

**Board of Health for  
Peterborough Public Health  
AGENDA  
Board of Health Meeting  
Wednesday, May 8, 2024, 5:00 p.m.  
Virtual**

**1. Call to Order**

**1.1. Land Acknowledgement**

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

**2. Confirmation of the Agenda**

**3. Declaration of Pecuniary Interest**

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

***Board Members:** Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.2 a b c 9.3.1 9.3.2 9.3.3 9.3.4 9.3.5*

**5. Delegations and Presentations**

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

- Cover Report
- a. Minutes, April 10, 2024

**7. Business Arising From the Minutes**

**8. Staff Reports**

**8.1. Presentation: Peterborough Youth Substance Use Prevention Pilot**

- Cover Report
- a. Presentation

## 9. Consent Items

### 9.1. Correspondence for Direction

### 9.2. Correspondence for Information

- Cover Report
- a. alPHa e-newsletter
- b. Minister Jones / Dr. Moore – 2023 CMOH Annual Report
- c. Minister Holland – Nicotine Pouches

### 9.3. Staff Reports

#### 9.3.1. Healthy Babies, Healthy Children Program 2024-25 Budget Approval

- Staff Report

#### 9.3.2. Infant and Child Development Program 2024-25 Budget Approval

- Staff Report

#### 9.3.3. Q1 2024 Financial Report

- Cover Report
- a. Q1 2024 Financial Report

#### 9.3.4. Q1 2024 Program Status Report

- Report

#### 9.3.5. Q1 2024 Strategic Plan Report

- Cover Report
- a. Q1 2024 Strategic Plan Report

### 9.4. Committee Reports

## 10. New Business

## 11. In Camera to Discuss Confidential Matters

## 12. Motions for Open Session

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

Wednesday, June 12, 2024, 5:30 p.m.  
Peterborough Public Health

**14. Adjournment**

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Approval of Meeting Minutes</b>
<b>DATE:</b>	<b>May 8, 2024</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

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

**ATTACHMENTS**

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

**Board of Health for  
Peterborough Public Health  
DRAFT MINUTES  
Board of Health Meeting  
Wednesday, April 10, 2024 – 5:30 p.m.  
Multipurpose Rooms, 2<sup>nd</sup> Floor, PPH**

**In Attendance:**

**Board Members:**

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

**Regrets:**

**Deputy Mayor Ron Black**

**Staff:**

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

**1. Call to Order**

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

**2. Confirmation of the Agenda**

**MOTION:**

That the agenda be approved as circulated.

Moved: Warden Clark

Seconded: Mayor Graham

Motion carried. (M-2024-039)

### **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: 9.1.1; 9.2 a,b,c; 9.3.1.

Moved: Mayor Graham

Seconded: Warden Clark

Motion carried. (M-2024-040)

MOTION (9.1.1):

That the Board of Health for Peterborough Public Health:

- receive correspondence dated March 22, 2024, from Middlesex-London Health Unit (MLHU), regarding their recommendation for provincial and federal restrictions on nicotine pouches, for information; and,
- endorse positions by MLHU and the Windsor Essex County Health Unit, and communicate support for restrictions relating to the retail sale, promotion and minimum age for sale of nicotine pouches and other novel nicotine delivery systems by writing to the federal Minister of Health, with copies to the Ontario Minister of Health, local MPs and MPPs, the Association of Municipalities Ontario, the Ontario Public Health Association, and Ontario Boards of Health.

Moved: Mayor Graham

Seconded: Warden Clark

Motion carried. (M-2024-040)

MOTION (9.2a,b,c):

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

- a. Letter dated February 5, 2024 from the Premier to the Board Chair, in response to the Chair's original letter dated January 5, 2024 regarding strengthening public health.
- b. Letter dated February 27, 2024 from Minister Bethlenfalvy to the Board Chair, in response to the Chair's original letter dated November 29, 2024 in support of healthy public policy regarding alcohol marketplace and product sales.
- c. Email dated March 27, 2024 from the Association of Local Public Health Agencies (aLPHa) regarding the 2024 Ontario Budget.

Moved: Mayor Graham

Seconded: Warden Clark

Motion carried. (M-2024-040)

MOTION (9.3.1):

That the Board of Health for Peterborough Public Health receive the staff report, Summary of Peterborough Public Health's Annual Service Plan Submission, for information.

Moved: Mayor Graham  
Seconded: Warden Clark  
Motion carried. (M-2024-040)

**5. Delegations and Presentations**

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

MOTION:

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on March 13, 2024.

Moved: Mayor Graham  
Seconded: Mr. Johnston  
Motion carried. (M-2024-041)

**7. Business Arising From the Minutes**

**8. Staff Reports**

**8.1. Presentation: Chief Medical Officer of Health 2023 Annual Report**

That the Board of Health for Peterborough Public Health:

- receive the staff report and presentation, Chief Medical Officer of Health 2023 Annual Report, for information;
- endorse the letter dated April 5, 2024 from the Association of Local Public Health Agencies (alPHA) to Minister Jones regarding the Chief Medical Officer of Health's 2023 Annual Report; and,
- communicate this support by writing to Minister Jones, with copies to the Ontario Chief Medical Officer of Health, local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health.; and,
- request a delegation with the Minister of Health at the upcoming Association of Municipalities Conference.

Moved: Mayor Graham  
Seconded: Warden Clark  
Motion carried. (M-2024-042)

**8.2. Staff Report: Association of Local Public Health Agencies Membership Renewal**

That the Board of Health for Peterborough Public Health:

- receive the letter dated April 1, 2024 from the Association of Local Public Health Agencies (alPHA) regarding 2024-25 membership;
- approve the 2024-25 membership fee in the amount of \$11,521.94.

Moved: Mayor Graham  
Seconded: Mr. Johnston  
Motion carried. (M-2024-043)

Staff will follow up through informal means with alPHa Executive regarding the matters discussed including clarification on budget increases and value for money.

### **8.3. Oral Report - Merger Update**

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

- Oral Report - Merger Update; and,
- Letter dated April 2, 2024 to Minister Jones from HKPR/PPH Board Chairs, with copies to the Ontario Chief Medical Officer of Health, Local MPPs and Local Councils, regarding the business case submission.

Moved: Mayor Graham  
Seconded: Councillor Wilson  
Motion carried. (M-2024-044)

## **9. Consent Items**

MOTION (9.4.2d):

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

- d. Letter dated April 5, 2024 the Association of Local Public Health Agencies (alPHa) to Minister Jones regarding the Chief Medical Officer of Health's 2023 Annual Report.

Moved: Mayor Graham  
Seconded: Councillor Wilson  
Motion carried. (M-2024-045)

## **10. New Business**

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

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

*(d) labour relations or employee negotiations; 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.*

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

MOTION:

That the Board of Health for Peterborough Public Health ratify the agreement with the



Canadian Union of Public Employees (CUPE).  
Moved: Councillor Wilson  
Seconded: Mr. Johnston  
Motion carried. (M-2021-046)

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

Wednesday, May 8, 2023, 5:30 p.m.  
Peterborough Public Health

**14. Adjournment**

MOTION:  
That the meeting be adjourned.  
Moved: Councillor Wilson  
Seconded: Mayor Graham  
Motion carried. (M-2022-047)

The meeting was adjourned at 7:29 p.m.

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Chairperson

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Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Peterborough Youth Substance Use Prevention Pilot</b>
<b>DATE:</b>	<b>May 8, 2024</b>
<b>PREPARED BY:</b>	<b>Carolyn Doris, Manager, Family &amp; Community Health Claire Townshend, Manager, Family &amp; Community Health</b>
<b>APPROVED BY:</b>	<b>Hallie Atter, Director, Health Promotion Division Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

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

- Title: Peterborough Youth Substance Use Prevention Pilot
- Presenters:
  - Carolyn Doris, Manager, Family & Community Health
  - Claire Townshend, Manager, Family & Community Health

**ATTACHMENTS**

- a. [Presentation](#)

# Peterborough Youth Substance Use Prevention Pilot

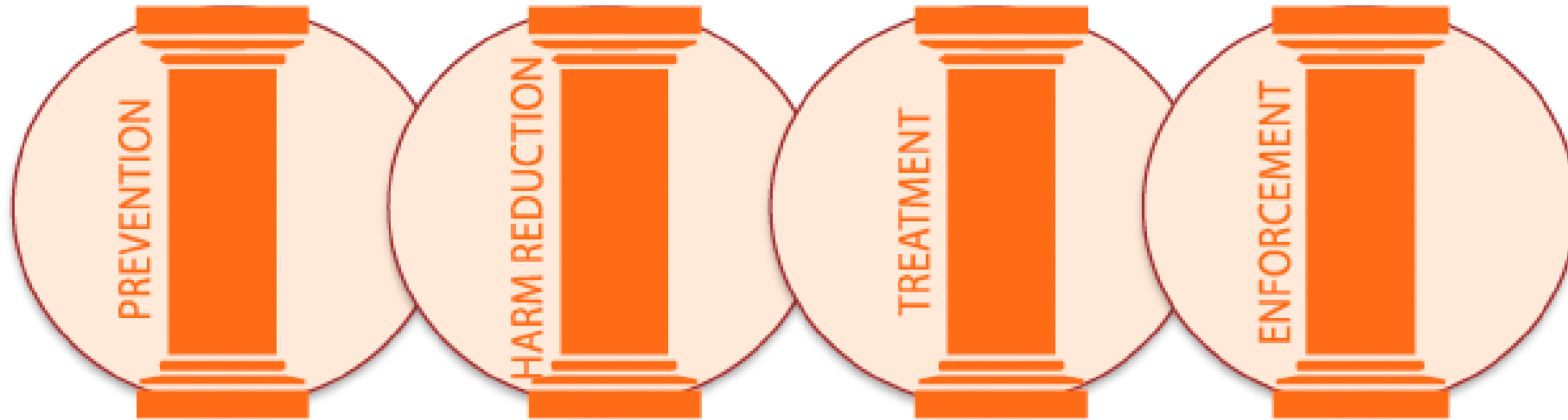
Claire Townshend & Carolyn Doris, Managers,  
Family & Community Health

BOH – May 8, 2024

# Addressing Local Needs

- In **2023**, there were **71 drug poisoning deaths** in the region, a substantial 26% increase from 2022 (PPH, 2024).
- Peterborough ranks **sixth highest for youth self-reported underage drinking** rates; with 37.2% of youth report drinking underage (PHO, 2023).
- Peterborough youth aged 0-12 had the **highest rate in Ontario of cannabis ED visits in 2021** (49.9 from 27.7 in 2020) (PHO, 2023)
- Use of **tobacco cigarettes rates** for youth grades 7-12 in the Peterborough region are **above the provincial average** (Boak et al., 2022).
- **One-in-seven (14%)** Grade 9-12 students in Ontario reported that they **used cannabis to deal with a mental health problem** at least once in the past year. (OSDUHS, 2021)
- **Vaping/e-cigarette use** among local students is concerning
  - rates of vaping amongst Ontario youth doubled from 10.7% in 2017 to 22.7% in 2019 and decreased to 15.% in 2021 (OSDUHS, 2021)

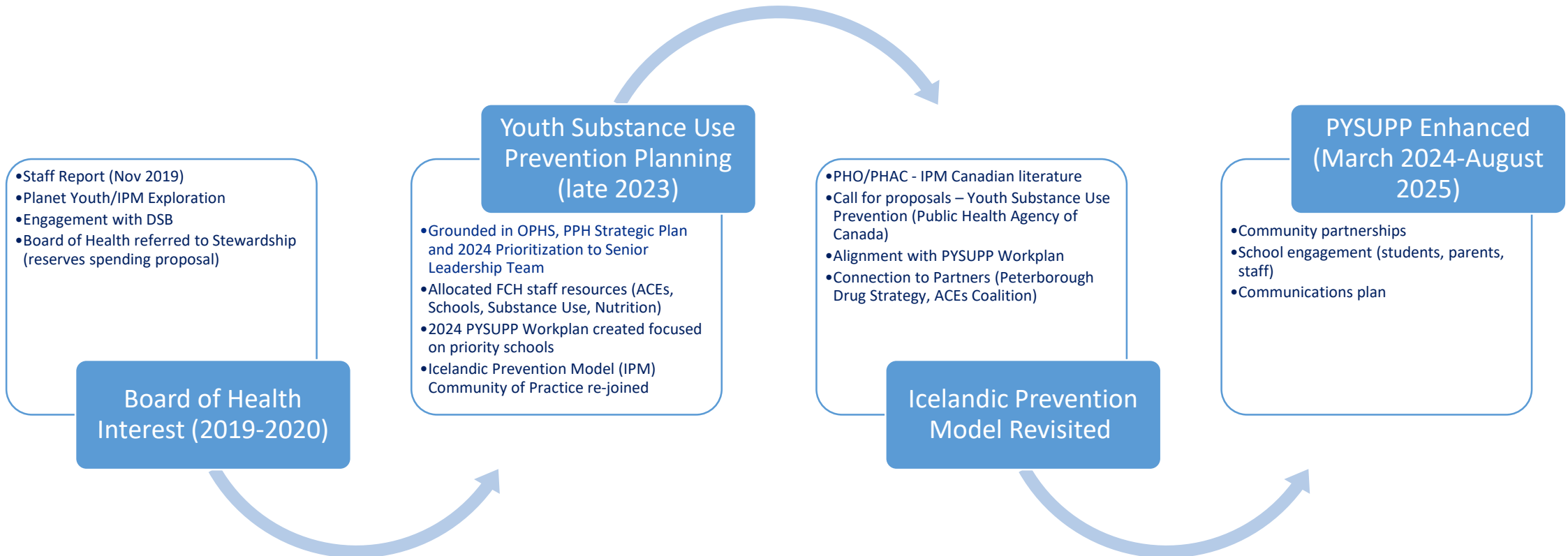
## Four Pillar Approach



Each pillar is represented by an organization who is committed to providing leadership to the Peterborough Drug Strategy as outlined in the PDS Collaborative Agreement.



# Peterborough Youth Substance Use Prevention Program Timeline



# Icelandic Prevention Model (IPM)



Primary prevention



A community-based approach to enhance social environment



Evidence-informed decision making



Actions based on local needs



Multi-sector partnership and collaboration



Influence protective and risk factors associated with substance use

# The Five Guiding Principles of the Icelandic Prevention Model

1

Apply a **primary prevention** approach that is designed to enhance the social environment.

2

**Emphasize community action** and embrace public schools as the natural hub of neighborhood/area efforts to support child and adolescent health, learning, and life success.

3

**Engage and empower community members** to make practical decisions using local, high-quality, accessible data and diagnostics.

4

Integrate researchers, policy makers, practitioners, and community members into a **unified team dedicated to solving complex, real-world problems.**

5

**Match the scope of the solution to the scope of the problem**, including emphasizing long-term intervention and efforts to marshal adequate community resources.



# Youth Substance Use Prevention Program Goals

## 1. Capacity Building

- build capacity at the community or local level to support upstream substance-use prevention among youth

## 2. Health Equity

- reach youth who are disproportionately impacted by substance use

## 3. Partnerships

- partnership with Planet Youth and the Knowledge Development and Exchange (KDE) Hub

# Next Steps

- Announce project with key stakeholders and community
- Engage school boards and community partners
- Refine and implement action plan:
  - Participate in IPM training and supports through KDE Hub
  - Engage local community members with an asset-based community development lens
  - Launch partnerships with two equity deserving local secondary schools and their feeder elementary/intermediate schools



# Questions?



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Information</b>
<b>DATE:</b>	<b>May 8, 2024</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

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

- a. [alPHa e-newsletter dated April 18, 2024.](#)
- b. [Letter dated April 24, 2024 from the Board Chair to Minister Jones and Dr. Moore regarding the 2023 CMOH Annual Report.](#)
- c. [Letter dated April 30, 2024 from the Board Chair to Minister Holland regarding support for restrictions on nicotine pouches.](#)

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

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**April 18, 2024**

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## March 2024 InfoBreak

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

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

Hello and greetings to all.

As always, I am inspired by the great importance of our mandate in local public health, protecting and promoting health, and preventing disease and injury in the populations we serve throughout the province. I am also grateful for the tremendous dedication and professionalism of the governance, management and staff of our local public health agencies, critical to the achievement of our very challenging mandate.

The advancement of our work, and the sharing of knowledge and understanding to this end were evident at the Ontario Public Health Convention ([TOPHC](#)) 2024 that was held in-person as a workshop on March 26 and online on April 3. With alPha as a partner agency for TOPHC, I was privileged to provide welcoming words on March 26, and I greatly enjoyed the opportunity to meet in person with many working in local public health. It was very good to see alPha Executive Director, Loretta Ryan, leading an ice-breaking session on March 26. Also in attendance were alPha Board members, Dr. Hsiu-Li Wang (COMOH Section chair and alPha Executive Committee member), who moderated the April 3 session on Strengthening Public Health Systems, and Dr. Vera Etches (COMOH Executive member) who moderated *Harnessing the Power of Artificial Intelligence for Public Health*. There was a wide range of subjects covered in both days, all of great importance reflecting our very broad public health mandate.

Of note in alPha's [Strategic Plan](#) is "advancing the work of local public health through strategic partnerships and collaborations". Certainly, this includes working with Public Health Ontario and its highly valued TOPHC. Likewise, the work of [Public Health Ontario](#) "advancing public health and health workforce capacity and knowledge to improve population health outcomes" is essential and was well reflected in TOPHC 2024.

The advancement of the work of local public health through strategic partnerships is also reflected in the ongoing engagement of alPHA Executive Committee members with agencies, such as with the executive leadership of the Ontario Medical Association and its Public Health Section. This took place most recently on March 11, allowing us to share with the OMA's new President and CEO, [Kimberly Moran](#), the importance of local public health within a thriving and effective health care system.

The critical nature of the full mandate of local public health is very well reflected within the content of the [2023 annual report to the legislature of the Chief Medical Officer of Health](#), which was released on March 29. Entitled *Balancing Act: An All-of-Society Approach to Substance Use and Harms*, this report identifies the health, economic and broader societal impacts of tobacco/vaping products, cannabis, alcohol and opioids. It also provides a comprehensive approach and set of recommendations for the reduction of harms associated with these substances. In its creation, it drew from the work and contributions local public health units developed over many years. Included is an acknowledgment of the members of the Ministry of Health's external advisory committee that included Dr. Kit Young-Hoon and Dr. Lisa Simon as local public health representatives. This report is now a very important resource, and I believe has great relevance as we continue with the review of the Ontario Public Health Standards (OPHS) as part of the provincial *Strengthening Public Health* initiative. As alPHA's president, I have [written in response](#), identifying the ways in which alPHA's resolutions align with the contents of the report.

As we progress in our work pursuing our full public health mandate, it is important we also pursue good health for ourselves and those we work with. To this end, alPHA continues to promote [Workplace Health and Wellness Month](#) for the month of May. I do encourage all to take advantage of this information and to pursue measures to improve our own health and well-being.

I look forward to the [alPHA Annual General Meeting and Conference](#) on June 5-7, being held in-person in Toronto, and I do encourage local public health leaders throughout the province to join us for these events. One of the key outcomes for this meeting will be the approval, by the member representatives, of alPHA's new bylaw, drafted over the past 19 months, replacing alPHA's constitution. This will enable compliance with the requirements of the Ontario Not-for-profit Corporations Act (ONCA). The draft bylaw will be included with the other proposed Resolutions, as part of the AGM package, which will be released by May 6. I look forward to meeting in-person with all as we complete the key tasks taking place during the conference.

We continue with our work in local public health, including holding our own against the potential spread of measles with travel-related cases. So far, we have managed to contain this with much work for local public health and the broader health care system, also due to the years of work of local public health and primary care providing childhood immunization. To fully address this challenge and reduce the vulnerability of our communities to vaccine preventable diseases we have before us the task of completing vaccination catch-up as part of the COVID-19 post-acute phase recovery of all our local public health programs. As we pursue our strategic plans, system change, health unit mergers and the review of the OPHS, current population health challenges of this nature tangibly demonstrate the critical importance of local public health.

Dr. Charles Gardner  
alPHA President

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## Registration for alPHA's 2024 AGM & Conference and preliminary program are now available!

Registration is now open for this year's [Annual General Meeting \(AGM\) and Conference](#). This in-person event is taking place June 5-7 in Toronto at the Pantages Hotel. It is a chance to gather and discuss issues of key importance to public health leaders. You won't want to miss out!

Highlights include:

- Walking Tour Featuring Toronto Public Health Heritage Plaques.
- Opening Reception where you can join colleagues, old and new, at a unique venue overlooking Massey Hall.
- [Medicine Bag Workshop](#) facilitated by Marc Forchette, a noted Indigenous speaker, who works with organizations from across Canada.
- Remarks from the Premier of Ontario, the Hon. Doug Ford.
- Presentation by Ontario's Chief Medical Officer of Health on his 2023 Annual Report.
- Combined alPHA Business Meeting and Resolutions Session.
- Distinguished Service Awards and Board Recognition.
- Session on proposed voluntary mergers.
- Update from OCMOH staff on the province's Strengthening Public Health initiative.
- Two Years In and Two Years Out – What's in Store at Queen's Park from Sabine Matheson, Principal, StrategyCorp, and John Perenack, Principal, StrategyCorp. Please send any advance questions for these speakers to [communications@alphaweb.org](mailto:communications@alphaweb.org) by May 24, 2024.
- BOH Section and COMOH Section Meetings. The BOH Section Meeting includes updates from the Affiliates and the Association of Municipalities of Ontario. There will also be sessions on Hamilton's proposed Board of Health Structure, Board of Health Governance, and BOH Section Elections.

The [Conference Program](#) and the [BOH Section Meeting agenda](#) are on the conference webpage. The [June 2024 alPHA AGM Notice and Package](#), [Conference poster](#), and [Sponsorship information](#) are also available. Updates are featured in *Information Break*, alPHA's monthly newsletter, and posted regularly on the website, so check it often.

Other important documents and deadlines include:

- [Call for 2024 alPHA Resolutions](#) (the deadline to submit Resolutions that do not require changes to alPHA's Constitution is April 22, 2024 at 4:30 p.m.)
- [Call for Board of Health Nominations](#) (the deadline to submit nominations is May 31, 2024 at 4:30 p.m.)

Attendees are encouraged to book their accommodations as soon as possible. You can either book through the Pantages Hotel or at one of the nearby hotels. A list of accommodations is on the website.

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The deadline for alPHa members to submit Resolutions that do not request amendments to alPHa's Constitution is 4:30 p.m. on Monday, April 22, 2024.

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

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## **Ontario's Not-for-Profit Corporations Act (ONCA)**

Ontario's [Not-for-Profit Corporations Act \(ONCA\)](#) is a significant legislative update that replaced Ontario's Corporations Act on October 19, 2021 regarding not-for-profit corporations, including alPHa. The ONCA was introduced to enhance the legal framework governing not-for-profit organizations in the province of Ontario. It provides a comprehensive set of regulations tailored to meet the unique needs of non-profit corporations while promoting transparency, accountability, effective governance and to ensure due diligence.

The Association of Local Public Health Agencies (alPHa) has until October 18, 2024, to review, update, and file governing documents with the Ontario government or ONCA provisions will prevail. Until then, the rules in alPHa's articles and Constitution continue to be valid.

### **Why the changes and what are the changes?**

The main objectives of introducing the ONCA were as follows:

**Enhanced Governance:** The outdated Act did not provide comprehensive guidelines for effective governance, leading to potential issues with accountability and transparency. ONCA aims to strengthen the governance structures of not-for-profit corporations. It introduces clearer guidelines for Boards of Directors, Members, and Officers, enabling organizations to operate more efficiently and effectively.

**Improved Accountability:** The Act places a strong emphasis on financial accountability, requiring not-for-profit corporations to maintain accurate records, prepare financial statements, and undergo regular audits.

**Improved Flexibility:** The inflexibility of the previous legislation hindered the ability of not-for-profit corporations to adapt to changing circumstances and needs. ONCA streamlines the incorporation process and provides more flexibility in organizational structure. It allows for the customization of certain provisions, tailoring them to the specific needs and missions of individual organizations.



Enhanced Member Rights: The Act enhances the rights and protections of members of not-for-profit corporations, ensuring greater participation and representation in the decision-making processes.

Modernization and Legislative Gaps: The Ontario Corporations Act, which had been in place for decades, was outdated and unable to address the evolving needs and complexities of not-for-profit organizations. ONCA was designed to offer a modernized regulatory framework, aligning with current legal landscape and best practices. The ONCA provisions address modern challenges such as electronic communications, online governance, and virtual meetings.

Harmonization with Federal Laws: The ONCA aligns provincial regulations with the Canada Not-for-profit Corporations Act (CNCA).

Existing nonprofits are not required to pass new By-laws. However, alPHa has received legal advice to change to a By-law from the current Constitution of the Association of Local Public Health Agencies (Ontario). If alPHa does not ensure development of a By-law that aligns with, and reflects the applicable ONCA rules, the rules set out in the ONCA will prevail over alPHa's current Constitution.

Many organizations, such as the Ontario Municipal Association and others, have passed their new by-laws to come into compliance with ONCA.

### **How do these changes impact alPHa and its members?**

The ONCA represents a pivotal step forward in enhancing the governance, due diligence, accountability, and overall operations of alPHa as a not-for-profit organization in Ontario.

On legal advice, this By-law was targeted to address the ONCA legal compliance. Within the new By-law, the Constitution of the Association of Local Public Health Agencies (Ontario) and its objectives remain valid and have not changed substantively. The Constitution has been customized and tailored into a By-law that aligns with, and follows the ONCA rules, and supports alPHa's letters of patent and alPHa's annual requirements updating the Ontario Business Registry. This By-law is a legal necessity to allow for alPHa's unique organizational structure to remain legislatively compliant.

alPHa staff, volunteers and legal counsel have worked tirelessly on this for the better part of two years. alPHa would like to sincerely thank them for their work.

Proposed changes will come forward in a Resolution at the AGM in June for the membership to pass.

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**Updated *Ontario Public Health Directory* now available**

The latest version of the [Ontario Public Health Directory](#) is now available on the alPHa website. Please ensure you have the latest version, which has been dated as of April 10, 2024. You will have to log into the alPHa website to view the file.

We would also like to thank all of the EAs/AAs for sending in their updates. It is greatly appreciated!

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## Boards of Health: Shared Resources

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

Resources available on the alPHa website include:

- [Orientation Manual for Boards of Health](#) (Revised Jan. 2024)
- [Review of Board of Health Liability, 2018](#), (PowerPoint presentation, Feb. 24, 2023)
- [Legal Matters: Updates for Boards of Health](#) (Video, June 8, 2021)
- [Obligations of a Board of Health under the Municipal Act, 2001](#) (Revised 2021)
- [Governance Toolkit](#) (Revised 2022)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#) (for Provincial Appointees to BOH)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System \(2021\)](#)
- [The Municipal Role of Public Health\(2022 U of T Report\)](#)
- [Boards of Health and Ontario Not-for-Profit Corporations Act](#)

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## ICYMI: alPHa's Workplace Health & Wellness Month is fast approaching!

Are you ready to move? Workplace Health and Wellness Month is fast approaching, but there's still time to plan your physical and mental activities for May! We want to encourage all alPHa

members to start thinking about what you can do to participate. To view this year's Workplace Health & Wellness Month poster, please click [here](#).

Additionally, you can head to our website to read [more of our infographics](#) to help you improve your health and wellness. Please note, we have substantially added to these resources over the past year and want to thank everyone for their feedback.

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## **Spotlight on Advancing Public Health Education: The AMS-Fitzgerald Fellowship in AI & Human-Centred Leadership**

The University of Toronto's Joint Centre for Bioethics is now accepting applications for the AMS Healthcare Fitzgerald Fellowship in AI and Human-Centred Leadership. This prestigious fellowship offers an opportunity for mid-career professionals to engage in a two-year program of study. Fellows will have the chance to collaborate with esteemed scholars, participate in interdisciplinary research projects, and contribute to the development of AI in public health and healthcare. The AMS-Fitzgerald Fellowship provides learners with dedicated process facilitation and tangible expert support as they work to design, develop and implement a human-centred AI or digital transformation project for their unique health sector organization. Details about the fellowship, eligibility criteria, and application instructions are available at [University of Toronto's AMS Fitzgerald Fellowship in Bioethics page](#). The deadline for applications is May 10, 2024.

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## **Public Health Early Years (PHEY) Group update**

Since December 2023, the Public Health Early Years (PHEY) group, now co-chaired by Rina Lamba (York Region) and Allison Chris (TPH), has been meeting monthly. Their goal is to use evidence to shape public health's role in early childhood development. Members include representatives from local public health units, provincial ministries, Public Health Ontario, and the Association of Local Public Health Agencies.

Key discussions, within the context of Child Health, include improving data mobilization, defining population health from a public health perspective, and enhancing evidence-based practices.

For more details, contact [Rina.Lamba@york.ca](mailto:Rina.Lamba@york.ca) or [Allison.Chris@toronto.ca](mailto:Allison.Chris@toronto.ca)

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## **Calling all Ontario Boards of Health: Level up your expertise with our NEW training courses designed just for you!**

Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario.

### **BOH Governance training course**

Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

### **Social Determinants of Health training course**

Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Speakers are Monika Turner and Loretta Ryan.

Reserve your spot for in-person or virtual training now! Visit [our website](#) to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.

Additionally, thank you to all the public health agencies who have shown interest in our BOH courses. alPHa staff are currently coordinating the bookings and are pleased to see the uptake.

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## **BrokerLink Insurance**

In partnership with alPHa, [BrokerLink](#) is proud to offer preferred home and auto insurance rates for [members](#). At BrokerLink, we care about you and your furry friends. We've put together some tips to ensure your pets are safe and living their best life [here](#).

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## **alPHa Correspondence**

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

- [alPHa Letter - CMOH Annual Report 2023](#)
- [alPHa Letter - Student Nutrition](#)

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## **Public Health Ontario**

### **Ontario Respiratory Virus Tool**

We have made some enhancements to the [Ontario Respiratory Virus Tool \(ORVT\)](#). The tool now includes new COVID-19, influenza and respiratory syncytial virus (RSV) outcomes data including:

- COVID-19 hospital bed occupancy data for people being treated primarily for COVID-19 (due to infection).
- Influenza hospital bed occupancy data for all people in hospital testing positive (total), as well as people being treated primarily for COVID-19 (due to infection).
- RSV hospital bed occupancy for all people in hospital testing positive for RSV (total).

All bed occupancy (total and due to infection) data can be filtered by public health unit. All total bed occupancy data can also be filtered by age group.

### **Immunization Coverage Report for School Pupils in Ontario: 2019-20 to 2022-23 School Years**

The COVID-19 pandemic resulted in a large decline in immunization coverage for Ontario's routine infant and childhood immunization programs and school-based immunization programs between 2019-20 and 2021-22. Subsequently, notable increases in coverage for school-based programs were observed in 2021-22 and 2022-23, but estimates remained lower than prior to the pandemic. Our [new report](#) describes immunization coverage for Ontario's publicly-funded routine childhood immunization programs, and is a continuation in a series of reports that aim to support program recovery for the pandemic-affected school years, and provides new estimates for the 2022-23 school year. In addition, the impact of catch-up activities and delayed reporting of immunizations is examined by extending the period of assessment by up to three years.

### **Additional Resources**

- [Management of Rabies Post-exposure Prophylaxis and Assessment of Vaccine Series Initiated Outside of Canada](#)
- [IPAC Checklist for Clinical Office Practice Core Elements](#)
- Epidemiological Summaries:
  - [Mpox in Ontario](#)
  - [Measles in Ontario](#)
  - [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [Integrated Respiratory Virus Risk Indicators for Ontario](#): Note: This is the final report for the 2023-24 respiratory season. Publishing of these data will resume next season. For summary information on COVID-19, influenza, RSV and other seasonal respiratory viruses, please visit the [Ontario Respiratory Virus Tool](#).

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## **Upcoming DLSPH Events and Webinars**

- [Statistical Sciences Applied Research and Education Seminar \(ARES\) with Marie-Pier Côté](#) (Apr. 22)
  - [Critical Hope as a framework in Global Health](#) (Apr. 25)
  - [CQ Seminar - Hegemonic masculinity in focus groups on men's health](#) (Apr. 26)
  - [Statistical Sciences Applied Research and Education Seminar \(ARES\) with Larissa Stanberry](#) (Apr. 29)
  - [2SLGBTQ+ Health Hub Lecture | MindMapBC: Mapping Two-Spirit, trans, and queer affirming mental health supports in BC](#) (May 2)
  - [STAGE International Speaker Seminar Series \(ISSS\) with Dr. Li Hsu](#) (May 3)
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## alpha's mailing address

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

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

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

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

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## News Releases

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

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Our mailing address is:  
PO Box 73510, RPO Wychwood  
Toronto, ON M6C 4A7  
Canada

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April 23, 2024

Dr. Kieran Moore  
Ontario Chief Medical Officer of Health  
[cmoh@ontario.ca](mailto:cmoh@ontario.ca)

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

Dear Dr. Moore and Minister Jones,

The Peterborough Public Health Board of Health met April 10<sup>th</sup>, 2024 and reviewed the [2023 Chief Medical Officer of Health \(CMOH\) Annual Report, Balancing Act: An All-of-Society Approach to Substance Use and Harms](#).

Substance use harms are a significant and increasing concern in the community of Peterborough. The [Public Health Ontario Burden of Health Conditions Attributable to Smoking and Alcohol](#) estimated 267 deaths and 1109 hospitalizations each year attributable to smoking and 61 deaths and 310 hospitalizations attributable to alcohol. Additionally, opioids caused an estimated 71 deaths and 429 emergency department visits in 2023.

The Board of Health specifically appreciated that you quantified the significant health and societal costs of substances, emphasized Indigenous perspectives including decolonization lenses, and focused on upstream drivers of substance use.

The recommendations that you highlight present a clear path forward that, as you indicate, will require collaborative effort by every level of government.

In particular, Peterborough Public Health was encouraged that you emphasized the importance of harm reduction interventions for opioids including access to safe inhalation at Consumption and Treatment Sites (CTS). We have written Minister Jones on two occasions (November [2022/2023](#)) regarding the urgent need for access to safe inhalation within CTSs.

The Board was supportive of recent correspondence from the [Association of Local Public Health Agencies](#) (alPHA) and their endorsement of this report, and echoes their thanks to the CMOH and his staff for “their leadership on key evidence-based strategies to prevent and reduce the harms related to tobacco, alcohol, cannabis, and opioids”.

We also agree with our colleagues at the [Canadian Mental Health Association](#) that, along with harm reduction, adequate resources for increased and timely access to health care and treatment is necessary to further support those impacted by the opioid crisis.

The work of responding to substance use harms, from “All-of-Society” will be challenging, but as you conclude, “If we do not invest upstream, more Ontarians will die preventable deaths, families will continue to suffer, and the province will continue to spend billions each year to cover the health care, social and legal/policing costs of substance use harms”.

Peterborough Public Health appreciates this timely and insightful report, and stands ready locally to support its implementation and collaborate across the province to ensure advocacy advances its recommendations provincially.

Sincerely,

***Original signed by***

Councillor Joy Lachica  
Chair, Board of Health

cc: Local MPPs  
Association of Local Public Health Agencies  
Ontario Boards of Health



April 30, 2024

The Honourable Mark Holland  
Minister of Health  
House of Commons  
Ottawa, ON K1A 0A6  
[hcmister.ministresc@hc-sc.gc.ca](mailto:hcmister.ministresc@hc-sc.gc.ca)

Dear Minister Holland,

**Re: Recommendation for Federal Restrictions on Nicotine Pouches**

Peterborough Public Health (PPH) wishes to express our gratitude and support for the “Statement from the Minister of Health on nicotine replacement therapies” and the corresponding public advisory, released on March 20<sup>th</sup>, 2024. We share your concerns regarding the highly addictive and harmful effects of nicotine, especially as they pertain to children and adolescents.

We know that Health Canada has only authorized nicotine pouches to help adults quit smoking. However, as you now know, this novel product is not being marketed or sold as a typical cessation aid. A regulatory gap exists that has presented an opportunity to market and sell highly addictive and dangerous nicotine pouches in brightly coloured packaging with candy-like flavours with no restrictions. These products have a high potential to appeal to youth, who are particularly susceptible to the adverse effects associated with nicotine use, addiction, and the developing brain.

PPH supports the implementation of federal regulations to target the marketing and sale of nicotine pouches and other nicotine-containing products. Specifically, we ask:

- that the federal government takes swift action to close the regulatory gap that currently permits the sale of nicotine pouches and other nicotine-containing products to individuals under 18 years of age; and,
- that the federal government requests provinces align their applicable legislation with said federal restriction.

Closing this regulatory gap is necessary to safeguard public health and must be urgently addressed. Immediate federal action to restrict the sale of these items would provide the time necessary for the province of Ontario to embed restrictions within the Smoke-Free Ontario Act, while protecting the communities we serve in the meantime.

We echo your sentiment that nicotine pouches pose a significant risk for addiction and long-term health consequences, especially among youth and adolescents. Restricting nicotine pouch sales will reinforce the great strides already made to protect youth from the dangers of tobacco and nicotine use, promoting healthier lifestyles and fostering a future generation free from addiction-related burdens.

Sincerely,

***Original signed by***

Councillor Joy Lachica,  
Chair, Board of Health

cc: Hon. Sylvia Jones, Ontario Deputy Premier & Minister of Health  
Local MPs  
Local MPPs  
Association of Local Public Health Agencies  
Ontario Public Health Association  
Ontario Boards of Health

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

<b>TITLE:</b>	<b>Healthy Babies, Healthy Children Program 2024-25 Budget Approval</b>
<b>DATE:</b>	<b>May 8, 2024</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance and Property Services</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- receive the staff report, Healthy Babies, Healthy Children Program 2024-25 Budget Approval, for information; and,
- recommend approval of the 2024-25 budget for the Healthy Babies, Healthy Children program in the total amount of \$928,413.

**FINANCIAL IMPLICATIONS AND IMPACT**

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

The 2024-25 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 2024-25, no additional funding is anticipated. The program staff includes 4.8 full-time equivalent (FTE) Public Health Nurses (PHNs), 1.8 FTE’s Family Home Visitors (FHVs), .80 FTE Administrative Assistant (AA) and a reduced portion of Program Manager and Director to balance the budget.

The proposed budget for April 2024 – March 2025 is balanced within the funding allocation of \$928,413.

**Healthy Babies Healthy Children Program Budget - 2024-25**

**Expenditures**

Salaries	\$686,265
Benefits	212,273
Early Identification and Interpretation Services	11,075
Staff development	1,500
Travel	8,000
Audit fees	1,800

Communications	2,500
Program resources	<u>5,000</u>
Total Program Expenditures	<b><u>\$928,413</u></b>

**Funding**

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

The Board of Health (BOH) 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) to the Provincial Government, government ministers, and opposition party critics. These letters have advocated that HBHC be maintained as a 100% 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.

In 2022, a staff report was shared with the Board and letter sent to the Ministry that highlighted the impact of the lack of funding increases since 2013 on the program staff complement and service delivery.

**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 (OPHS) of the Ministry of Health.

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 OPHS. Approval of the budget will contribute to the program and Peterborough Public Health's strategic direction to ensure:

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

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

<b>TITLE:</b>	<b>Infant and Child Development Program 2024-25 Budget Approval</b>
<b>DATE:</b>	<b>May 8, 2024</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance and Property Services</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- receive the staff report, Infant and Child Development Program 2024-25 Budget Approval, for information; and
- recommend the approval of the 2024-25 budget for the Infant Child Development Program in the total amount of \$242,423.

**FINANCIAL IMPLICATIONS AND IMPACT**

The Infant and Child Development Program (ICDP) is funded 100% by the Ministry of Children, Community and Social Services (MCCSS).

The 2024-25 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.

For 2024-25, program staffing levels for the upcoming year include 1.5 full-time equivalent (FTE) Infant & Child Development Consultants, 0.2 FTE Administrative Assistant and 0.15 FTE Program Manager. For the current year, the use of ITDP accrued funds in the amount of \$3,813 are required to balance the budget and maintain staffing levels. As funding has not increased, it raises the importance of advocating to the Ministry for an increase in funding to support the ongoing program operating costs.

Budget to be submitted to MCCSS is presented below.

## Infant and Child Development Program Budget – 2024-25

### **Expenditures**

Salaries	\$152,075
Benefits	44,423
Materials and Supplies	2,600
Travel	3,600
Occupancy	15,396
Audit and legal fees	1,800
Professional development	1,500
Communications	600
Allocated administration	<u>24,242</u>
Total Program Expenditures	<b><u>\$246,236</u></b>
Less: Offset accrual	<u>(3,813)</u>
Net Program Expenditures	\$242,423

### **Funding**

Ministry of Children, Community & Social Services	<b><u>\$242,423</u></b>
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### **DECISION HISTORY**

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

Since 2008, the Board has annually reviewed the impact of funding shortfalls and communicated to the funder the resulting challenges. In 2022a staff report was shared with the Board and letter sent to the Ministry that highlighted the impact of the lack of funding increases on the program staff complement and service delivery.

Senior management has also 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 MCCSS is unable to provide any additional funds.

### **BACKGROUND**

The ICDP is funded 100% by the MCCSS. The ICDP 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 ICDP assists PPH in continuing to meet its mandate through coordinated efforts with the Healthy Babies Healthy Children program and other child health programming. It also assists in building on our leadership role by developing important linkages in our community and providing a valued service to reach the most vulnerable families and improve health outcomes.

This report applies directly to the following Strategic Direction in the PPH 2022-2025 Strategic Plan:

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



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Q1 2024 Financial Report (January 1 – March 31, 2024)</b>
<b>DATE:</b>	<b>May 8, 2024</b>
<b>PREPARED BY:</b>	<b>Dale Bolton, Manager, Finance &amp; Property</b>
<b>APPROVED BY:</b>	<b>Larry Stinson, Director of Operations Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the report, Q1 2024 Financial Report (January 1 – March 31, 2024), for information.

**ATTACHMENTS:**

- a. [Q1 2024 Financial Report](#)

### Financial Update Q1 2024 (Finance: Dale Bolton)

#### Programs Funded January 1 to December 31, 2024

	Funding Type	2024 Budget Submission	YTD Budget \$ Based on 2024 Submission (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	MOHLTC Cost Shared (CS)	11,551,737	2,887,934	2,744,430	23.8%	143,504	Year-to-date underspending from January through March based on the approved cost-shared budget. The total funding includes MOH and local partners. Effective January 1, 2024, the Ministry approved a 1% annualized increase to the prior year cost-shared funding for base and mitigation funding. Through first quarter, expenditures of \$2,744,430, are just below budget based on the approved BOH budget due to some natural staff gapping and delayed timing for some program spending during year. Through the balance of the year, expenditures will increase as all budgeted positions are filled and seasonal programs are implemented.

#### 100% Program funded January 1 to December 31, 2024

	Funding Type	2024 Budget Submission	YTD Budget \$ Based on 2024 Submission (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Ontario Seniors Dental	100%	898,100	224,525	221,935	24.7%	2,590	Year to date expenditures are in line with budget for the first quarter, based on prior year budget approval. The 2024 Annual Service Plan budget submission for the program was \$1,295,715, an increase of \$397,000 over the prior year. Last year, PPH leadership met with the Ministry representatives to discuss ongoing operational pressures and the need for increased funding to effectively deliver the program. One-time funding was approved through the end of December 2023, however, an increase in base funding is necessary for 2024 to fully meet client needs, manage waitlists, and sustain contracted service levels. At this time, the Ministry has not confirmed whether the base increase will be approved. <b>Until known, program delivery will continue to be offered through in-house staff and contract dentists; and the use of specialist or other contract services will be considered for emergency/prioritized treatments.</b>

One-Time Funding funded April 1, 2023 to March 31, 2024							
	Funding Type	2023 - 2024 Approved Budget	2023/24 YTD Budget \$ (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
PHI Practicum Student	100% MOH	30,000	30,000	30,000	100.0%		- Funding for PHI Practicum Students for 12 week period. Student positions hired May through August 2023 and January to March 2024. Budget expended in full.
100% Program funded January 1 to March 31, 2024 - Approved March 2024 as part of 2023 Amended Funding Agreement							
COVID Vaccination	100% MOH	177,000	177,000	177,000	100.0%		- For 2024, COVID extraordinary expenditures incurred for the period of January to March 2024. Health units were initially told by the Ministry not to expect COVID funding in 2024. Approval received in March 2024 for expenses based on previously reported program pressures. Funding will offset expenditures incurred to date for staffing and associated program delivery costs. Additional COVID funding is not anticipated for 2024 and costs incurred, if any, to be covered through other funding.
Respiratory Syncytial Virus (RSV) Prevention	100% MOH	34,300	34,300	34,300	100.0%		- RSV Program One-Time funding request submitted in January 2024. Funding approved to cover staffing and associated program costs to administer RSV Vaccine (Arexvy) to vulnerable populations and high-risk settings, including long-term care homes, in area. Budget expended in full.
Merger Planning	100% MOH	150,000	150,000	150,000	100.0%		- Application for funding submitted in January 2024 to offset of a merger feasibility study for Peterborough Public Health and Haliburton Kawartha Pine Ridge Health Units as part of the Ministry's Strengthening Public Health Strategy. Costs include: external consultant; legal and board costs; and some staff time for both PPH and HKPR. Budget expended in full.

Programs funded April 1, 2023 to March 31, 2024 - MCCSS							
	Funding Type	2023 - 2024 Approved Budget	YTD Budget \$ (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Infant Toddler and Development Program	100% MCCSS	242,423	242,423	242,423	100.0%		- Program operated within budget for the year. The total operating budget was \$244,718, including \$2,295 of offset revenue to balance to MCCSS funding. Due to higher benefits during the year, offset revenue in the amount of \$4,577 was necessary to balance. The program reserve has now been depleted. Moving forward the program will need to balance within MCCSS approved funding.
Healthy Babies, Healthy Children	100% MCCSS	928,413	928,413	928,413	100.0%		- Program operated within budget for the year based on MCCSS approval.
Funded Entirely by User Fees January 1 to March 31, 2024							
	Funding Type	2024 Budget	YTD Revenue \$ (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	244,600	53,225	91,037	37.2%	(37,812)	Program funded entirely by user fees. Expenditures exceed revenue as new permit applications are low through the first quarter resulting in a deficit of (\$37,812). Through the next quarter, program activity expected to increase; however, local building activity has been reported as slower which may impact revenue. Additionally, effective April 1st four municipalities began managing the septic permit application process for their area as part of the program divestment. Through the remainder of the year, staff will continue to close files and support new permits generating revenue to offset operating costs. Excess expenditures may be offset through the sewage program reserve.
Non-Mandatory Re-inspection Program	Fee for Service	13,000	-	7,466	57.4%	(7,466)	Program funded entirely by fees. Expenditures to date reflect program planning in March. Onsite reinspection will commence in April through October, pending weather. Fees will be collected through the balance the year after inspection completed. Excess expenditures may be offset through program reserve.
<b>Total - All Programs</b>		<b>14,269,573</b>	<b>4,727,820</b>	<b>4,627,004</b>	<b>32.4%</b>	<b>100,816</b>	Variance represents year to date underspending in cost-shared programs net of deficits in fee for service programs.

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

<b>TITLE:</b>	<b>Q1 2024 Status Report (January 1 – March 31, 2024)</b>
<b>DATE:</b>	<b>May 8, 2024</b>
<b>PREPARED BY:</b>	<b>Donna Churipuy, Director, Health Protection Division  Hallie Atter, Director, Health Promotion Division  Larry Stinson, Director of Operations  Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the report, Q1 2024 Status Report (January 1 – March 31, 2024), for information.

**SUMMARY**

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

**Accomplishments:**

- Expansion in naloxone training for Curve Lake Mental Health & Wellness staff, and Child Health Services team;
- Early implementation evaluation of new Nurse Family Partnership program completed;
- Climate Change Vulnerability and Health report launched;
- Workplace wellness “Our Team” activities progressed including Guarding Minds @ Work survey, planning for DEI-RDI strategy and re-vitalization of staff engagement/wellness committees;

**Challenges:**

- Capacity challenges for senior team with additional merger business case workload;
- Required transition to new environmental health software may place greater burden on team and impact completion of environmental health OPHS activities;
- Continued infectious disease pressures in outbreak management in Q1 2024 with 44 outbreaks managed (compared to 47 in Q1 2023), as well emerging disease threat preparedness with measles and H5N1.

**PROGRAM TRACKER**

*Status of Mandated Programs and Requirements*

<b>Ontario Public Health Standard Mandated Programs</b>	<b># Requirements Compliant (Q1 2024)</b>	<b># Requirements Compliant (Q4 2023)</b>
<b>Program Standards</b>		
Chronic Disease Prevention and Well-Being	3/5	2/5
Food Safety	5/5	4/5
Healthy Environments	11/11	8/11

Ontario Public Health Standard Mandated Programs	# Requirements Compliant (Q1 2024)	# Requirements Compliant (Q4 2023)
Healthy Growth and Development	2/3	2/3
Immunization	10/10	10/10
Infectious and Communicable Diseases Prevention and Control	21/21	21/21
Safe Water	8/8	8/8
School Health	9/10	9/10
Substance Use and Injury Prevention	2/4	1/4
<b>Foundational Standards</b>		
Population Health Assessment	6/6	6/6
Health Equity	4/4	4/4
Effective Public Health Practice	9/9	9/9
Emergency Management	0/1	0/1
<b>Other Mandated Programs</b>	<b>Status</b>	
Infant and Toddler Development	ME	ME
Safe Sewage Disposal	ME	ME

ME: Meeting Expectations PME: Partially Meeting Expectations

Link to [Ontario Public Health Standards](#)

## PROGRAM SUMMARIES

### Chronic Disease Prevention and Well-Being

#### Program Compliance:

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

Requirement #4: Enforcement of the *Healthy Menu Choices Act* was not prioritized for 2023 and there had not been any progress on this work. As of February 2024, the Menu Labelling Protocol has shifted to complaint-based inspections, and we are now compliant.

### Healthy Growth and Development

#### Program Compliance

Requirement #2: We are currently prioritizing public health interventions that focused on the reduction of Adverse Childhood Experiences.

### School Health

#### Program Compliance

Requirement #7: Vision screening was not prioritized for 2024 and there has not been progress on this work. While this remains in the standards at present, the province has communicated that this activity is currently being reviewed in context of the new OPHS.

## **Substance Use and Injury Prevention**

### *Program Compliance*

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

Requirement #4: CTS routine inspection did not occur as planned for December 2023, however, this was prioritized for January 2024 and completed.

## **Foundational Standards**

### *Program Compliance:*

Requirement #1 (Emergency Management): Full compliance has been negatively affected by staffing recruitment challenges. A new team member has been recruited and full compliance is expected for Q2.

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Q1 2024 Strategic Plan Report (January 1 – March 31, 2024)</b>
<b>DATE:</b>	<b>May 8, 2024</b>
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**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the report, Q1 2024 Strategic Plan Report (January 1 – March 31, 2024), for information.

**ATTACHMENTS:**

- a. [Q1 2024 Strategic Plan Report](#)



**Strategic Plan – Board of Health Q1 Reporting (January – March 2024)**

[Reference: PPH Strategic Plan 2023-25](#)

Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q1
<b>Our Team</b>	Healthy Organizational Culture	#7	Initiated	<ul style="list-style-type: none"> <li>• A Diversity, Inclusion and Equity (DEI) Framework and initial workplan has been drafted; Further evidence collection for Reconciliation, Decolonization and Indigenization will continue into Q2.</li> </ul>
	Staff Wellbeing and Development	#8	Initiated	<ul style="list-style-type: none"> <li>• Guarding Minds @ Work survey was launched in February.</li> <li>• Committee Terms of Reference were updated to ensure coverage of Our Team Goals and recruitment of additional members was completed.</li> <li>• Non-Violent Crisis Intervention training scheduled and train-the-trainer identified.</li> </ul>
	Effective Teams	#9	Implemented	<ul style="list-style-type: none"> <li>• Quality improvement and measuring impact initiatives were provided support from FS Staff.</li> </ul>
<b>Our Community</b>	Drug Poisoning Crisis	3, 4, 5	Initiated	<ul style="list-style-type: none"> <li>• A youth substance youth prevention pilot project (PYSUPP) model and workplan developed.</li> </ul>
		3, 5, 6	Implemented	<ul style="list-style-type: none"> <li>• Found Needle Committee meeting occurred Jan 2024 with representation from PPH, City staff, and County staff. Discussions held with Curve Lake First Nations regarding adding kiosks to community.</li> </ul>

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		1, 3, 4, 6	Implemented	<ul style="list-style-type: none"> <li>• PPH continues to work with partners to ensure access to wound care items for wound related to injection drug use.</li> <li>• Ongoing communications with CTS staff/management regarding CTS operations, drug checking, and the Service User Advisory Board.</li> </ul>
		3, 4	Implemented	<ul style="list-style-type: none"> <li>• Meet monthly with PARN/PPH Partnership to enhance Needle Exchange Program activities.</li> <li>• PPH is Chair of Peterborough Drug Strategy. Ongoing participation in Pillar Table, Partner Table, Question of Care. Ongoing coordination of the Opioid Communications Working Group. Support for development of strategic plan.</li> </ul>
		3, 4, 6	Implemented	<ul style="list-style-type: none"> <li>• Child Health Services onboarded as naloxone distributors. Planning is underway to further expand distribution to include PPH staff who wish to participate.</li> </ul>
		3, 4, 5	Implemented	<ul style="list-style-type: none"> <li>• Since onset of FT-IR drug checking program, as of March 31<sup>st</sup>, 229 samples have been checked using the FT-IR spectrometer. Planning underway to increase staffing at CTS who can operate the FT-IR. CTS continues to test drugs with</li> </ul>

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				<p>test strips. Planning underway to include test strip kits in Our Healthbox.</p> <ul style="list-style-type: none"> <li>• Our Healthbox vending machine on site and preparing for launch early Q2.</li> </ul>
		3, 4, 5, 6	Implemented	<ul style="list-style-type: none"> <li>• Prepared for launch of ALERTABLE Notification System for drug poisoning alerts in April as enhancement of Early Warning and Surveillance System.</li> </ul>
		4, 5	Initiated/Implemented	<ul style="list-style-type: none"> <li>• Planning in progress for naloxone training for Curve Lake mental health and wellness staff (May 2024)</li> </ul>
		3	Initiated	<ul style="list-style-type: none"> <li>• In collaboration with Foundational Standards, a logic model was developed for Opioid Harms Snapshot. Internal teams (FCH and Child Health) were consulted, and information was gathered for the 4 categories of the Snapshot.</li> </ul>
		1, 3, 4, 5, 6	Initiated/Implemented	<ul style="list-style-type: none"> <li>• CTS Service User Advisory Board meetings resumed in March 2024 to discuss operations of the CTS. There are currently 12 members of the board.</li> <li>• Working with community partners to develop mortality data collection and including implementation of surveys with people who use drugs.</li> <li>• Continue to participate in external Community Outreach Coordination committee to support overall outreach to</li> </ul>

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				<p>people who are experiencing homelessness</p> <ul style="list-style-type: none"> <li>Planning the delivery of PPH clinical services at One City to those experiencing homelessness (focus group development, survey development, etc.).</li> </ul>
	Adverse Child Experiences (ACEs) Prevention & Child Development	1,2,3,4,5	Implemented	<ul style="list-style-type: none"> <li>Nurse Family Partnership (NFP) training and program promotion continued, alongside supporting clients. (currently 20 clients, 10 of clients total for PPH)</li> <li>Started an evaluation of the adoption and early implementation of the NFP with completion planned for April.</li> <li>“Parenting in Peterborough” survey completed and submitted to Trent Research Ethics Board for approval. Supported a pilot test of the parenting focus groups led by Trent University Social Change Lab.</li> <li>Community Resilience Collaborative has been formed with attendance from 17 organizations. Draft ToR completed by governance structure working group.</li> </ul>
	Climate Change	6, 3, 4	Complete (CCHVA)	<ul style="list-style-type: none"> <li>Climate Change and Health Vulnerability Assessment Technical Report published and</li> </ul>

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			Initiated / Implemented (extreme temperature adaptation)	<p>disseminated to a broad range of agencies and organizations. Several targeted presentations have been completed to share the key results of the assessment.</p> <ul style="list-style-type: none"> <li>• An environmental scan related to extreme heat adaptation activities has been completed. The scan informs adaptation priorities for 2024, including policy work, enhancement of local cooling centres/spaces, outreach to vulnerable populations, and key updates, including targeted communication strategies, for the extreme heat emergency subplan.</li> <li>• Terms of Reference for the Extreme Temperature and Health external network have been drafted; invitations for the first meeting have been sent.</li> <li>• Project work with Cambium Indigenous Professional Services (CIPS) has been implemented, with early planning meetings held with HKPR/PPH/CIPS and the establishment of the Indigenous Health Advisor Circle as the project's Steering Committee. PPH has also made connections with Simcoe-Muskoka and Durham health units to advance discussions related to taking a whole-of-treaty approach.</li> </ul>

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Our System	Partners in Health Equity	#4, #6	Implemented	<ul style="list-style-type: none"> <li>A new Inter-agency Emergency Preparedness Planning Table was launched in February. PPH is a founding collaborator with municipal Community Emergency Management Coordinators and other supportive stakeholders (e.g. Age Friendly Peterborough)</li> </ul>
	Indigenous Allyship		Implemented	<ul style="list-style-type: none"> <li>“Fostering Mino-Bimmaadiziwin: Indigenous Health in the 21st Century” forum was held on February 9th as part of the 2024 Elders &amp; Traditional Peoples Gathering at Trent University. 130 people were in attendance, with another 90 joining online.</li> <li>IHAC, acting as a consultation body for Indigenous engagement for other local health and social service boards and organizations, held a consultation with Peterborough Regional Health Centre.</li> </ul>
	Public Health System			<ul style="list-style-type: none"> <li>Ongoing participation at Peterborough Ontario Health Team meetings and facilitation of Peterborough Inter-agency Pandemic Response Planning Table.</li> <li>Supporting ongoing conversations and actions related to unattached patient population groups e.g. newborns, access to TB surveillance and treatment.</li> </ul>

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

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

### **LONG-TERM CHANGES FOR ‘OUR TEAM’**

#### **7 – Healthy Organizational Culture**

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

#### **8 – Staff Wellbeing & Development**

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

#### **9- Effective Teams**

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

**\*\*STATUS:**

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

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

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

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