Community & Social Services
Peterborough Public Health
Peterborough Child & Family Centres (Central East SNP)
PC Children's Charity
Show Kids You Care
The Grocery Foundation of Ontario
Ontario English Catholic Teachers' Association
United Way of Peterborough & District

A special thank you to the following for aiding our COVID emergency food support efforts:

Peterborough Child and Family Centres
Ministry of Children Community and Social Services
Community Foundations of Greater Peterborough
Breakfast Club of Canada
The Grocery Foundation of Ontario
Kawartha Food Share
Peterborough Public Health
United Way of Peterborough & District
Peterborough Youth Services
The Bridge Youth Centre
Peterborough Appliances
Peterborough Wholesalers
RJ's Fresh Produce
Nourish

Grocers:

Foodland – Buckhorn, Havelock, Lakefield, Liftlock,
Millbrook, Norwood, Sherbrooke
Freshco – Brock, Lansdowne
Metro
Metro – Green Apple Grant Program
NoFrills – Chub&Nikki's, Greg's
RJ's Fresh Produce
Sobeys – Lansdowne, Towerhill

Schools:

Kawartha Pine Ridge District School Board
Peterborough, Victoria, Northumberland &
Clarington Catholic District School Board
Student & School Councils
Students & School Staff
Trent University Vegetable Gardens



To make a donation or to volunteer, visit
FoodForKidsPtbo.ca or call 705-743-1000.

Follow us on   @FoodForKidsPtbo



Council of Ontario Directors of Education

1123 Glenashton Drive,

Oakville, Ontario L6H 5M1

Telephone: 905-845-4254 Fax: 905-845-2044



Council of Ontario

MEDICAL OFFICERS OF HEALTH

January 28th, 2021

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Sent via e-mail: premier@ontario.ca

Dear Premier Ford:

Despite the challenges of opening schools in the midst of a global COVID-19 pandemic, school food programs are increasingly seen as vital contributors to students' physical and mental health.

Growing research demonstrates the value of school food programs (SNPs) to improve food choices and support student success (including academic performance, reduced absenteeism, and improved student behavior). Prior to COVID-19, Ontario's SNPs were highly variable and consistently underfunded, with parents and schools having to fundraise in order to purchase the foods that fueled their students' learning. COVID-19 has had a devastating impact on the viability of these programs.

With the contributions of the Ontario Dietitians in Public Health, the Councils of Directors of Education (CODE) and local Medical Officers of Health (COMOH) have prepared the attached submission for you and your provincial Cabinet's urgent consideration. The proposal presents four recommendations that could be operationalized immediately, and two additional recommendations for future consideration by your Ministers and their staff.

First and foremost, we are requesting that the Ministry of Education revise its current guidance to include enabling language that would allow the SNPs to operate safely and effectively.

Secondly, we are asking that the Ministries of Education and Children, Community and Social Services do two things:

- Embrace the latest evidence to ensure that SNPs operate with the latest advances in nutritional science and healthy eating recommendations, and
- Adequately fund these programs so that schools have the benefit of paid coordinators and sufficient funds to purchase food to ensure these programs are fully functional.

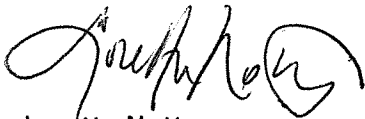
Finally, we are requesting that the Ministry of Health provide free online training to support the safe handling and safe operating of SNPs by the community volunteers who are the backbone of these programs. SNPs depend on community volunteers and schools depend on the knowledge and skills of these volunteers, especially during COVID-19, to keep students and staff safe.

Two additional actions proposed that would support the further development and growth of SNPs into a universal and sustainable investment in our students and their trajectories as life-long learners and healthy adults: we ask that going forward, the Ministry of Education include specific infrastructure criteria for capital funding projects (renovations and new builds) that support a healthy school food environment. We also ask that Ontario use the opportunity of the federal commitment to explore a national school food program to secure the policy and funding instruments to help grow our SNPs into strong and universal supports for all of our young learners.

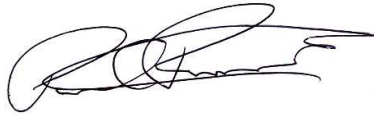
Premier, we know that there is no greater investment than the health and success of the next generation. We look forward to supporting our provincial partners with any or all of these recommended actions but we know too that, like the pandemic, they need the support from "all of government" if they are to be realized in a timely and effective way.

We thank you for your consideration and hope that we can count on your support.

Sincerely,



Loretta Notten
Chair, CODE



Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C), CCPE
Chair, COMOH

Encl.

cc: Hon. Stephen Lecce, Minister of Education
Hon. Todd Smith, Minister of Children, Community and Social Services
Hon. Christine Elliott, Minister of Health

Priority and Proactive Steps to Ensure Universal Access to Student Nutrition Programs

Jointly prepared by COMOH and [Ontario Dietitians in Public Health](#)
for the [CODE-COMOH Partnership](#)
December 14, 2020

COVID-19 has exposed and amplified numerous challenges to the delivery of Student Nutrition Programs (SNPs) in Ontario schools. Since September, SNPs have faced new COVID-related restrictions in schools and continue to deal with long-standing barriers (e.g., infrastructure, staffing, funding), access to healthy food at school is being negatively impacted.

Despite these challenges, school food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the value of school food programs to improve food choices and support student success (including academic performance, reduced absenteeism, and improved student behavior)^{1,2,3,4}.

Recognizing the value that SNPs provide to individual students and to school communities, we believe that COVID-19 presents an opportunity for Ontario to augment its investment in SNPs as a way to improve student performance and readiness to learn. The time to transform these programs is now. The right investments can ensure SNPs become both universal and sustainable. With these as goals to drive the long term vision for Ontario, there should be opportunities to leverage the federal commitment to building a National School Nutrition Program to benefit Ontario's learners now, and in the future.

We present five recommendations, in order of ease of implementation:

1. The Ministry of Education's (MEDU) Guide to Reopening Ontario's Schools should be revised to enable Boards of Education to add enabling language in their *Return to School Plans*.

1.1 The Guide should exempt SNPs from the list of prohibited visitors. This would lead to more Boards of Education adding statements like this: "Volunteers for SNPs will be welcome to continue their important service to our students, following the same procedures as our staff."

Background: The current [Guide to reopening Ontario's schools](#) directs schools to *significantly limit or prohibit visitors to limit contact in schools*. SNPs depend almost exclusively on volunteers to prepare

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.

food. Restricted access to school food preparation facilities means programs no longer have volunteer capacity or space to store food purchased in bulk and to prepare food for individual servings. The statement is taken from [Peterborough Victoria Northumberland Clarington Catholic School Board's Return to School Plan](#) (page 4). As part of this change, we propose that guidelines be developed, in consultation with local public health agencies, to help ensure that SNP volunteers can enter the school and operate safely for the duration of the COVID pandemic.

1.2 The COVID-19 Preparedness and Prevention in Elementary and Secondary (K-12) Schools Checklist should be revised with the following statement: "Individually portioned foods (including ready-to-eat foods, such as whole apples, cut carrots, cucumbers, and cheese, and foods from bulk or larger items such as crackers and muffins), can be safely portioned out as individual servings, in an inspected kitchen, and following appropriate food safety practices."

Background: The [COVID-19 Preparedness and Prevention in Elementary and Secondary \(K-12\) Schools Checklist](#) currently states: *Third party food services, including nutrition programs, will be delivered in a way that any student who wishes to participate can do so. "Grab and Go format" is preferred.*

Some programs have interpreted *Grab and Go format* to mean that only items prepackaged by the manufacturer can be served (e.g., cheese strings, individual cartons of milk, mini bags of pre-cut/pre-washed produce, grain bars). It is estimated that this will unsustainably double food costs and generate significant garbage. However, in appropriate food preparation areas and when transported and served in a manner to prevent contamination, ready-to-eat foods (such as whole apples, cut carrots and cucumbers), and foods from bulk or larger items such as whole grain cereal and muffins, can be safely portioned out as individual servings. See [Toronto Public Health COVID-19 Guidance for SNPs](#).

2. Ministry of Children, Community and Social Services (MCCSS) is requested to release and post online the updated SNP Nutrition Guidelines and mandate Public Health's participation in local implementation.

SNP should be evidence-based to ensure students' priority nutritional needs are met.

Background: SNP Nutrition Guidelines, updated in March of 2020, align with the new Canada's Food Guide and capture advances in nutritional science and healthy eating recommendations (including the importance of eating together, a pillar of SNP). They have not yet been released; it is important that programs operate with the latest evidence. We request that this be done. Mandating Public Health Dietitians' involvement in local implementation of guidelines would be an asset for programs.

3. Ministry of Health (MOH) should be requested to create a free, on-line SNP-specific Food Handler Training and Certification for SNP volunteers across the province.

In accordance with Ontario Regulation 493/17 – Food Premises, and aligning with the goal of [Public Health Modernization](#), a provincially harmonized, free, online recorded class and testing feature would ensure consistent and equitable access to high quality safe food handling training services, improving public health delivery and program sustainability in Ontario.

Background: Currently, SNPs undergo the same certification as food service establishments/restaurants, even though the majority serve only "low-risk" foods. Some (not all) local public health agencies have offered free or reduced-cost Food Handler Certification for SNPs in the past. These are currently unavailable as public health staff have been redeployed to the COVID-19 response. While school-

directed funds from the MCCSS can be used to cover the cost of training, this uses funding that would otherwise be used for food costs. SNPs rely on many volunteers and there is high turnover meaning that programs would have to spend a significant amount on training. A free, on-line training program tailored for the provincially shared, unique needs of SNPs during COVID-19 and beyond would equitably address the need for food handler training for SNP volunteers across the province. Local public health agencies could provide input into the content for this new resource. Ensuring that SNP volunteers have the required knowledge and skills in infection prevention will also help dispel COVID-related concerns and fears related to the school setting.

4. MEDU and MCCSS are requested to jointly develop a funded universal SNP program for student success. This should include funding for a paid Coordinator at each participating school.

COVID-19 restrictions threaten the financial viability of most, if not all, SNPs at a time of increased food insecurity. Additional provincial funding is required in order to ensure these programs continue. Improved student success and well-being are a benefit of universal SNPs in schools. Having paid coordinators dedicated to SNP at each school would address current and pre-existing barriers to volunteer recruitment and capacity, which is an even greater issue for Francophone schools, and also ensure sustainable delivery of programs in all schools long-term. We recommend that boards of education and local public health agencies be included in the consultation phase of this work.

Background: Where school food programs exist, students show improved diet quality, academic success, and student behavior and better attendance. The Ministry of Education's (MEDU) [Foundations for a Healthy School](#) framework identifies important components to a learning environment that promotes and supports child and student well-being, one of the four core goals in Ontario's renewed vision for education. SNPs model an integrated approach where school, home and community partnerships intersect to promote student well-being. Important healthy habits students learn at SNPs reinforce curriculum teaching, are shared at home and contribute to family health and success. Having an identified coordinator as a lead for every school would help facilitate a universal approach.

For many programs, annualized, provincial funding covers approximately 15% of program costs. This year, MCCSS estimates that food and program costs will double because of additional COVID-19 food safety measures. Programs already rely heavily other sources of funding, including parent council and community fundraising efforts, efforts that will be negatively impacted with the pandemic. Inadequate funding of programs can result in closing of programs, smaller quantities of food distributed, or shift of "universal" programming to stigmatizing "on-request" programming. Additional funding for food, paid school leads and community coordination is essential in order to ensure long-term and sustainable operations.

5. Future considerations:

MEDU includes specific infrastructure criteria for capital funding projects (renovations and new builds) that support a healthy school food environment.

Background: Inadequate infrastructure limits programming in many schools. Capital funding projects provide an opportunity to ensure adequate kitchen and storage space (including a designated handwashing sink, an additional 2 or 3 sinks for food preparation, and a dishwasher); bright, non-stigmatizing eating area; and external building features such as transportation access for food deliveries and outdoor lighting to facilitate after hours food preparation for SNPs.

CODE-COMOH encourages Ontario Ministries to engage with federal partners to facilitate the development of universal SNPs across Ontario.

Background: [Federally-funded, universal school food programs](#) are being advocated for at a national level. Universally-accessible programs mean that all children and youth are eligible to participate in the SNP at a school or community location that offers the program. Canada is the only G7 country without a harmonized national school food program to guarantee the consistent delivery of nutritious meals to students. In 2017, UNICEF [raised the alarm](#) about the state of child nutrition in Canada, ranking us 37 out of 41 wealthy nations for children's access to nutritious food. Children and youth arrive hungry at school for many reasons: long bus rides, rushed mornings that do not leave enough time for a proper breakfast, and sometimes, not enough food at home. Due to Ontario's successful SNP programming, Ontario Ministries are well-poised to lend their voice and support to these advocacy efforts. In addition, the many unintended consequences of COVID-19's impact on families makes this a vital time to pilot new approaches to SNPs. Ontario could pilot hot meal programs in select schools to build evidence for federal efforts.

Other:

Reaching virtual learners has been identified as a concern by the MCCSS.

Local public health agencies and their partner boards of education could assist in data collection and analysis to help inform policy decisions.

Background: During school closures in the Spring of 2020, some programs provided grocery gift cards, food boxes/meal kits/frozen meals and partnered with food banks to help feed families of school-aged children. These approaches, however, are not sustainable or evidence-based solutions to household food insecurity. Research suggests the need for an income floor (such as a basic income guarantee) to address household food insecurity.

The scope of MCCSS-funded SNPs is limited to publicly-funded, in-school settings; home schools and private schools do not qualify. Focusing on the successful implementation of in-school programming, rather than growing the program to different settings, remains a priority at this time. The needs of children who are not in classrooms is an area of potential study as little to no data currently exists. As a first step, more needs to be known and understood in order to inform strategies and policies.

PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT

| | |
|---------------------|---|
| TITLE: | Health Care Worker Influenza Immunization: 2020-2021 |
| DATE: | October 13, 2021 |
| PREPARED BY: | Nathan Koopman, Public Health Nurse |
| APPROVED BY: | Larry Stinson, Acting Chief Executive Officer |

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Health Care Worker Influenza Immunization: 2020-2021*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications for the Board of Health arising from this report.

BACKGROUND

Influenza is a respiratory illness caused by the influenza virus. Symptoms of influenza include sudden onset of fever or chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, and in some people vomiting and diarrhea (which is more common in young people than adults). Influenza is contagious and is transmitted by droplets spread by coughing or sneezing either directly or indirectly (e.g., touching surfaces such as doorknobs contaminated with the virus). Once infected, individuals can spread the virus to others from one day before they know they are ill.¹

Most people recover from the flu in 7 – 10 days, however complications can include ear infections, pneumonia, worsening of chronic medical conditions, and in some cases death. Health Canada estimates 12,200 hospitalizations and 3,500 deaths in Canada from influenza each year. Individuals more likely to experience influenza-related complications and hospitalization include:

- all pregnant women
- people with chronic health conditions, such as cancer, diabetes, heart or lung disease, neurologic or neurodevelopment conditions, and obesity
- people who live in nursing homes or other chronic care facilities
- people 65 years and older
- children under 5 years of age
- Indigenous peoples¹

Annual vaccination for influenza is recognized as the most effective way to prevent influenza, and is recommended for all individuals aged six months and older. Influenza vaccination is “particularly recommended” for the groups at risk of complications (listed above), as well as individuals capable of transmitting influenza to high risk groups, including health care workers (HCWs) in both community and acute care settings.¹

Influenza Transmission in Health Care Settings

Influenza transmission and outbreaks in hospitals and long-term care homes (LTCHs) are well documented and can result in significant patient, resident and staff morbidity and mortality.² These outbreaks can affect staffing and bed availability, thereby interfering with patient care and patient flow.³ The increased risk of influenza to residents and patients in these facilities is related to their advanced age and underlying health problems, as well as the settings in which they are cared for in close proximity to a range of HCWs. HCWs can acquire influenza from patients/residents, and the community, and then may readily transmit infection to other patients/residents, other HCWs and their family members.

Influenza immunization is identified as the most effective way to prevent the spread of the virus, and immunization of HCWs protects patients/residents. The Provincial Infectious Diseases Advisory Committee (PIDAC) report that in a number of randomized controlled trials “large-scale immunization of health care providers reduces nosocomial infections, including a decrease in mortality rates in residents of long-term care homes”. In contrast, lower rates of HCW immunization have been associated with increased rates of hospital-acquired influenza.³ Influenza immunization of health care workers protects the patients/residents they care for as well as themselves, who may be at greater risk due to the settings in which they work.

Mandatory Influenza Immunization of Health Care Workers

The Association of Medical Microbiology and Infectious Disease (AMMI), Canada, position paper, 2012 on mandatory influenza immunization of health care workers notes poor response rates to voluntary immunization programs, yet greater than 90% influenza immunization rates in settings where influenza immunization was made a condition of employment.⁴ Numerous public health agencies and professional associations, such as the Provincial Infectious Diseases Advisory Committee (PIDAC)³, the National Advisory Committee on Immunization (NACI)¹, the Canadian Nurses Association⁵, AMMI⁴ recommend that influenza immunization of HCWs be a condition of service or appointment.

The Provincial Infectious Diseases Advisory Committee states that:

“Annual influenza vaccination should be a condition of continued employment in, or appointment to, health care organizations” and further states that HCWs “with medical contraindications to influenza vaccination should be accommodated by reassignment, or other methods used to protect patients and staff (e.g., health care worker wearing mask in client/patient/resident care areas) during influenza season”.³

Similarly, the National Advisory Committee on Immunization (NACI) states:

“NACI considers the provision of influenza vaccination to be an essential component of the standard of care for all HCWs for the protection of their patients. Transmission of influenza between infected HCWs and their vulnerable patients results in significant morbidity and mortality. Randomized controlled trials conducted in geriatric long-term care settings have demonstrated that vaccination of HCWs is associated with substantial decreases in morbidity and all-cause mortality in the residents. Therefore, HCWs should consider annual influenza vaccination included in their responsibility to provide the highest standard of care. In the absence of contraindications, refusal of HCWs to be immunized against influenza implies failure in their duty of care to patients.”¹

The Canadian Nurses Association (CNA) supports condition of service policies for immunization in situations where HCW influenza immunization coverage levels are “not protective of patients, and reasonable efforts have been undertaken with education and enhancing accessibility to immunization”. CNA considers mandatory immunization policies by employers to be congruent with the *Code of Ethics for Registered Nurses* in Canada and the obligation to act in the public interest.⁵

The position of the AMMI is that annual influenza immunization should be required for “new and ongoing employment or appointment for all workers who spend time in areas where patient care is provided and /or patients are present”.⁴ The AMMI further states that:

“Three criteria have been proposed that must be met to justify mandating compliance with a preventive intervention. First, there should be clear medical value from the intervention to the individual. Second, the public health benefit of the intervention must be clear. Third, a requirement must be considered the only option. It is the position of AMMI Canada that these three criteria have been met in relation to health care workers and influenza immunization. Health care workers and their employers have an ethical obligation to act in the best interest of the patients for whom they provide care. Influenza immunization should be required annually for all workers who spend time in areas where patient care is provided and/or patients are present”.⁴

PIDAC notes that HCW immunization is an important component of occupational health and safety programs.³ Programs which provide immunizations to HCPs against a number of infectious diseases, including annual influenza immunization, protect not only patients but the workers themselves.⁶

In the United States, the Centre for Disease Control, the Advisory Committee on Immunization Practices, and the Healthcare Infection Control Practices Advisory Committee recommend that all U.S. health care personnel get vaccinated annually against influenza.⁷ Similar to recommendations by PIDAC and AMMI, this recommendation expands beyond HCWs and includes staff “not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from health care workers and patients”.

Immunization of Health Care Workers in Peterborough County and City

The Board of Health has required annual immunization against influenza for all of its employees since 2002. For 2020-2021, the influenza vaccination coverage rate for eligible active staff (excluding those with medical exemptions) at Peterborough Public Health was 94.8%. By comparison, for 2019-2020, the influenza vaccination coverage rate for eligible active staff (excluding those with medical exemptions) at Peterborough Public Health was 92.2%.

While local long-term care facilities (LTCFs) have their own policies for staff influenza immunization, the Ministry of Health outlines that only immunized staff should be working in a LTCF during a laboratory-confirmed influenza outbreak, and unimmunized staff may resume work at the affected home as soon as they are taking antiviral prophylaxis.⁸

The 2020-2021 Influenza Season in Peterborough County and City

A total of zero lab-confirmed influenza cases were reported for the 2020-2021 surveillance season. Zero influenza outbreaks were reported in LTCFs, retirement residences, and the local hospital for the same period.

The Ministries of Health and Long-Term Care require reporting of influenza vaccine coverage rates for staff from hospitals and LTCFs to Boards of Health. The staff immunization coverage rates were collected as of February 01, 2021 and are reflected in Table 1.

Table 1: Peterborough Health Unit – Health Care Worker Influenza Immunization Feedback Report

| Peterborough Health Unit | Median | | % Change |
|--------------------------------------|-------------------------|-----------|----------|
| | 2019/2020 | 2020/2021 | |
| Peterborough Regional Health Centre | 81.1% | 84.5% | 3.4% |
| Long-Term Care Homes | 82.1% | 87.2% | 5.1% |
| | | | |
| Long-Term Care Homes | Staff Immunization Rate | | % Change |
| | 2019/2020 | 2021/2021 | |
| Centennial Place Long-Term Care Home | 96.5% | 91.3% | -5.20% |
| Extendicare Lakefield | 81% | 92.2% | 11.20% |
| Extendicare Peterborough | 83.9% | 92.4% | 8.50% |
| Fairhaven | 85.1% | 73.6% | -11.50% |
| Pleasant Meadow Manor | 81.1% | 87.6% | 6.50% |
| Riverview Manor Nursing Home | 64.9% | 90.5% | 25.60% |
| Springdale Country Manor | 73.1% | 66.7% | -6.40% |
| St. Joseph's at Fleming | 83% | 85.8% | 2.80% |

(Source: Ministry of Health and Long-Term Care)

Given that outbreaks also occur in retirement residences, Peterborough Public Health actively requests immunization coverage rates from these facilities. The available data are included in Table 2.

Table 2: Percentage of Staff who Received Influenza Immunization in Retirement Residences in Peterborough City and County

| Retirement Home | 2019/2020 | 2020/2021 | % Change |
|---|-----------|-----------|----------|
| Applewood Retirement Residence | - | - | - |
| Canterbury Gardens | 91.6% | 91.6% | 0 |
| Congregation of the Sisters of St. Joseph's | 43% | 62.9% | 19.9% |
| Empress Gardens | 90.6% | - | - |
| Jackson Creek | - | - | - |
| Kawartha Heights Retirement Residence | 40% | 54.3% | 14.3% |
| Maple View | 63.9% | 55.8% | -8.1% |
| Peterborough Retirement Residence | - | - | - |
| Princess Gardens | - | - | - |
| The Regency of Lakefield | 64.3% | - | - |
| Royal Gardens | 87.2% | - | - |
| Rubidge Retirement Residence | 100% | 79.0% | -21% |
| Sherbrooke Heights | - | - | - |

STRATEGIC DIRECTION

The delivery of influenza immunization programs supports the Board of Health strategic direction *Community-Centred Focus*.

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