

**Board of Health for  
Peterborough Public Health  
AGENDA  
Board of Health Meeting  
Wednesday, June 12, 2024 – 5:30 p.m.  
Multipurpose Rooms, 2<sup>nd</sup> Floor, PPH**

**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: 9.1 a b c 9.3.1 9.3.2*

**5. Delegations and Presentations**

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

- Cover Report
- a. Minutes, May 8, 2024

**7. Business Arising From the Minutes**

**8. Staff Reports**

**8.1. Staff Report: Wastewater Surveillance**

Guest: Dr. Christopher Kyle, Trent University

- Staff Report
- a. Trent University Wastewater Surveillance Proposal

**8.2. Stewardship Report: 2023 Draft Audited Financial Statements**

Guest: Mr. Richard Steiging, Baker Tilly KDN LLP

- Cover Report
- Draft Statements *(to be circulated separately)*

**8.3. Staff Report: Ontario Public Health Standards Review Update**

- Staff Report
  - a. Ministry Update (June 6/24)

**9. Consent Items**

**9.1. Correspondence for Information**

- Cover Report
  - a. Minister Jones – Merger Letter
  - b. MLHU – Nicotine Pouches
  - c. MLHU – CMOH 2023 Annual Report

**9.2. Staff Reports *(nil)***

**9.3. Committee Reports**

**9.3.1. Indigenous Health Advisory Circle**

- Cover Report
  - a. Minutes, February 23, 2024

**9.3.2. Stewardship**

- Cover Report
  - a. Minutes, October 26, 2023

**10. New Business**

**10.1. Oral Report: Association of Local Public Health Agencies 2024 Conference & Annual General Meeting Update**

- Cover Report

**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**

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

Wednesday, May 8, 2023, 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>June 12, 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 May 8, 2024.

**ATTACHMENTS**

- a. [Board of Health Minutes, May 8, 2024](#)

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

**In Attendance:**

**Board Members:**

**Deputy Mayor Ron Black  
Warden Bonnie Clark  
Mayor Matthew Graham  
Councillor Dave Haacke  
Mr. Paul Johnston  
Councillor Nodin Knot  
Councillor Joy Lachica, Chair  
Dr. Ramesh Makhija  
Mr. Dan Moloney  
Councillor Keith Riel (*joined at 5:11 p.m.*)  
Dr. Hans Stelzer  
Councillor Kathryn Wilson**

**Staff:**

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

**1. Call to Order**

Councillor Lachica, Chair, called the meeting to order at 5:01 p.m.

**2. Confirmation of the Agenda**

An addition was requested to new business, Association of Local Public Health Agencies Annual General Meeting Resolutions.

**MOTION:**

That the agenda be approved as amended.

Moved: Warden Clark  
Seconded: Mr. Moloney  
Motion carried. (M-2024-048)

**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: *9.2a,b,c,9.3.1,9.3.2,9.3.3,9.3.4,9.3.5*

Moved: Mr. Moloney  
Seconded: Dr. Makhija  
Motion carried. (M-2024-049)

MOTION (9.2 a,b,c):

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.

Moved: Mr. Moloney  
Seconded: Dr. Makhija  
Motion carried. (M-2024-049)

MOTION (9.3.1):

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.

Moved: Mr. Moloney  
Seconded: Dr. Makhija  
Motion carried. (M-2024-049)

MOTION (9.3.2):

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.

Moved: Mr. Moloney  
Seconded: Dr. Makhija  
Motion carried. (M-2024-049)

**MOTION (9.3.3):**

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

Moved: Mr. Moloney  
Seconded: Dr. Makhija  
Motion carried. (M-2024-049)

**MOTION (9.3.4):**

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

Moved: Mr. Moloney  
Seconded: Dr. Makhija  
Motion carried. (M-2024-049)

**MOTION (9.3.5):**

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

Moved: Mr. Moloney  
Seconded: Dr. Makhija  
Motion carried. (M-2024-049)

**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 April 10, 2024.

Moved: Mayor Graham  
Seconded: Deputy Mayor Black  
Motion carried. (M-2024-050)

**7. Business Arising From the Minutes**

**8. Staff Reports**

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

**MOTION:**

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

Moved: Mayor Graham

Seconded: Deputy Mayor Black

Motion carried. (M-2024-051)

## **9. New Business**

### **9.1. Association of Local Public Health Agencies (alPHa) Annual General Meeting Resolutions**

The alPHa Annual General Meeting is scheduled to occur on Thursday, June 6, 2024 in Toronto. Proposed resolutions were circulated to local public health agencies after the agenda package was finalized, these were presented to the Board.

The Board supported all resolutions and requested the proposal of a friendly amendment to A23-04 to reflect the following: If responsibilities in education/enforcement around updated regulatory needs for supportive living facilities serving vulnerable individuals are implemented, that sustainable funding to public health be added to ensure ongoing capacity to address this need.

**MOTION:**

The Board of Health for Peterborough Public Health support the following resolutions to be voted on at the 2024 Association of Local Public Health Agencies (alPHa) Annual General Meeting (June 6, 2024):

- A24-01 - Permitting Applications for Automatic Prohibition Orders under the Smoke Free Ontario Act, 2017 for Vapour Product Sales Offences; Middlesex-London Health Unit
- A24-02 - Artificial Intelligence for Enhanced Public Health Outcomes; Simcoe Muskoka District Health Unit, Wellington-Dufferin-Guelph Health Unit
- A23-03 - A Proposal for a Comprehensive Provincial Alcohol Strategy: Enhancing Public Health through Prevention, Education, Regulation and Treatment; Oxford-Elgin-St. Thomas Board of Health
- A23-04 - Reviewing Provincial Regulatory Needs for Supportive Living Facilities Serving Vulnerable Individuals; Oxford-Elgin-St. Thomas Board of Health (*friendly amendment to be requested*)



- A23-05 - Early Childhood Food Insecurity: An Emerging Public Health Problem Requiring Urgent Action, Ontario Dietitians in Public Health
- A23-06 - Compliance with Ontario Not-for-Profit Corporations Act (ONCA): Proposed 2024 alPHa General Operating By-Law to replace The Constitution of the Association of Local Public Health Agencies (Ontario), alPHa Board of Directors

Moved: Mr. Moloney

Seconded: Councillor Wilson

Motion carried. (M-2024-052)

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

**11. Motions for Open Session (nil)**

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

Wednesday, June 12, 2024, 5:30 p.m.

Peterborough Public Health

**13. Adjournment**

MOTION:

That the meeting be adjourned.

Moved: Warden Clarke

Seconded: Deputy Mayor Black

Motion carried. (M-2022-053)

The meeting was adjourned at 5:50 p.m.

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Chairperson

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Medical Officer of Health

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

<b>TITLE:</b>	<b>Wastewater Surveillance</b>
<b>DATE:</b>	<b>June 12, 2024</b>
<b>PREPARED BY:</b>	<b>Jane Hoffmeyer, Manager of Foundational Standards Donna Churipuy, Director of Health Protection</b>
<b>APPROVED BY:</b>	<b>Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- Write to the Minister of Health and the Minister of the Environment, Conservation and Parks to advocate for continued provincial coordination and support of wastewater surveillance across broad communities including the Peterborough Public Health region, or federal support for Peterborough wastewater surveillance;
- Recommend a future course for wastewater surveillance in Peterborough Public Health region. In the event that our advocacy does not result in continued provincial, or new federal funding for a program, we ask the Board of Health to provide direction on the future of this work:
  - Do not support continued local wastewater surveillance;
  - Support a scaled back seasonal wastewater surveillance program; or
  - Support a continued year-long wastewater surveillance program;

**FINANCIAL IMPLICATIONS AND IMPACT**

An estimated cost from the cost-shared base budget as a surveillance activity, or from reserves between \$31,250 and \$62,500 is anticipated depending on the wastewater surveillance scenario that is supported.

**BACKGROUND**

The Board of Health has previously received information on wastewater surveillance on the following dates:

- March 13, 2024 – Summary of Research Activities (2023) provided to the Board of Health, included details regarding a research collaboration between PPH, Trent & McMaster University regarding *Wastewater surveillance for earlier detection of seniors congregate living COVID-19 outbreaks in Peterborough*, published in the Canada Communicable Disease Report ([CCDR, Feb/Mar 2023](#)).
- September 8, 2021 – Staff Presentation to the Board of Health; the Board supported advocacy for funding to support additional and ongoing surveillance activities (letter sent to MPP David Piccini, former Minister of Environment, Conservation and Parks, on September 15, 2021).

- May 12, 2021 – Presentation to the Board of Health by Dr. Christopher Kyle, Professor, Trent University.

On May 30, 2024, PPH learned that the Provincial government will be discontinuing funding for wastewater surveillance throughout the province, including the local partnership with Trent University as of July 31<sup>st</sup> (early end to their current contract).

This was reflected to Medical Officers of Health as due to budget constraints despite continued relevance and importance of this information. This comes as a surprise to the public health field who has come to realize the broad utility of wastewater surveillance, not only for COVID-19 but for other infectious disease threats. In recent months it has proven useful for RSV, Influenza, MPox, and Polio.

COVID-19 continues to kill and have a greater severity than other respiratory viruses. In 2024 there have 12 been confirmed deaths from COVID-19 in PPH (396 in Ontario) to-date and in 2023 there were 35 deaths (2,063 in Ontario). By comparison, there has been one confirmed outbreak-related death from influenza to-date in 2024.

The provincial decision to discontinue funding for wastewater surveillance comes at the same time that the province is also shutting down the Case and Contact Management (CCM) surveillance tool provincially, which will mean that we will lose individual case count data for COVID-19. Therefore, the importance and relevance of wastewater surveillance data is more important.

Locally, wastewater surveillance has been an exemplary collaboration with Trent University and has been led by Professor Christopher Kyle. The Trent University partnership has been nationally and globally innovative, leading important research work that had not only local implications for the COVID-19 pandemic, but has resulted in internationally relevant research output with a [peer reviewed publication in Canada's national journal](#) and additional research outputs anticipated.

For the community of the Peterborough Public Health region since the Omicron wave of COVID-19 in 2021, individual-level testing has not been feasible and accessible. For this reason wastewater has been the primary indicator of community transmission of COVID-19 and other respiratory viruses. In the last 3 months the COVID-19 Risk Index, which primarily relies on wastewater data, has been the most visited page within the Peterborough Public Health webpage (4,952 distinct views) and the mailing listserve with the weekly Risk Index update has 787 subscribers. Beyond individual-level use, we have been informed that many community organizations and institutions rely on the Risk Index to establish guidance for respiratory virus precautions. On June 5<sup>th</sup> 2024, Peterborough Public Health issued a short survey to ask how many people in our region still use the wastewater information from the Risk Index, and how they use it. In 48 hours, 179 individuals indicated they still find the information useful. Key comments included,

- “I used to waste water numbers to assess my risk when I’m attending events... It has allowed me to get back to living life relatively normally.”
- “Unfortunately, in Ontario we have not been left with any other risk mitigation for COVID and so wastewater data is really important.”
- “Just today there was a news story about a summer surge in the newest covid variant and that wastewater monitoring was used as an essential indicator. Several days after an increase in wastewater levels, case numbers go up. It's an early warning system for people so they can take appropriate action.”

The provincial decision to cut funding early to this program, and not further renew funding on an annual basis comes as a surprise to the public health community, who believes that wastewater surveillance would be an established function on a long-term basis. Although there does appear to be some possibility of funding that may continue at a federal level for certain large urban sites (e.g., Toronto, Ottawa), Peterborough and rural sites do not appear to be in the scope of the forthcoming federal program. We additionally understand that no confirmation has yet happened with the federal program, and that there may be service interruption and/or reporting delays associated with a local program.

It would be a great loss to local infrastructure and capacity to support wastewater surveillance, in particular with the introduction of new infectious disease threats for the program to not continue. The tracking of mpox and polio were recent examples of its use in detecting emerging infectious diseases, and with H5N1 transmission readily in the United States, there is an immediate possibility of needing wastewater surveillance on a novel entity. This will continue to be the case on an ongoing basis, and one of, if not the most, important mechanisms of public health surveillance, particularly in a cost-effective community snapshot manner.

Trent University’s Professor Christopher Kyle has expressed willingness to continue this program and service to the community, on a cost-recovery basis if there were to be local funding by Peterborough Public Health to continue to support the continued work.

## **STRATEGIC DIRECTION**

This recommendation aligns with the PPH Strategic Plan:

- *“Ensure a strong, collaborative, and sustainable health system and public health response to the COVID-19 pandemic and future emerging/re-emerging disease threats.”*

## **ATTACHMENTS**

- [Trent University Wastewater Surveillance Proposal](#)

## **ATTACHMENT A: Trent University Wastewater Surveillance Proposal**

**Background:** Peterborough Public Health (PPH), in concert with Trent University (Trent), has been providing detailed wastewater surveillance information to Peterborough and surrounding areas since December 2020. Trent's wastewater surveillance has proven a useful tool in assessing and anticipating viral dynamics as illustrated in tracking SARS-CoV-2, influenza and respiratory syncytial virus (RSV), while also establishing local infrastructure relevant to testing other emerging pathogens at the community level. Wastewater surveillance, as presented in online tracking via PPH's Community Risk Index and direct reports to surveyed congregate settings, allowed individuals to make informed choices about their personal health and empowered PPH's data-driven public health messaging.

Trent's program has evolved throughout the past 4 years; initially, SARS-CoV-2 surveillance included Peterborough and Belleville communities via wastewater treatment plants (WWTP) and direct sampling at Trent University/Fleming College residences and 4 cumulative retirement homes. Surveillance expanded to include additional pathogens (RSV and influenza) and facilities (two additional long-term care facilities and WWTPs in: Norwood, Havelock, Lakefield and Millbrook). Resulting data was shared with health care providers through a collaborative Ontario network and via the PPH Community Risk Index webpage. Currently, Trent's surveillance includes: Belleville, Peterborough, and Millbrook WWTP samples and 6 congregate living facilities (4 retirement homes, 2 long-term care) that are sampled 3-5 times per week, providing SARS-CoV-2, RSV and influenza data within 24-36 hours after sampling. Trent has also developed assays for other enteric pathogens including: norovirus GI and GII, rotavirus as well as parainfluenza and other coronaviruses. All funding for this program, provided by the Ministry of the Environment, Conservation and Parks, ends as of July 31, 2024.

**What we can do:** Trent's wastewater surveillance program has adapted to the needs of the community and PPH and has been an asset to the local collaborative network. In-city testing and direct contact with personnel yields quality and timely data reporting, with the capacity to perform and develop broad-spectrum assays tailored to the changing needs of the community. As an example, Trent was able to quickly pivot and screen for MPox (that was locally detected) as the timely need arose in the Peterborough community.

**Proposal:** In order to provide high quality public health information and data, two targeted surveillance scenarios with 2 differing cost models are provided, focussing on the Peterborough wastewater treatment plant alone. **Surveillance would include:** SARS-CoV-2, RSV, influenza, controls, assuming an approximate average cost of \$250/sample.

### **Scenario 1: Full year**

**Coverage:** 50 weeks

**Pricing:** samples collected 3-5 times per week for 50 weeks, starting Aug. 1, 2024, = **\$62,500**

**Scenario 2: Seasonal**

**Coverage:** 25 weeks (mid Sept-mid March)

**Pricing:** samples collected 3-5 times per week for 25 weeks = **\$31,250**

**Supplemental Information:**

Costing Context - historically, other municipalities/facilities have paid \$500/sample (and up to \$1000/sample) for private lab testing. Over the past two years, Trent has created a cost-effective assay that simultaneously tests for the aforementioned pathogens allowing for reduced cost/sample.

Additional pathogens we can currently test for: Parainfluenza 1,2,3,4, human metapneumovirus, other coronaviruses (HCoV OC43, HCoV-229e; HCoV NL63; HCoV HKU1); enterovirus/rhinovirus, norovirus GI and GII and rotavirus.

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Stewardship Committee Report – 2023 Audited Financial Statements</b>
<b>DATE:</b>	<b>June 12, 2024</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant, on behalf of Mayor Graham, Committee Chair</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health approve the 2023 Audited Financial Statements.

**BACKGROUND**

The Committee met last on June 4, 2023. At that meeting, members received an overview of the statements from Baker Tilly LLP staff, and requested that the statements come forward to the Board at its next meeting for approval.

The Board of Health is required by contract to submit the 2023 Audited Financial Statements for Cost-Shared and 100% Funded Programs as part of the annual financial reconciliation with the of Ministry of Health.

The consolidated financial statements have been audited by Baker Tilly KDN LLP in accordance with the Canadian generally accepted auditing standards. The audit concluded that the financial statements present fairly, in all material respects, the financial position of Peterborough Public Health in accordance with the Canadian Public Sector Accounting Standards.

Please note that statements draft statements are not publicly posted until after they receive Board of Health approval, they will be added to the [Plans & Reports](#) section on the PPH website.

Mr. Richard Steinginga, Partner at Baker Tilly KDN LLP will be available at the meeting for questions.

**ATTACHMENTS**

- a. 2023 Draft Audited Financial Statements *(to be circulated separately)*

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

<b>TITLE:</b>	<b>Ontario Public Health Standards (OPHS) Review</b>
<b>DATE:</b>	<b>June 12, 2024</b>
<b>PREPARED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- receive the staff report, Ontario Public Health Standards (OPHS) Review, for information;
- send a letter to the Ontario Minister of Health to advocate that the forthcoming public health budget and funding review results in greater provincial funding for the public health system, in particular due to the anticipated increased workload from the draft OPHS currently under review; and,
- provide copies of this correspondence to the Ontario Chief Medical Officer of Health, the Association of Local Public Health Agencies and Ontario Boards of Health.

**FINANCIAL IMPLICATIONS AND IMPACT**

In September 2023, the Board of Health received a [Staff Report](#) from the Stewardship Committee, *2024 PPH Budget Considerations II* (p. 24-36), which outlined additional resources that would be required for full compliance with the OPHS to the amount of \$2,041,391. The Minister of Health indicated that public health units will be held to a 1% per year increase to base budgets for the years of 2023-25.

**DECISION HISTORY**

The Board of Health received details of the provincial strategy to ‘Strengthening Public Health in Ontario’ at its September 13, 2023 meeting as part of a Stewardship Committee Budget Consideration [Staff Report](#) (p. 24-36). This report included a memo issued by the Ontario Chief Medical Officer of Health (CMOH) on August 22, 2023, outlining the strategy.

Later that year, the Board received a presentation from Director Hallie Atter regarding the ‘Formula for Public Health Impact’ on [December 13, 2023](#) (p. 31-44). The presentation spoke to the value of local health promotion in response to various several public health papers which were released reinforcing the importance of these areas of expertise to local public health delivery given the Province’s desire to refine the OPHS and potentially shift some responsibility away from local public health agencies (LPHAs). In response, the Board sent a [letter](#) (p. 69-70) to the Premier, Minister of Health and Associate Minister of Health on January 5, 2024 regarding ‘Public Health Strengthening’, urging the Province to strongly invest in local health



promotion delivered by LPHAs by maintaining the current breadth and scope of health promotion work outlined in the OPHS, and requesting that the CMOH ensures proactive local engagement in the sector-driven review of the OPHS.

## **BACKGROUND**

In August 2023, the Minister of Health announced the Province would be undertaking a process to strengthen the provincial Public Health system, including three components: 1) voluntary health unit merger funding; 2) reviewing the Ontario Public Health Standards (OPHS); 3) reviewing funding for public health units. The objectives of reviewing the OPHS were to “to refine, refocus and re-level roles and responsibilities, collaborating with partners to optimize functions, for implementation beginning January 1, 2025.” ([Link](#)) PPH has had longstanding difficulty attaining compliance with the OPHS given current funding levels.

Since the Minister’s announcement, PPH has had staff engaged in various standards review groups to engage provincially in feedback to inform this process. Draft versions of the OPHS have now been released to health units with an opportunity to comment by June 20<sup>th</sup> 2024. PPH created a comprehensive process to review internally and engage staff in understanding changes to the standards to inform our comments back to the Province, and to inform early planning for implementation when the final standards are released later this month. It is important to emphasize that this review is based on draft standards, and it is unclear when the final standards will be released, and whether the intended implementation date of January 1, 2025 will still be advanced.

Overall, feedback across the standards/protocols that have been released as draft are that there was less change than we anticipated, given the provincial goal of alleviating workload by refining/refocusing the standards. Staff believed some lower impact activities (e.g., vision screening/support services, low-risk food inspections moving to complaint based), would be removed from the standards to free capacity which they did not. Additionally, staff thought the standards would provide more clarity in what would be done provincially by Public Health Ontario, the Ministry of Health or Ontario Health, in reality this is not seen and the draft standards appear to present more work at the local level.

Notably, we anticipated large changes to the Comprehensive Health Promotion standard might result in greater clarity in expectations and alignment in program delivery between public health units, however, the new standard is less clear than previous. We learned that health promotion activities are important in communicable disease control through COVID-19, yet the Comprehensive Health Promotion Standard focuses on non-communicable disease control. There are, however, additions of health promotion to the Infectious and Communicable Diseases Prevention and Control Standard under Sexually Transmitted and Blood Borne Infections. The combining of certain standards (e.g., oral health, school health) does not reduce the workload, but just collapses multiple topics into one more broad standard.

A summary of the judgements from staff reviewing on the workload impacts of the new draft standards, the alignment with provincial goal completion (to refine, refocus and re-level roles and responsibilities) and the feasibility of implementation for PPH teams by January 1<sup>st</sup> 2025, are articulated in Table 1.

**Table 1.**

Standard/Protocol	Workload	Provincial Goal Completion	Implementation Feasibility by Jan 1	Significant Changes
<b>FOUNDATIONAL STANDARDS/ORGANIZATIONAL</b>				
Partnership, Collaboration, Coordination, and Knowledge Exchange Standard	Greatly increased	Somewhat disagree	Not sure	Further work to support enhanced priority population identification, social determinants data collection/analysis, work with community partners and Indigenous partners/communities. Removed language around primary research requirement.
Emergency Management Standard	Not reduced or increased	Somewhat agree	Not sure	Clarity in roles and responsibilities, in particular for health sector tabletop exercises and respiratory planning supports.
Population Health Assessment Standard	Somewhat increased	Somewhat agree	Not sure	Further work to support enhanced priority population identification, social determinants data collection/analysis, work with community partners and Indigenous partners/communities.
Program Planning, Evaluation and Quality Standard	Not reduced or increased	Strongly disagree	Somewhat feasible	No significant changes.
Health Equity Standard	Somewhat increased	Strongly disagree	Not sure	Additional engagement requirements, including clarity for LPHAs to work with Indigenous communities. Specific reference to use of a health in all policies framework.
Relationship with Indigenous Communities Protocol	Somewhat increased	Somewhat agree	Somewhat feasible	Relationship with Indigenous Communities Protocol enhanced from previous Engagement guidelines. This work is much more directive than previous and strengthens requirement for engagement. Staff will require

Standard/Protocol	Workload	Provincial Goal Completion	Implementation Feasibility by Jan 1	Significant Changes
				further cultural competency training and training on Indigenous data governance. This aligns with current strategic priorities.
<b>HEALTH PROTECTION</b>				
Immunization Standard	Somewhat increased	Somewhat disagree	Somewhat feasible	New reporting requirements and inventory reconciliation for COVID-19 vaccinations, and preparation for mass immunization clinics, which will add workload. “Decreased vaccine hesitancy” added to the Program Outcomes, but not referred to in any of the immunization protocols.
Health Hazard Management Standard & Protocol	Not reduced or increased	Strongly disagree	Feasible	More specificity on surveillance requirements.
Food Safety Standard & Protocol	Somewhat increased	Somewhat disagree	Somewhat feasible	Addition of mandatory pre-consultation for special events, which is helpful but will add administrative workload, while it may decrease some inspections of low-risk special events.
Recreational Water Protocol	Not reduced or increased	Strongly disagree	Somewhat feasible	No significant changes.
Safe Drinking Water Protocol & Standard	Not reduced or increased	Strongly disagree	Somewhat feasible	Removal of explicit requirement of inspecting water haulers.
Infection Prevention and Control Complaint and Lapse Investigation Protocol	Not reduced or increased	Neither disagree or agree	Feasible	No significant changes, new risk assessment tools referenced.
Infection Prevention and Control in Child Care Centres and Personal Service Settings Protocol	Greatly reduced	Somewhat agree	Feasible	Removal of routine inspections to certain personal service settings (e.g. hair salons) and these will now only be complaint-based.
Infectious and Communicable Diseases Prevention and Control Standard	Somewhat increased	Neither disagree or agree	Feasible	New inclusion of 24/7 availability for receipt of IPAC issues and complaints.

Standard/Protocol	Workload	Provincial Goal Completion	Implementation Feasibility by Jan 1	Significant Changes
Tuberculosis Prevention and Care Protocol	Somewhat increased	Neither disagree or agree	Feasible	Not significant changes, but work associated with continued expectations latent TB and medical surveillance has been increasing with increased numbers.
<b>HEALTH PROMOTION</b>				
Comprehensive Strategies and Systems to Address Substance Use Protocol	Greatly increased	Somewhat agree	Somewhat feasible	Broadened focus on other substances beyond previous opioids. Adds additional work for health units to engage in advisory committees (drug strategies) and implement health unit strategies to address substance use stigma and other substances.
Substance Use Prevention and Harm Reduction Standard	Somewhat increased	Somewhat disagree	Somewhat feasible	Enhanced responsibilities around additional substances beyond opioids, this will have significant increased staffing capacity and training needs. Removed LPHA role in smoking cessation treatment and refocused on health promotion and prevention of smoking and vaping.
Harm Reduction Supplies and Supports Protocol	Greatly increased	Somewhat agree	Feasible	Additional roles for PHUs have been added regarding harm reduction supplies, naloxone, referrals to treatment/basic needs/primary care/housing, and partnering with people with lived/living experiences.
Comprehensive Health Promotion Standard	Somewhat increased	Somewhat agree	Somewhat feasible	4 standards being collapsed into one, and decreased emphasis on addressing individual behaviours and providing individual-level services. Focus on more population level interventions and creating healthy environments. However, somewhat increased workload given that the standard adds a lifecourse perspective including aging (which hasn't been in the OPHS since 1990s).
Comprehensive Health Promotion Protocol	Somewhat increased	Somewhat agree	Somewhat feasible	The Comprehensive Health Promotion Protocol is new. Enhanced responsibilities for

Standard/Protocol	Workload	Provincial Goal Completion	Implementation Feasibility by Jan 1	Significant Changes
				community collaboration and coordination on surveillance, public policy and creation of supportive environments.

Lastly, the Ministry provided an update on the OPHS review at the Association of Local Public Health Agencies Conference on June 6, 2024 (att. A).

**STRATEGIC DIRECTION**

This report applies all aspects of the Board’s Strategic Plan and mandated work.

**ATTACHMENTS**

- a. [Ministry OPHS Update Slide Deck – June 6/24](#)

# OPHS Review

June 7, 2024

Excerpt from alPHa  
Symposium June 6, 2024  
Presentation

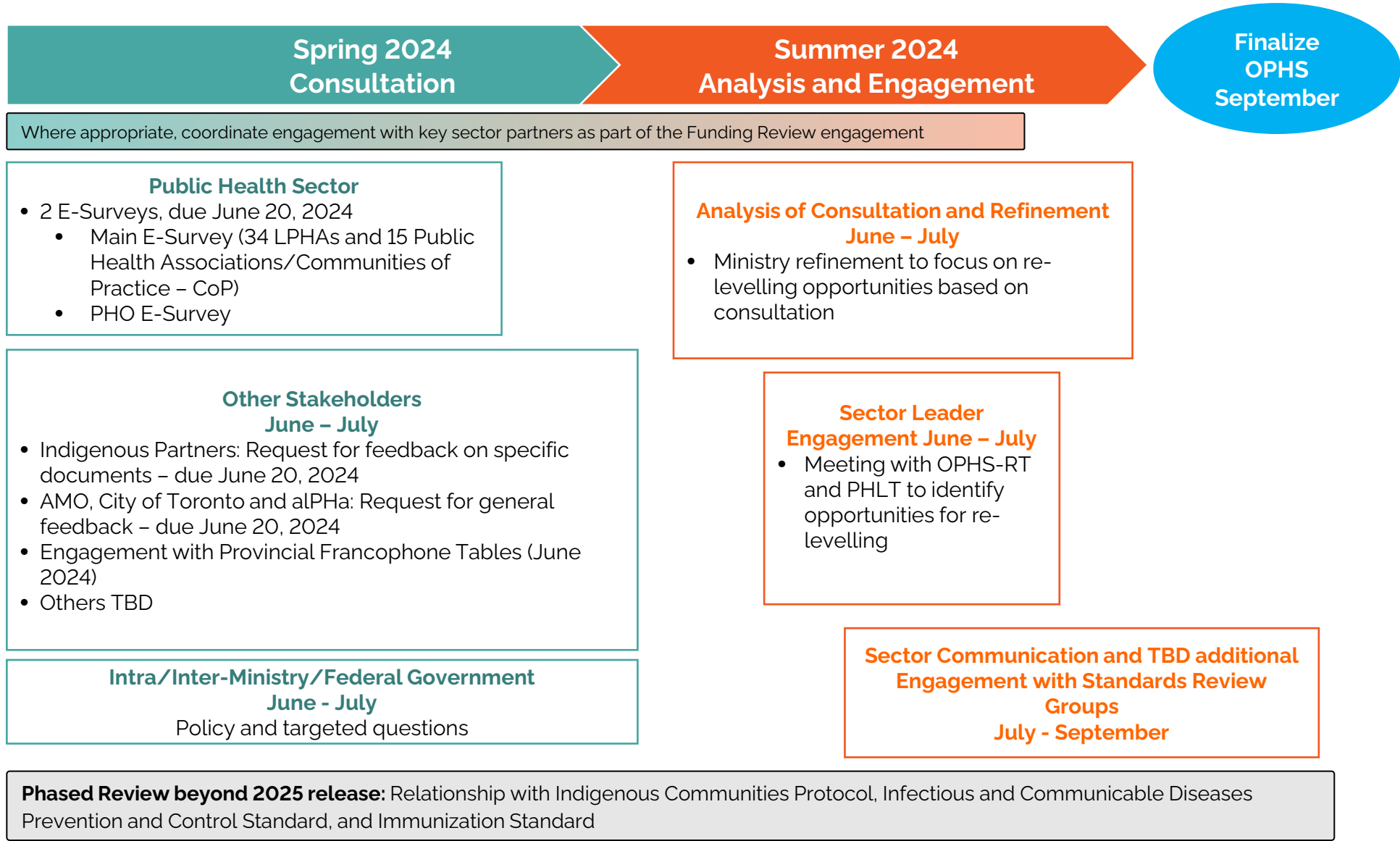
# Roles and responsibilities: Overview

Clarify and strengthen the role of LPHAs by **refining, refocusing and re-leveling roles and responsibilities**



- Conduct a routine, sector-driven review of the **Ontario Public Health Standards (OPHS)**, against a **decision framework**.
- Work with partners to identify roles and responsibilities that can be refined or stopped, and/or 're-leveled' to a regional or provincial level.
- Release revised **OPHS by January 1, 2025**.

# Consultation, Analysis, and Finalization of OPHS







# OPHS Review – Decision Framework

## First Analysis: Does the intervention belong?

1. Does the intervention address a significant burden of illness? **If not, discontinue**
2. Is the intervention informed by evidence of effectiveness? **If not, discontinue**
3. Are the benefits of the intervention reasonable in relation to costs? **If not, discontinue**
4. Is the board of health the most appropriate delivery agent? **If not, plan to transfer to appropriate agent or discontinue**
5. Does the intervention reduce, or at least not increase, health inequities? **If not, redesign, if possible, or discontinue**
6. Is the intervention the most cost-effective of available approaches? **If not, replace with most cost-effective approach or discontinue**

## Second Analysis: How should the intervention be changed?

### Refinement

- Are there components of the intervention to be re-leveled (where and why)?
- Can board of health's role/responsibilities in the intervention be refined or refocused?
- Are there ways to modify the intervention to improve cost-efficiency/effectiveness (e.g., innovations)?
- Are there ways to incorporate new evidence to enhance effectiveness?
- Are there opportunities to strengthen partnerships and collaboration?
- Are there COVID-19 lessons learned or impacts that should be included with this intervention?
- Are there technical changes that need to be considered?

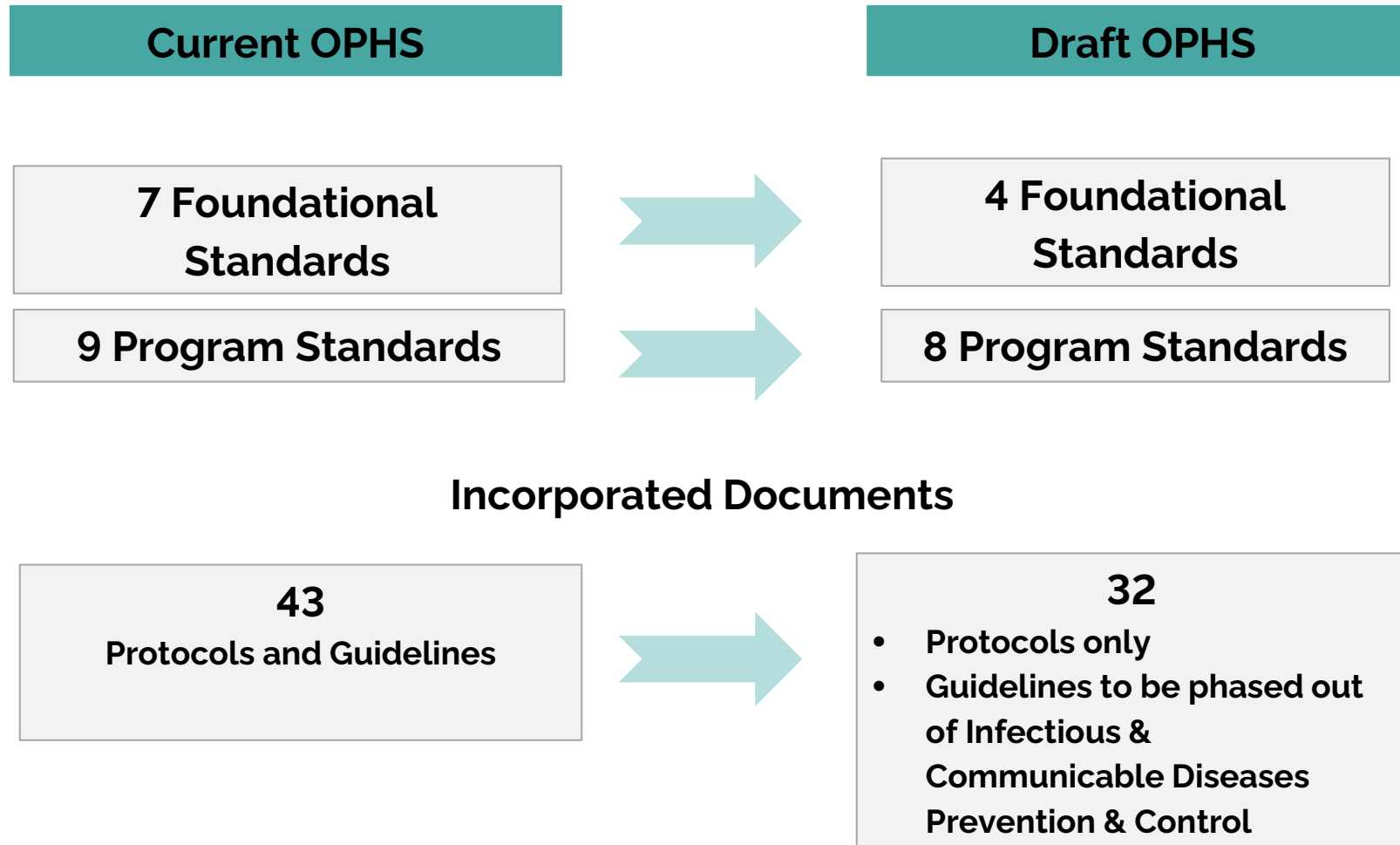
### Context

- Is the standard designed to accommodate geographical or urban-rural differences locally that impact this intervention?
- Does the standard address health equity factors that impact this intervention?

### Implementation Considerations

- Are there implications for other legislative changes, municipal roles/responsibilities, or for other parts of provincial government (e.g., other ministries, within MOH, agencies)?
- Are there consequential changes to other Standards, protocols, or guidelines?
- Are the proposed changes pragmatic (e.g., fit with other interventions, consistency with cross-cutting themes, etc.)?

# Current and Draft OPHS high level comparison



# OPHS Review: Overview of Changes to Foundational Standards

- The proposed new structure of the Foundational Standards includes the following changes:
  - Removed 'Effective Public Health Practice' category and re-organized sub-sections
  - Emergency Management moved to a Program Standard

Current OPHS	Draft OPHS
<p align="center"><b>7 Foundational Standards</b></p> <p align="center">4 Standards, 1 Standard with 3 sub-sections</p>	<p align="center"><b>4 Foundational Standards</b></p>
<ul style="list-style-type: none"> <li>• Population Health Assessment</li> <li>• Health Equity</li> <li>• Effective Public Health Practice               <ul style="list-style-type: none"> <li>• Program Planning, Evaluation, and Evidence-Informed Decision-Making</li> <li>• Research, Knowledge Exchange, and Communication</li> <li>• Quality and Transparency</li> </ul> </li> <li>• Emergency Management</li> </ul>	<ul style="list-style-type: none"> <li>• Population Health Assessment</li> <li>• Health Equity</li> <li>• Program Planning, Evaluation, and Quality</li> <li>• Partnership, Collaboration, Coordination, and Knowledge Exchange</li> </ul>

# OPHS Review: Specific Changes to Foundational Standards

Standard	Key Changes
Population Health Assessment (PHA)	<ul style="list-style-type: none"> <li>Updated surveillance and assessment activities               <ul style="list-style-type: none"> <li>Removed topics less relevant for PHA and allowed LPHAs to consider some topics. This balances variability in data availability and local priorities.</li> <li>Directed LPHAs to use provincial or federal surveillance supports first, where available.</li> </ul> </li> <li>Removed list of data sources that are not mandatory. Many categories were too broad or unclear.</li> <li>Clarified requirements for LPHAs to work with Indigenous communities.</li> </ul>
Health Equity	<ul style="list-style-type: none"> <li>Added requirement for LPHAs to provide, or ensure the provision of, public health services to all Indigenous communities and organizations while recognizing existing federal roles and relationships.</li> <li><b>Phased:</b> Ongoing engagement is underway with Indigenous partners to clarify roles and responsibilities in the Relationship with Indigenous Communities Protocol.</li> </ul>
Program Planning, Evaluation, & Quality	<ul style="list-style-type: none"> <li>Refocused LPHA public health policy role to reduce duplication.</li> <li>Improved alignment with program planning and clarified LPHA role in evaluation to address Auditor General's recommendations.</li> </ul>
Partnership, Collaboration, Coordination, & Knowledge Exchange	<ul style="list-style-type: none"> <li>Added principles of partnership, collaboration, and engagement as requirements to highlight LPHAs' role in bringing partners together.</li> <li>Removed foundational requirements about communications.</li> <li>Removed primary research requirement as an LPHA role.</li> </ul>

# OPHS Review: Overview of Changes to Program Standards

- Chronic Disease Prevention & Well-Being, Healthy Growth & Development, School Health, and the Injury Prevention component of the Substance Use and Injury Prevention Standard merged into the new Comprehensive Health Promotion Standard
- Healthy Environments Standard renamed as Health Hazard Management Standard

Current OPHS	Draft OPHS
<p align="center"><b>9 Program Standards</b></p>	<p align="center"><b>8 Program Standards</b></p>
<ul style="list-style-type: none"> <li>• Chronic Disease Prevention &amp; Well-Being</li> <li>• Food Safety</li> <li>• Healthy Environments</li> <li>• Healthy Growth &amp; Development</li> <li>• Immunization</li> <li>• Infectious &amp; Communicable Diseases Prevention &amp; Control</li> <li>• Safe Water</li> <li>• School Health</li> <li>• Substance Use and Injury Prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive Health Promotion</li> <li>• Emergency Management</li> <li>• Food Safety</li> <li>• Health Hazard Management</li> <li>• Immunization</li> <li>• Infectious &amp; Communicable Diseases Prevention &amp; Control</li> <li>• Safe Water</li> <li>• Substance Use Prevention &amp; Harm Reduction</li> </ul>

# OPHS Review: Specific Changes to Program Standards (1)

Standard	Key Changes
Comprehensive Health Promotion	<ul style="list-style-type: none"> <li>• Focused LPHAs' roles to creating healthy environments and delivering population-level interventions and decreased emphasis on addressing individual behaviours and providing individual-level services. This will improve program efficiency and population health outcomes. It will also reduce duplication in the health system and allow LPHAs to re-direct resources to priority areas.               <ul style="list-style-type: none"> <li>• LPHAs will continue to deliver individual-level services for oral health care and healthy babies' programs.</li> </ul> </li> <li>• Removed vision screening requirement. Instead, LPHAs will support the public to navigate the vision screening health services.</li> </ul>
Emergency Management	<ul style="list-style-type: none"> <li>• Moved standard from Foundational to Program. Requirements align with current expectations as outlined in existing guideline.</li> </ul>
Food Safety	<ul style="list-style-type: none"> <li>• Updated LPHAs' role in promoting food safety in high-risk food premises that serve priority populations (e.g., LTC homes, child care centres, commercial kitchens that prepare food for other food service locations, etc.) to ensure timely and efficient outbreak management.</li> <li>• Addressed gaps in food safety inspection programs as recommended by the Auditor General This includes posting inspection reports on-site and using a more consistent risk assessment approach for special events.</li> <li>• Encouraged LPHAs to share inspection reports for special events that cross jurisdictions to avoid duplicative inspections.</li> </ul>

# OPHS Review: Specific Changes to Program Standards (2)

Standard	Key Changes
Health Hazard Management	<ul style="list-style-type: none"> <li>Removed requirement to work with local municipalities on climate change by-laws under the Municipal Act and/or requirements under the Planning Act. This change is proposed as LPHAs cannot require municipalities to do this work.</li> </ul>
Immunization	<ul style="list-style-type: none"> <li>Refined LPHAs' role in immunizations for travelers and newcomers and type of immunization clinics to be provided.</li> <li>Added new requirements on data and technology and LPHA responsibility to adhere to the COVID-19 Vaccination Reporting Act.</li> <li>Refined expectations for LPHAs with respect to providing education sessions for philosophical immunization exemptions.</li> <li><b>Phased:</b> Review to continue following 2025 release.</li> </ul>
Substance Use Prevention & Harm Reduction	<ul style="list-style-type: none"> <li>Updated LPHA leadership role to work with community partners to develop and implement a comprehensive substance use strategy and carry out surveillance of risks related to opioids and other emerging products.</li> <li>Refined LPHAs' role in developing and implementing harm reduction supplies and support programs (e.g., clarifying responsibilities for collection and disposal of harm reduction supplies and strengthening connections to health and social services).</li> <li>Removed LPHA role in cessation treatment and refocused on health promotion and prevention of smoking and vaping.</li> </ul>

# OPHS Review: Specific Changes to Program Standards (3)

Standard	Key Changes
Infectious & Communicable Diseases Prevention & Control	<ul style="list-style-type: none"> <li>• Added requirement to conduct an environmental scan of existing resources before creating new resources to support infection prevention and control (IPAC).</li> <li>• Tuberculosis (TB): Clarified LPHA responsibility to share information and resources with partners; the use of orders about isolation and completing treatment; lab diagnostic tools updated for drug resistance prediction, referrals, and reporting requirement; to ensure continuity of care for those who cross jurisdictions; and to assess, identify and provide person-centered TB treatment supports.</li> <li>• Refocused LPHA IPAC efforts on high-risk settings and introduced a new preliminary risk assessment framework to help LPHAs assess IPAC complaints and determine appropriate follow-up. This will reduce burden on LPHAs.</li> <li>• Shifted IPAC inspection frequency in child care centres and personal service settings (PSS) to use a risk-based approach and clarified LPHA role; low-risk PSS has shifted to complaint-based inspections. Based on risk, inspection frequency for licensed child care before and/or after school programs changed to every two years while inspections for licensed child care centres continue to be yearly. These changes are expected to significantly reduce burden on LPHAs while prioritizing inspection resources on the highest risk settings.</li> <li>• <b>Phased:</b> Review to continue following 2025 release.</li> </ul>
Safe Water	<ul style="list-style-type: none"> <li>• Allowed LPHAs to designate others (e.g., municipal staff, students, etc.) to conduct some parts of seasonal beach sampling, while retaining the oversight and authority of public beach monitoring roles and responsibilities.</li> </ul>



# Protocols & Guidelines

## Protocols: 27– the highlighted items below are the 14 Draft Protocols that have been shared for feedback as part of the broader stakeholder consultation

1. Draft Comprehensive Health Promotion Protocol
2. Consumption and Treatment Services Compliance and Enforcement Protocol
3. Draft Comprehensive Strategies and Systems to Address Substance Use Protocol
4. Emergency Management Protocol\*\*
5. Draft Food Safety Protocol
6. Draft Harm Reduction Supplies and Supports Protocol
7. Draft Health Equity Protocol
8. Draft Health Hazard Management Protocol
9. Healthy Babies, Healthy Children Program Protocol
10. Draft Immunization for Children in Schools and Licensed Child Care Settings Protocol
11. Draft Infection Prevention and Control Complaint and Lapse Investigation Protocol
12. Draft Infection Prevention and Control in Child Care Centres and Personal Service Settings Protocol
13. Infectious Diseases Protocol
14. Institutional/Facility Outbreak Management Protocol
15. Menu Labelling Protocol
16. Oral Health Protocol
17. Draft Population Health Assessment and Surveillance Protocol
18. Qualifications for Public Health Professionals Protocol
19. Rabies Prevention and Control Protocol
20. Draft Recreational Water Protocol
21. Draft Relationship with Indigenous Communities Protocol
22. Draft Safe Drinking Water Protocol
23. Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol
24. Tanning Beds Protocol
25. Tobacco, Vapour and Smoke Protocol
26. Draft Tuberculosis Prevention and Care Protocol
27. Vaccine Storage and Handling Protocol

## Guidelines: 5 – phased review

1. Management of Avian Chlamydiosis in Birds Guideline
2. Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline
3. Management of Echinococcus Multilocularis Infections in Animals Guideline
4. Management of Potential Rabies Exposures Guideline
5. Tuberculosis Program Guideline

\*\*The updated Emergency Management Guideline was released on February 14, 2024, as part of the OPHS Review Short-Term Opportunities. It is intended for the Guideline to be converted to the Emergency Management Protocol, which is how it is referred to in the consultation documents.

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Information</b>
<b>DATE:</b>	<b>June 12, 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. Letter dated May 29, 2024 from Minister Jones to the HKPR & PPH Board Chairs regarding the voluntary merger.

Correspondence from other Local Public Health Agencies:

- b. Middlesex London – Nicotine Pouches\*
- c. Middlesex London – CMOH 2023 Annual Report\*

*\*both supporting PPH positions*

**Ministry of Health**

Office of the Deputy Premier  
and Minister of Health

777 Bay Street, 5<sup>th</sup> Floor  
Toronto ON M7A 1N3  
Telephone: 416 327-4300  
www.ontario.ca/health

**Ministère de la Santé**

Bureau du vice-premier ministre  
et ministre de la Santé

777, rue Bay, 5<sup>e</sup> étage  
Toronto ON M7A 1N3  
Téléphone: 416 327-4300  
www.ontario.ca/sante



May 29, 2024

David Marshall  
Chair, Board of Health  
Haliburton, Kawartha, Pine Ridge District Health Unit  
200 Rose Glen Road  
Port Hope ON L1A 3V6

Joy Lachica  
Chair, Board of Health  
Peterborough County-City Health Unit  
185 King Street  
Peterborough ON K9J 2R8

Dear Mr. Marshall and Councillor Lachica:

I understand that the Boards of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit and Peterborough Public Health have passed resolutions to proceed with the next phase of the voluntary merger process for your public health units. I want to thank you for your vision and dedication to improved public health services in you communities.

Through voluntary mergers, our government is working with local public health agencies to strengthen public health to ensure you have the tools, capacity, and stability you need to continue to deliver high quality care to communities across the province, now and for years to come.

A larger organization will help you to bolster your front-line services, cultivate depth of expertise, and facilitate better recruitment and retention of specialized staff and leadership.

Mergers are a key opportunity to strengthen public health services for the families in your region and I look forward to hearing about your next steps in this journey ahead.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sylvia Jones', written in a cursive style.

Sylvia Jones  
Deputy Premier and Minister of Health

.../2

- c: Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister
- Dr. Michelle Murti, Associate Chief Medical Officer of Health
- Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health
- Dr. Natalie Bocking, Medical Officer of Health, Haliburton, Kawartha, Pine Ridge District Health Unit
- Dr. Thomas Piggott, Medical Officer of Health, Peterborough County-City Health Unit
- Laurie Scott, Member of Provincial Parliament, Haliburton-Kawartha Lakes-Brock
- Hon. David Piccini, Member of Provincial Parliament, Northumberland-Peterborough South
- Dave Smith, Member of Provincial Parliament, Peterborough-Kawartha

May 28, 2024

Joy Lachica  
Board Chair, Peterborough Board of Health  
Peterborough Public Health  
Jackson Square  
185 King Street  
Peterborough, ON K9J 2R8

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

Dear Chair Lachica,

At the May 16, 2024 meeting, under Correspondence item [e\)](#), the Middlesex-London Board of Health moved to endorse the following item:

**Date:** April 30, 2024  
**Topic:** Recommendation for Federal Restrictions on Nicotine Pouches  
**From:** Councillor Joy Lachica, Chair, Peterborough Board of Health  
**To:** Honourable Mark Holland, Minister of Health

At the March 21, 2024 Middlesex-London Board of Health meeting, the Board heard recommendations for provincial and federal restrictions on newly emerging nicotine pouches that have entered the nicotine/tobacco/vaping marketplace. In addition, the Middlesex-London Board of Health submitted a response to Health Canada on March 22, 2024 outlining concerns of these new products.

Currently, Health Canada has approved “Zonnic” brand nicotine pouches for sale under the *Natural Health Products Regulations*. This has resulted in the availability of flavoured nicotine pouches available for purchase in all kinds of retail settings, primarily convenience stores and gas stations, displayed alongside candy, chips, and gum. The pouches come in colourful packaging and in a variety of flavours, which are particularly appealing to younger consumers. The availability of these products is concerning to public health.

The Middlesex-London Health Unit and the public health units within the Southwest Tobacco Control Area Network remain committed to working collaboratively with partners to prevent nicotine dependence, to promote cessation, and to protect communities through the promotion and enforcement of health protective policies.

Sincerely,



Matthew Newton-Reid  
Board Chair  
Middlesex-London Health Unit



Dr. Alexander Summers MD, MPH, CCFP, FRCPC  
Medical Officer of Health  
Middlesex-London Health Unit

CC: Skylar Franke, Board of Health Member

**May 29, 2024**

Joy Lachica  
Board Chair, Peterborough Board of Health  
Peterborough Public Health  
Jackson Square  
185 King Street  
Peterborough, ON K9J 2R8

**Re: Chief Medical Officer of Health Annual Report**

Dear Chair Lachica,

At the May 16, 2024 meeting, under Correspondence item [d](#)), the Middlesex-London Board of Health moved to endorse the following item:

**Date:** April 23, 2024

**Topic:** Chief Medical Officer of Health Annual Report

**From:** Councillor Joy Lachica, Chair, Peterborough Board of Health

**To:** Dr. Kieran Moore, Ontario Chief Medical Officer of Health and Hon. Sylvia Jones, Deputy Premier and Minister of Health

During the May 16, 2024 Board of Health meeting, the Board heard information from [Report No 36-24](#) re: Collective Action to Address Substance Use and Harms in Middlesex-London. The purpose of the report was to highlight recommendations from the [Chief Medical Officer of Health's Annual Report](#) regarding substance-related harms, including deaths and hospitalizations related to tobacco, alcohol, cannabis, and opioid use in Ontario, along with specific strategies to reduce them.

To highlight, the Middlesex-London Health Unit's response to these health impacts include:

- Clinical Services Delivery (e.g., early childhood home visiting programs);
- Community and Partner Mobilization (e.g., Middlesex-London Community Drug and Alcohol Committee);
- Healthy Public Policy Development (e.g., guidance pertaining to municipal alcohol retailer density);
- Communication and Social Marketing (e.g., regional campaigns such as Rethink your Drinking);
- Surveillance (e.g., collect, analyze, and interpret population-level health substance related data);
- Inspections (e.g., enforcing legal requirements of the Smoke-Free Ontario Act, 2017);
- Investigations (e.g., progressive enforcement activities related to Cannabis);
- Health Resource Inventory Management (e.g., needle exchange program and naloxone kit distribution and tracking).

Further to endorsing your item of correspondence, the Board has directed staff in coordination with public funders (City of London and County of Middlesex) to write a letter of support grounded in the local Middlesex-London context regarding the Chief Medical Officer of Health Annual Report. The Board would be pleased to share this letter of support with your Board when it has been made available.

Sincerely,



Matthew Newton-Reid  
Board Chair  
Middlesex-London Health Unit



Dr. Alexander Summers MD, MPH, CCFP, FRCPC  
Medical Officer of Health  
Middlesex-London Health Unit

CC: Skylar Franke, Board of Health Member

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Indigenous Health Advisory Circle Report</b>
<b>DATE:</b>	<b>June 12, 2024</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant, on behalf of Liz Stone, Circle Chair</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

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

**BACKGROUND**

IHAC met last on June 3, 2024 and requested that this item come forward to the Board of Health.

**ATTACHMENTS**

- a. [Minutes, February 23, 2024](#)



**Indigenous Health Advisory Circle**  
**MINUTES**  
**Friday, February 23, 2024 – 2:30 – 4:00 p.m.**  
**Board Room, 3<sup>rd</sup> Floor, PPH, 185 King Street**

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

**Staff:** Ms. Hallie Atter, Director, Health Promotion Division  
Ms. Julie Bromley, Manager, Environmental Health  
Ms. Donna Churipuy, Director, Health Protection Division  
Ms. Alida Gorizzan, Executive Assistant, Recorder  
Ms. Lauren Kennedy, Registered Dietitian, PPH  
Dr. Thomas Piggott, Medical Officer of Health & CEO  
Dr. Michelle Quaye, Resident  
Ms. Judy Stanley, Public Health Nurse, PPH  
Ms. Claire Townshend, Manager, Family & Community Health

**Guests:** Ms. Dawn Marie Kelly, Councillor, Alderville First Nation  
Ms. Julie Bothwell, Incoming Health & Social Services Manager, Alderville First Nation  
Dr. Natalie Bocking, Medical Officer of Health & CEO, Haliburton, Kawartha Pine Ridge District Health Unit  
Ms. Sue Shikaze, Health Promoter, HKPR  
Ms. Sarah Tsang, Health Promoter, HKPR  
Ms. Kerry Ann Charles, Cambium Indigenous Professional Services  
Ms. Brianna Barnhart, Cambium Indigenous Professional Services

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**1. Call to Order**

Dr. Piggott called the meeting to order at 2:30 p.m.

**2. Welcome and Introductions**

**3. Election of IHAC Chair and Vice Chair**

Members were supportive of the previous Chair and Vice Chair continuing in their leadership positions for 2024: Chair - Liz Stone, Vice Chair – David Newhouse.

Ms. Stone took over Chairing the meeting.

#### **4. Confirmation of the Agenda**

The agenda was approved as circulated.

#### **5. Presentation – Climate Change Adaptation / Indigenous Engagement**

- This item was in follow-up to an item presented to IHAC in July 2023.
- PPH and HKPR staff presented a high-level summary of their Climate Change Vulnerability and Health Assessment. As per direction from IHAC, Cambium Indigenous Professional Services (CIPS) has been engaged to coordinate the engagement of Indigenous communities for this project.
- CIPS attended to confirm if IHAC would be willing to be a Steering Committee for this work until the end of August 2024. As a steering committee, IHAC would receive regular touch points on this work, validate consultation groups, review reports generated prior from consultation sessions, etc. It was noted that regular IHAC meetings can be utilized for this purpose, however if more frequent direction/meetings were required, this would be based on member availability and scheduled separately.
- Feedback:
  - Confirm specific consultation groups with the Chair – it was noted there should be separate consultations for the Métis Nation of Ontario, as well as for the Urban Indigenous community.
  - Potential for community consultations to be further disaggregated (e.g., youth, elders, women), if possible.
  - Consider the use of a four-directions medicine wheel approach to frame the impact upon Indigenous communities.
  - Will the assessment take into account the impact on Indigenous communities and the need for additional infrastructure as a result (e.g. cooling stations, water purification, anti-UV equipment).

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

##### **6.1. December 15, 2023**

The minutes from December 15, 2023 were approved as circulated. **ACTION: The minutes will be circulated to the Board of Health at their next meeting.**

#### **7. Items Arising From the Minutes**

All community appointments to IHAC for 2024 were approved by the Board of Health at their January 10<sup>th</sup> meeting.

## 8. New Business

### 8.1. Peterborough Regional Health Centre

- Dr. Lynn Mikula, President / Chief Executive Officer and Sean Martin, Vice President, Clinical Services, Quality & Health Equity joined the meeting for this item.
- They provided an update on the work being done around health equity, with a specific focus on Indigenous health and anti-Indigenous racism.
- PRHC is in the early stages of developing an evidence-informed Equity, Diversity, and Inclusion (EDI) framework, and has hired an EDI lead for the hospital.
- Their Board of Directors are also engaged and have established an EDI committee.
- There will be an overarching Health, Equity, Diversity and Inclusion Committee, with several subcommittees including one focused on Indigenous Health.
- Feedback:
  - Members offered feedback that Indigenous perspectives and issues should be *in addition* to EDI (so EDII) to reflect the difference between Indigenous Peoples and other groups (e.g., new Canadians).
  - Members recommended an Indigenous position/lead at PRHC.
- Further consultations on this work is expected, members offered to assist with connections with their respective organizations when pertinent. Contact information for Dr. Mikula and Sean Martin was shared with IHAC members following the meeting.

### 8.2. Indigenous Engagement Staffing Model Update

- Hallie provided an update with respect to this position.
- In November 2023, the Board supported funding an Indigenous Specialist position. In December, IHAC provided feedback on a preferred staffing model, and upon further consultation with other local public health agencies, it has been determined that this will be a Management-level position.
- A position description is currently under development.

### 8.3. February 9 Forum Update

- Professor Newhouse provided an update on event which took place on February 9<sup>th</sup> as part of the 2024 Elders & Traditional Peoples Gathering.
- “Fostering Mino-Bimmaadziwin: Indigenous Health in the 21st Century” featured keynote speaker Darrel Manitowabi, as well as a panel including Samantha Roan, Phyllis Williams and Lesa Fox. 130 people were in attendance, with another 90 joining online.
- Following the meeting, the forum video was posted to the [PPH YouTube Channel](#) and shared with IHAC members.
- It was determined that the next forum scheduled for late March would be cancelled given the recent February event, the next forum date is currently scheduled for May 30.

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

Friday, April 26, 2024 – 2:30 p.m. – 4 p.m.

**10. Adjournment**

The meeting was adjourned at 4:02 p.m.

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Stewardship Committee Report</b>
<b>DATE:</b>	<b>June 12, 2024</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant, on behalf of Mayor Graham, Committee Chair</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from October 26, 2023 for information.

**BACKGROUND**

Stewardship met last on June 5, 2024. At that meeting, the Committee requested that this item come forward to the Board of Health at its next meeting.

**ATTACHMENTS**

- a. [Minutes, October 26, 2023](#)

**Board of Health for  
Peterborough Public Health  
MINUTES  
Stewardship Committee Meeting  
Thursday, October 26, 2023 – 2:30 – 4:00 p.m.  
Multipurpose Rooms, 2nd Floor, PPH**

**Present:** Deputy Mayor Ron Black  
Mayor Matthew Graham, Chair (virtual)  
Councillor Keith Riel  
Dr. Hans Stelzer  
Councillor Kathryn Wilson (virtual)

**Staff:** Ms. Dale Bolton, Manager, Finance and Property  
Ms. Alida Gorizzan, Executive Assistant, Recorder  
Dr. Thomas Piggott, Medical Officer of Health & CEO  
Mr. Larry Stinson, Director of Operations

**Guest:** Mr. Paul Johnston, Provincial Appointee

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**1. Call to Order**

Mayor Graham, Committee Chair called the meeting to order at 2:32 p.m.

**2. Confirmation of the Agenda**

MOTION:  
That the agenda be approved as circulated.  
Moved: Councillor Riel  
Seconded: Deputy Mayor Black  
Motion carried (M-2023-034-SC)

**3. Declaration of Pecuniary Interest (nil)**

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

**5. Delegations and Presentations (nil)**

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

**MOTION:**

That the minutes of the Stewardship Committee meeting held August 31, 2023 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Deputy Mayor Black

Seconded: Councillor Riel

Motion carried (M-2023-035-SC)

**7. Business Arising From the Minutes**

**8. Staff Reports**

**8.1. 2024 PPH Budget Approval**

**MOTION:**

That the Stewardship Committee receive the staff report, 2024 PPH Budget Approval, for information, and provide it to the Board of Health at its next regular meeting.

Moved: Deputy Mayor Black

Seconded: Dr. Stelzer

Motion carried (M-2023-036-SC)

**MOTION:**

That the Stewardship Committee recommend to Board of Health the approval of the 2024 Cost-Shared Public Health Budget of \$11,554,737, which reflects a base-level service amount of \$11,452,737 and funding to support staffing related to Indigenous Health Equity work in the amount of \$102,000.

Moved: Deputy Mayor Black

Seconded: Mayor Graham

Motion carried (M-2023-036-SC)

**8.2. Q3 2023 Standards Activity Report – Risk Management**

**MOTION:**

That the Stewardship Committee recommend that the Board of Health send a letter to the Ontario Minister of Health, with copies to local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health, expressing concern regarding the current funding levels for the Ontario Senior's Dental Care Program.

Moved: Councillor Riel

Seconded: Dr. Stelzer

Motion carried (M-2023-037-SC)

MOTION:

That the Stewardship Committee receive the staff report, Q3 2023 Standards Activity Report – Risk Management, for information and provide it to the Board of Health at its next regular meeting.

Moved: Deputy Mayor Black

Seconded: Dr. Stelzer

Motion carried (M-2023-038-SC)

8.3. **Q3 2023 Financial Report**

MOTION:

That the Stewardship Committee receive the Q3 2023 Financial Report for information and provide it to the Board of Health at its next regular meeting.

Moved: Councillor Wilson

Seconded: Dr. Stelzer

Motion carried (M-2023-039-SC)

9. **Consent Items** (*nil*)

10. **New Business**

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

12. **Motions for Open Session**

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

To be scheduled for 2024.

14. **Adjournment**

MOTION:

That the meeting be adjourned.

Moved: Deputy Mayor Black

Seconded: Councillor Riel

Motion carried (M-2023-040-SC)

The meeting was adjourned at 4:17 p.m.



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Oral Report – Association of Local Public Health Agencies 2024 Conference and Annual General Meeting Update</b>
<b>DATE:</b>	<b>June 12, 2024</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the oral report, Association of Local Public Health Agencies (alPHa) 2024 Conference and Annual General Meeting (AGM) Update, for information.

**BACKGROUND**

The alPHa Conference & AGM took place from June 5-7 in Toronto at the Pantages Hotel. The following individuals attended on behalf of PPH: Councillor Lachica, Warden Clark, Dr. Piggott, Hallie Atter.

Details regarding the conference have been previously circulated and can be viewed [here](#).