Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, September 4, 2024 – 5:30 p.m.
Multipurpose Rooms, 2nd Floor, PPH

1. **Call to Order**

2. **Welcome and Introduction – Samantha Roan, Manager, Indigenous Health**

3. **Confirmation of the Agenda**

4. **Declaration of Pecuniary Interest**

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

   Board Members: *Please identify which items you wish to consider separately from section 10 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 10.1 10.2 a b c d e 10.3.1 10.3.2 10.3.3 10.3.4 10.3.5 10.4.1*

6. **Delegations and Presentations**

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

   - Cover Report

   a. Minutes, June 12, 2024
   b. Minutes, August 6, 2024

8. **Business Arising From the Minutes**

9. **Staff Reports**

10. **Consent Items**

    10.1. Correspondence for Direction

    - Cover Report

    a. Middlesex-London - Bills S-233 and C-223

10.2. Correspondence for Information

- Cover Report

a. PPH Feedback to alPHa – OPHS Review
b. alPHa Submission to Ministry of Health – OPHS Review
c. PPH Letter to Ministers Jones & Khanjin – Wastewater Surveillance
d. PPH/HKPR Letter to Minister Jones – Merger Exploration
e. Renfrew – Wastewater Surveillance

10.3. Staff Reports

10.3.1. Staff Report – 2023/2024 Audited Financial Statement and Transfer Payment Annual Reconciliation Report - Healthy Babies Healthy Children Program

- Staff Report

a. HBHC Financial Statement
b. MCCSS Transfer Payment Annual Reconciliation Report

10.3.2. Staff Report – 2023/2024 Audited Financial Statement and Transfer Payment Annual Reconciliation - Infant Child Development Program

- Staff Report

a. ICDP Financial Statement
b. MCCSS Transfer Payment Annual Reconciliation Report
(combined with HBHC, please refer to 10.3.1b)

10.3.3. Q2 2024 Financial Report

- Cover Report

a. Q2 2024 Financial Report

10.3.4. Q2 2024 Program Status Report

a. Q2 2024 Program Status Report

10.3.5. Q2 2024 Strategic Plan Report

- Cover Report

a. Q2 2024 Strategic Plan Report

10.4. Committee Reports

10.4.1. Indigenous Health Advisory Circle

- Cover Report

a. Minutes, June 3, 2024

11. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001, Section 239(2)
(e) Litigation or potential litigation, including matters before administrative tribunals affecting the Board;
(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or by or on behalf of the municipality or local board.

12. Motions for Open Session

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

Wednesday, October 9, 2024, 5:30 p.m.
Peterborough Public Health

14. Adjournment

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Approval of Meeting Minutes**
DATE:	**September 4, 2024**
PREPARED BY:	**Alida Gorizzan, Executive Assistant**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meetings held on June 12 and August 6, 2024.

ATTACHMENTS

a. June 12, 2024
b. August 6, 2024

Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, June 12, 2024 – 5:30 p.m.
Multipurpose Rooms, 2nd Floor, PPH

In Attendance:

Board Members:	**Deputy Mayor Ron Black** **Mayor Matthew Graham** **Councillor Dave Haacke (virtual)** **Mr. Paul Johnston** **Councillor Joy Lachica, Chair** **Dr. Ramesh Makhija (virtual)** **Mr. Dan Moloney (virtual)** **Councillor Keith Riel** **Dr. Hans Stelzer**
Regrets:	**Warden Bonnie Clark** **Councillor Nodin Knott** **Councillor Kathryn Wilson**
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 5:29 p.m.

2. Confirmation of the Agenda

The Chair advised that the in camera session would also include an update regarding a litigation matter. In total, three items will be considered.

MOTION:
That the agenda be approved as amended.
Moved: Mayor Graham

Seconded: Dr. Stelzer
Motion carried. (M-2024-056)

3. Declaration of Pecuniary Interest *(nil)*

4. Consent Items to be Considered Separately

MOTION:
That the following items be passed as part of the Consent Agenda: *9.1 a,b,c; 9.3.1; 9.3.2.*
Moved: Mayor Graham
Seconded: Councillor Riel
Motion carried. (M-2024-057)

MOTION (9.1 a,b,c):
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
Moved: Mayor Graham
Seconded: Councillor Riel
Motion carried. (M-2024-057)

MOTION (9.3.1):
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.
Moved: Mayor Graham
Seconded: Councillor Riel
Motion carried. (M-2024-057)

MOTION (9.3.2):
That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from October 26, 2023 for information.
Moved: Mayor Graham
Seconded: Councillor Riel
Motion carried. (M-2024-057)

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 May 8, 2024.
Moved: Deputy Mayor Black
Seconded: Dr. Stelzer
Motion carried. (M-2024-058)

7. Business Arising From the Minutes

8. Staff Reports

8.1. Staff Report: Wastewater Surveillance

Guest: Dr. Christopher Kyle, Trent University

MOTION:
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; and
- in the event that this advocacy does not result in continued provincial, or new federal funding for a program; the Board supports funding of a continued wastewater surveillance program, delivered by Trent University, until December 31, 2025.

Moved: Dr. Stelzer
Seconded: Mayor Graham
Motion carried. (M-2024-059)

Based on the cost indicated in the report (annual), the pro-rated cost to the end of 2025 was estimated to be $81,000.

8.2. Stewardship Report: 2023 Draft Audited Financial Statements

Guest: Mr. Richard Steiginga, Baker Tilly KDN LLP

MOTION:
That the Board of Health for Peterborough Public Health approve the 2023 Audited Financial Statements.
Moved: Dr. Stelzer
Seconded: Deputy Mayor Black
Motion carried. (M-2024-060)

8.3. Staff Report: Ontario Public Health Standards Review Update

That the Board of Health for Peterborough Public Health:

- receive the staff report, Ontario Public Health Standards (OPHS) Review Update, for information; and,
- support a staged approach 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, specifically:
  - direct staff to email the Association of Local Public Health Agencies (alPHa) with their concerns, and request that they be reflected in their OPHS response to the Ministry; and,
  - should their response be deemed unsatisfactory, the Board directed staff to initiate a collective response to alPHa with other like-minded local public health agencies, followed by a letter from the PPH Board, if necessary.

Moved: Deputy Mayor Black
Seconded: Mr. Johnston
Motion carried. (M-2024-061)

It was noted that the County of Peterborough has requested a delegation with the Minister of Health at the upcoming Association of Municipalities of Ontario Conference in August.

9. Consent Items

Dr. Makhija departed the meeting at 7:02 p.m.

10. New Business

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

MOTION:
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.
Moved: Mayor Graham
Seconded: Councillor Riel
Motion carried. (M-2024-062)

11. In Camera to Discuss Confidential Matters

MOTION:
That the Board of Health for Peterborough Public Health go in camera at 7:24 p.m. to discuss three items in accordance with the Municipal Act, 2001, Section 239(2)
(d) labour relations or employee negotiations;
(e) Litigation or potential litigation, including matters before administrative tribunals affecting the Board; and,
(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or by or on behalf of the municipality or local board.
Moved: Mr. Johnston
Seconded: Mayor Graham
Motion carried. (M-2024-063)

Mr. Moloney departed the meeting at 7:53 p.m.

MOTION:
That the Board of Health rise from the In Camera session at 8:25 p.m.
Moved: Councillor Riel
Seconded: Mr. Johnston
Carried. (M-2024-064)

12. <u>Motions for Open Session</u> *(nil)*

13. <u>Date, Time, and Place of the Next Meeting</u>

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

14. <u>Adjournment</u>

MOTION:
That the meeting be adjourned.
Moved: Mr. Johnston
Seconded: Councillor Haacke
Motion carried. (M-2024-065)

The meeting was adjourned at 8:26 p.m.

Chairperson

Medical Officer of Health

Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Tuesday, August 6, 2024 – 7:30 a.m.
VIRTUAL

In Attendance:

Board Members:	**Deputy Mayor Ron Black**
	Warden Bonnie Clark
	Mayor Matthew Graham
	Mr. Paul Johnston
	Councillor Joy Lachica, Chair
	Dr. Ramesh Makhija
	Mr. Dan Moloney
	Councillor Keith Riel
	Dr. Hans Stelzer
	Councillor Kathryn Wilson
Regrets:	**Councillor Nodin Knott**
	Councillor Dave Haacke
Staff:	**Dr. Thomas Piggott, Medical Officer of Health & CEO, Recorder**

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1. Call to Order and Land Acknowledgement

Councillor Lachica, Chair, called the meeting to order at 7:34 a.m.

2. Confirmation of the Agenda

MOTION:
That the agenda be approved.
Moved: Mr. Moloney
Seconded: Dr. Makhija
Motion carried. (M-2024-066)

3. Declaration of Pecuniary Interest

4. In Camera to Discuss Confidential Matters

MOTION:
That the Board of Health for Peterborough Public Health go in camera at 7:35 a.m. to discuss three items in accordance with the Municipal Act, 2001, Section 239(2)

(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or by or on behalf of the municipality or local board.
Moved: Deputy Mayor Black
Seconded: Councillor Riel
Motion carried. (M-2024-067)

MOTION:
That the Board of Health rise from the In Camera session at 8:49 a.m.
Moved: Councillor Wilson
Seconded: Mr. Moloney
Carried. (M-2024-068)

5. Motions for Open Session

MOTION:
That the Board of Health for Peterborough Public Health send a joint letter with the Board of Health for the Haliburton, Kawartha Pine Ridge District Health Unit to the Minister of Health regarding ongoing merger negotiations.
Moved: Deputy Mayor Black
Seconded: Mayor Graham
Carried. (M-2024-069)

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

Wednesday, September, 4, 2024, 5:30 p.m.
Multipurpose Rooms, 185 King Street, Peterborough

7. Adjournment

MOTION:
That the meeting be adjourned.
Moved: Warden Clark
Seconded: Mayor Graham
Motion carried. (M-2024-070)

The meeting was adjourned at 8:50 a.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Direction – Middlesex London Health Unit - Support for "An Act to Develop a National Framework for a Guaranteed Livable Income"**
DATE:	**September 4, 2024**
PREPARED BY:	**Joëlle Favreau, Health Promotion Specialist**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive and endorse the letter dated July 24, 2024 from the Middlesex London Health Unit regarding Bills S-233 and C-223 "An Act to develop a national framework for a guaranteed livable basic income"; and,
- communicate this support to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of S-233 and C-233, "An Act to develop a national framework for a guaranteed livable basic income".

DECISION HISTORY

The Board of Health (BOH) has not sent previous correspondence related to this specific National Framework, however, the PPH BOH has a long history of supporting income-based solutions to reduce rates of poverty, income security, household food insecurity including social assistance policy, increased social assistance rates, support for basic income and the Ontario basic income pilot, and support for a living wage.

Positions/advocacy by the PPH BOH include:

- November 2005 - Support to increase social assistance rates
- July 2010 - Provincial income security review
- September 2012 – Social assistance cuts
- June 2015 – Endorsement of alPHa resolution regarding the basic income guarantee
- September 2015 – Support for basic income guarantee
- October 2015 - Transformation and increase of social assistance rates
- October 2016 - Strategy to ensure sufficient income to meet basic needs, including food.
- June 2020 – Support for basic income guarantee
- September 9, 2020 – Support for basic income guarantee

BACKGROUND

As noted in the MLHU correspondence, "a guaranteed livable basic income is a cash transfer from the government to citizens, that ensures everyone has a sufficient income to meet basic needs and live with dignity".

MLHU highlights that in 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021."[1]

Locally, in 2022, 16.2% of Peterborough households, with or without children (20,210 people), were low-income based on the Census Family Low Income Measure (CFLIM-AT).[2] Nearly one in five Peterborough residents (19%) live in a food insecure household.[3] PPH conducts the Nutritious Food Basket survey annually to monitor the affordability of food in Peterborough City and Region. The 2023 results, with its various case studies demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many residents of Peterborough and its region to afford basic needs.[4]

Other health units have recently expressed their support as well, including Ottawa Public Health[5] and Thunder Bay District Health Unit.[6] In addition, Ontario Dietitians in Public Health[7] have submitted reports and letters in support of Bill S-233 and C-223.

STRATEGIC DIRECTION

The Our System stream of the Board of Health's Strategic Plan seeks to position PPH to lead in the health and public health system of the future, including advocating for systemic changes to improve equity in access to basic needs. Integral to this goal is the objective to focus on income security locally in particular. Implementing a Livable Basic Income Guarantee would have a significant impact on addressing health inequities and supporting the health and wellbeing of vulnerable community members.

ATTACHMENTS

a. MLHU Letter & Staff Report

REFERENCES:

[1] Statistics Canada. Table 11-10-0135-01 Low income statistics by age, sex and economic family type. DOI: https://doi.org/10.25318/1110013501-eng.

[2] Statistics Canada. Table 11-10-0018-01 After-tax low income status of tax filers and dependants based on Census Family Low Income Measure (CFLIM-AT), by family type and family type composition. DOI: After-tax low income status of tax filers and dependants based on Census Family Low Income Measure (CFLIM-AT), by family type and family type composition (statcan.gc.ca)

[3] This number is a 3-year average from the Canadian Income Survey (CIS) that needs to be interpreted with caution due to a small sample size and variability in the sample. Food insecurity numbers may be underestimated as CIS samples do not include unhoused individuals or Indigenous Peoples living on-reserve.
Public Health Ontario (2023). Response to Scientific / Technical Request: Household Food Insecurity Estimates from the Canadian Income Survey: Ontario 2019-2022
[4] Peterborough Public Health. Addressing Food Insecurity in Peterborough – An Urgent Call to Action. December 2023.
[5] Ottawa Public Health, July 10, 2024. Retrieved from https://pub-ottawa.escribemeetings.com/FileStream.ashx?DocumentId=191341eSCRIBE Minutes (escribemeetings.com)
[6] Thunder Bay District Board of Health. (2024). 'Item 9.1: Household Food Insecurity in TBDHU'. In Minutes of Board of Health Meeting 20 March 2024. Retrieved from https://pubtbdhu.escribemeetings.com/FileStream.ashx?DocumentId=422
[7] Ontario Dietitians in Public Health. (2023). Livable basic income act. Retrieved from https://www.odph.ca/membership/documents/loadDocument?download=1&id=6765#upload/membership/document/2023-12/bill-s233-glbi-odph-14dec2023_1.pdf.

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July 24, 2024

Re: Support for Bills S-233 and C-223 "*An Act to develop a national framework for a guaranteed livable basic income*"

Dear Prime Minster, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, and National Finance Committee:

The Middlesex-London Board of Health supports a guaranteed livable basic income as a policy option for reducing poverty, income insecurity, and food insecurity and for providing opportunities for people with lower incomes. As such, we urge your support of Bills S-233 and C-223 "*An Act to develop a national framework for a guaranteed livable basic income*", currently being considered by the Standing Senate Committee on National Finance and in the process of the second reading in the House of Commons.

- Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being.
- Income has a strong impact on health, with better health outcomes associated with higher income levels, and poorer health outcomes associated with lower income levels [1].
- Income increases access to other social determinants of health (e.g., education, food, housing)[1].
- Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions, and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)[2-4].
- Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress[5-12].

- Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills[13-15].

A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing[16,17]. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account[18]. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians[18] and positively impacts childhood health outcomes (e.g., birth weight, mental health)[19].

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021[20]. In our community in 2021, 16.6% of London households with or without children (89,030 people) were low income based on the Census Family Low Income Measure (CFLIM-AT)[21]. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents [22,23].

The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs[24].

Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.

Yours truly,

Matt Newton-Reid
Chair, Middlesex-London Board of Health

cc:
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Ontario Boards of Health

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References

[1] Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). Social Determinants of Health: The Canadian Facts. Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management. Retrieved from https://thecanadianfacts.org/

[2] Lee, H., Slack, K. S., Berger, L. M., Mather, R. S., & Murray, R. K. (2021). Childhood poverty, adverse childhood experiences, and adult health outcomes. *Health & Social Work*, 46(3), 159-170.

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[4] Wise, P. H. (2016). Child poverty and the promise of human capacity: childhood as a foundation for healthy aging. *Academic pediatrics*, 16(3), S37-S45.

[5] Jessiman-Perreault, G. & McIntyre, L. (2017). The household food insecurity gradient and potential reductions in adverse population mental health outcomes in Canadian adults. *SSM - Population Health*, 3:464-472.

[6] Vozoris, N.T. & Tarasuk, V.S. (2003). Household food insufficiency is associated with poorer health. *The Journal of Nutrition*, 133(1):120-126.

[7] Tarasuk, V., Mitchell, A., McLaren, L., & McIntyre, L. (2013). Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *The Journal of Nutrition*, 143(11):1785- 1793.

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[20] Statistics Canada. Table 11-10-0135-01 Low income statistics by age, sex and economic family type. DOI: https://doi.org/10.25318/1110013501-eng

[21] Statistics Canada. Table 11-10-0018-01 After-tax low income status of tax filers and dependants based on Census Family Low Income Measure (CFLIM-AT), by family type and family type composition. DOI: https://doi.org/10.25318/1110001801-eng

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BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 49-24

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2024 July 18

SUPPORT FOR "AN ACT TO DEVELOP A NATIONAL FRAMEWORK FOR A GUARANTEED LIVABLE BASIC INCOME"

Recommendations

It is recommended that the Board of Health:

1) *Receive Report No. 49-24 re: "Support for 'An Act to Develop a National Framework for a Guaranteed Livable Basic Income'"; and*
2) *Direct the Board Chair to send a letter to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of S-233 and C-223 "An Act to develop a national framework for a guaranteed livable basic income".*

Report Highlights

- In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021.
- Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.
- Opportunities exist to influence healthy public policy through support for "An Act to develop a national framework for a guaranteed livable basic income" which is currently moving through the Senate (S-233) and the House of Commons (C-223).

Background

Upstream income-based solutions are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being. The Association of Local Public Health Agencies (alPHa) endorsed the concept of a basic income guarantee as a policy option for reducing poverty and income insecurity and for providing opportunities for people with lower incomes[1]. A guaranteed livable basic income is a cash transfer from the government to citizens, not tied to labour market participation, that ensures everyone has a sufficient income to meet basic needs and live with dignity.

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021[2]. In 2021, 16.6% of London households, with or without children (89,030 people), were low income based on the Census Family Low Income Measure (CFLIM-AT)[3]. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents[4,5]. The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs[6].

Health Impacts

Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being. Income has a strong impact on health, with better health outcomes associated with higher income levels and poorer health outcomes associated with lower income levels[7]. In addition, income increases access to other social determinants of health (e.g., education, food, housing)[7]. Income inequality is a key health policy issue requiring attention from policymakers[7].

Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)[8-10].

Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress[11-18]. Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills[19-21].

Guaranteed Livable Basic Income

A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing[22,23]. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account[24]. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians[25] and positively impacts childhood health outcomes (e.g., birth weight and mental health)[26].

From 2017-2019, the Ontario government conducted a basic income pilot with 4,000 participants from the Hamilton area, the Thunder Bay area, and in Lindsay, Ontario. There is limited evaluation from the pilot, as the study ended earlier than anticipated. Results from the Hamilton area showed “many recipients reported improvements in their physical and mental health, labour market participation, food security, housing stability, financial status, and social relationships[23(p4)]”. Further assessment of basic income as a policy option could demonstrate positive health outcomes.

"An Act to develop a national framework for a guaranteed livable basic income" is currently moving through the Senate (S-233)[27] and the House of Commons (C-223)[28]. The Bill requires "the Minister of Finance to develop a national framework for the implementation of a guaranteed livable basic income program throughout Canada for any person over the age of 17, including temporary workers, permanent residents and refugee claimants". The framework includes measures to: 1) determine what constitutes a livable basic income for each region in Canada; 2) create national standards for complementary health and social supports; 3) ensure participation in education, training, or the labour market is not required to qualify; and 4) ensure implementation does not result in a decrease in services or benefits related to health or disability.

Senate Bill S-233 is being considered by the Standing Committee on National Finance after passing the second reading (April 2023) and House of Commons Bill C-223 was read a second time and is in the Order of Precedence after an initial debate (May 2024). The Bills require support to continue moving through the Senate and House of Commons.

Public Health Support and Next Steps

The Board of Health has a history of support for income-based solutions to reduce rates of poverty, income insecurity, and household food insecurity including social assistance policy, increased social assistance rates, support for basic income, and support for the Ontario basic income pilot (Report No. 25-23 Minutes[6], Report No. 070-19[29], Report No. 053-18[30], Report No. 007-17[31], Report No. 063-16[32], Report No. 50-15[33]). Recently, Ottawa Public Health (June 2024 – Appendix A), Thunder Bay Public Health Unit (Agenda item 9.1)[34], and Ontario Dietitians in Public Health[35] have submitted reports and letters in support of Bill S-233 and C-223.

It is recommended that the Board of Health send a letter to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of S-233[27] and C-223[28] "*An Act to develop a national framework for a guaranteed livable basic income*" (Appendix B).

References are affixed as Appendix C.

This report was written by the Municipal and Community Health Promotion Team of the Family and Community Health Division.

Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Chronic Disease Prevention and Well-Being and Healthy Growth and Development standards as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
    - Our public health programs are effective, grounded in evidence and equity

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's Anti-Black Racism Plan and Taking Action for Reconciliation, specifically recommendations:

Anti-Black Racism Plan
Recommendation #37: Lead and/or actively participate in healthy public policy initiatives focused on mitigating and addressing, at an upstream level, the negative and inequitable impacts of the social determinants of health which are priority for local ACB communities and ensure the policy approaches take an anti-Black racism lens.

Taking Action for Reconciliation
Supportive Environments: Establish and implement policies to sustain a supportive environment, as required, related to the identified recommendations.
Equitable Access and Service Delivery: Clarify all funding sources during the development process for collaborative Indigenous-related programs and/or services. Transparency about funding and operational expenses is important to the relationship-building process.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Information**
DATE:	**September 4, 2024**
PREPARED BY:	**Alida Gorizzan, Executive Assistant**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

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

a. Email dated June 14, 2024 from Dr. Piggott to the Association of Local Public Health Agencies (alPHa) regarding PPH feedback on the Ontario Public Health Standards Review.
b. Letter dated June 20, 2024 from alPHa to the Ministry of Health regarding the Ontario Public Health Standards Review.
c. Letter dated June 20, 2024 from the Board Chair to Ministers Jones & Khanjin regarding wastewater surveillance.
d. Letter dated August 6, 2024 from the PPH and HKPR Board Chairs to Minister Jones regarding the voluntary merger.

Correspondence from other Local Public Health Agencies:

e. Renfrew – Wastewater Surveillance*

**supporting PPH position*

From: Thomas Piggott
Sent: Friday, June 14, 2024 5:07 PM
To: communications@alphaweb.org
Cc: Gordon Fleming
Subject: FW: OPHS Review: Invitation to Inform alPHa's Response

Dear alPHa staff,

It is a pleasure to provide feedback to alPHa on your letter.

With my team at Peterborough Public Health, we have reviewed and the draft OPHS from the Ministry of Health, as a component of the 'Strengthening Public Health in Ontario' plan.

Peterborough Public Health undertook a process engaging staff and leadership to provide insights into the changes to the significant changes to the OPHS and our perspectives on impacts for our teams.

Overall, we note that the changes to the standards were less significant than anticipated given the expectations set by the Ministry of Health for this review, and its objectives of re-leveling/refocusing public health activities. In many ways PPH was pleased to see this; we believe the scope of the 2018 OPHS presented an important work for public health, however, we have been challenged by inadequate funding to meet our mandated work.

We also noted that without clear changes communicated by standard/protocol from the Ministry the comparison was a significant exercise to review. Further, changes have not been accompanied by a rationale for the changes. We feel this is especially important where there are activities reduced or removed (what is the underlying rationale? What is the evidence of impact/alternate approaches/cost-effectiveness).

PPH was very pleased to see some of the changes in the new standards including in particular:

- An emphasis on Indigenous Health, and Truth and Reconciliation, notably engagement with First Nations and other Indigenous populations;
- Greater emphasis on health equity throughout the standards;
- Emphasis on engagement of priority populations;
- An emphasis on primordial prevention in the Comprehensive Health Promotion standard/protocol;

Here are some key pieces of constructive input we would appreciate being reflected in alPHa's response:

1. With few exceptions (e.g. moving from routine to complaints-based hair salon inspections), our team's review conclude that the draft standards have repackaged much of the same work, and overall will be a greater workload than the previous iteration.

2. We are pleased to additions of work protocolized to address substance use and harm reduction, and greater engagement of partners and priority populations in the standards. We do note that these expectations present large workload additions and will require resources to adequately complete.

3. The removal of some components of background and context, in the collapsing of standards into fewer standards and protocols provides less clarity that we feel may challenge implementation. Certain concepts (e.g. health in all policies as one example) require greater clarity in defining in order to ensure appropriate implementation. PPH will submit specific feedback on these matters in our survey response.

4. A big opportunity that PPH thinks would advocate to be included in the new standards is the Nurse Family Partnership program. We implemented this program in 2023 to important success and local impact. Consideration of provision of this, and corresponding funding could be added to the Comprehensive Health Promotion Standard, where HBHC is listed. Specifically this could include the following: "The Board of Health shall provide the Nurse-Family Partnership program as a targeted home visiting intervention to eligible individuals to supplement the Healthy Babies Health Children Program, where local assessment has identified need."

We would encourage alPHa to focus on in their response the importance of the funding review component of 'Strengthening Public Health' to ensure the provision of sufficient public health funding given the draft standards and anticipated impacts to increase workload for health units.

We look forward to also receiving the letter that alPHa submits please.

All the best,

Dr. Thomas Piggott (he/him), MD PhD CCFP FRCPC
Medical Officer of Health and CEO
Peterborough Public Health

--------- Forwarded message ---------
From: **Gordon Fleming**
Date: Fri, May 31, 2024 at 15:01
Subject: OPHS Review: Invitation to Inform alPHa's Response
To: allhealthunits

Dear alPHa Members / Medical Officers of Health,

Following direction on this matter by alPHa's Board of Directors, I am reaching out to you to request input for alPHa's submission on the Ontario Public Standards Review (OPHS). As noted in the Ministry's invitation to us, alPHa is not expected to fill out the survey that has been sent to each PHU but has been identified as a source of valuable input at a more general level.

We are therefore inviting each of our member public health agencies via the MOHs/CEOs to provide input (one per PHU) to alPHa's response. We will also be asking our Affiliates via their representative on the alPHa Board of Directors to do the same, as their content expertise may yield additional valuable perspectives.

We are not putting parameters on this input, which may take the form of general comments and/or sharing, in whole or in part, your responses to the Ministry's survey, or any other material you may have that is related to the current OPHS review. All input will be kept in confidence.

Should you choose to accept this invitation, please provide your response to Melanie Dziengo (communications@alphaweb.org) by the end of the day on Friday, June 14th. You may also contact her at any time should you have any questions or need further information.

Take Care,

Loretta

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)

alPHa
Association of Local PUBLIC HEALTH Agencies

PO Box 73510, RPO Wychwood
Toronto, Ontario M6C 4A7
E-mail: info@alphaweb.org

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health
Box 12, Toronto, ON M7A 1N3
Via e-mail: ophs.protocols.moh@ontario.ca

June 20, 2024

Dear Dr. Moore:

Re: Ontario Public Health Standards Review 2024

On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Associations, I am writing today to provide our initial feedback on the Draft Ontario Public Health Standards (OPHS) released on May 22, 2024. Given's alPHa's role and mandate, our comments will be at the system level as our members will be providing more detailed comments through your e-survey.

To start with, we and our members are pleased to see some of the needed systemic changes in the draft 2024 OPHS that reflect the best public health practices including:

- An emphasis on Indigenous Health, and Truth and Reconciliation, notably engagement with First Nations and other Indigenous communities:
- Greater emphasis on health equity throughout the standards;
- Emphasis on engagement of priority populations and those with lived experience; and
- An emphasis on primordial prevention in the Comprehensive Health Promotion standard/protocol.

We recognize the great work effort that has gone into updating the draft 2024 OPHS and we note a number of structural changes to the draft document itself. We see that guideline content under the draft 2024 OPHS are to be discontinued or included in existing/new protocols or reference documents. We look forward to future consultation on any revised protocols or new reference documents that are not included in this phase of the OPHS consultation process.

It was stated in the OPHS Review: Consultation Primer that Strengthening Accountability element under the Public Health Accountability Framework is not included in this phase of the OPHS consultation process. It would appear that the draft OPHS Foundational standards did not include the previous 2018 requirement for a BOH Annual Service Plan and a Budget Submission. Many use the Annual Service Plan as an organizing mechanism for program planning over the multitude of standards.

It was said at the recent alPHa conference that further engagement on the Accountability Framework would be coming shortly. It is hoped that all these streams of provincial public health work are coordinated and reviewed from a cumulative impact perspective on local public health agencies (LPHA).

With respect to the draft Population Health Assessment Standard, there are a number of recommendations we have that would improve the clarity and local ability to employ this standard effectively:

- Replace the broad references to "data" and "information" with more specific terms such as "local epidemiology" and "evidence" to better align with the standard's requirements;
- Add in the first requirement that "the Board of Health shall have access to and use local population assessment and surveillance". Without this clarification, LPHAs may not be able access provincial or federal population health surveillance systems, tools and products where available.
- Consider the reinstatement of the 2018 PHAS Protocol requirement that "the board of health shall produce information products to communicate population health assessment and surveillance results". This is needed to be able to meet the requirements embedded throughout many draft program standards and needs to be stated explicitly.

The draft Health Equity standard has been greatly expanded with new elements included such as "the social and structural determinants of health", much greater clarity on the engagement and relationship building with Indigenous Communities and Organizations, and the inclusion of a "Health in All Policies" approach in the development and promotion of health public policies. Many of our members already employ a "Health in All Policies" approach and this inclusion to the Draft 2024 OPHS is timely. It would be of great assistance that staff training and resources are made available by the province so that each LPHA does not have to search or create their own. Common language, approaches and policies would assist greatly in consistency and application in this foundational standard.

It is noted that the Draft Relationship with Indigenous Communities Protocol is still under development as the Ministry is still in the process of receiving feedback from all partners. The draft protocol is a thoughtful approach to developing and maintaining relationships with Indigenous Communities and Organizations while respecting their self-determination of which type of engagement and/or partnership they wish to have with the public health unit. Our members look forward to receiving more information in the forthcoming Relationship with Indigenous Communities Toolkit. Building staff knowledge and skills for these complex and critical activities will take time and funding to be able to do well. Additionally, Indigenous communities and representatives will also require new capacity funding to be able to engage to the degree they deem desirable.

Emergency Management now being a stand-alone standard makes sense given the last several years' experience and learnings with the COVID-19 pandemic. It has been greatly expanded in both the Program Outcomes and its Requirements from the 2018 standard under the Foundational Standards. It is more explicit in the Board of Health's (BOH) responsibilities in order to be fully prepared for future public health emergencies while working in coordination and collaboration with health sector and community partners, including municipal governments.

It is understood that local public health may not be able to control or manage an emergency, however need to be prepared and able to effectively respond including the mitigation of population health impacts. Now that the draft Emergency Management is outside of the Foundational Standards, it should be explicitly stated that it includes the Relationship with Indigenous Communities Protocol.

Understanding that "primordial prevention" refers to avoiding the development of health risk factors in the first place while primary prevention is about treating risk factors to prevent disease, makes the choice of this framing in the draft 2024 Comprehensive Health Promotion Standard very fitting. It would

be important to emphasize prevention at various life stages so consideration should be given to adding "primary" and "secondary" prevention with the focus on primordial prevention within the OPHS. Although many areas of health promotion strategies are listed in the first program outcome for the draft Comprehensive Health Promotion Standard, oral health is not listed even though it is expressly part of the requirements. We would ask that oral health is explicitly included in the first Program Outcome.

It truly is a comprehensive health promotion standard that incorporates the full range of public health activities to develop and implement such strategies. It is both flexible for its process design which is dependent on community needs while being quite broad in how it should be done through community partners engagement. It would be beneficial to add a direct reference to the role of public health in schools recognizing that schools are not mandated to work with public health. It needs to be recognized that collaboration, coordination and partnerships are a two-way activity.

Provincial coordination and alignment are critical between provincial ministries (i.e. Ministry of Health, Ministry of Education, Ministry of Children, Community and Social Services) in order to achieve population health objectives through systems level efficiencies and opportunities. The performance indicators for this draft Standard will need to mirror its breadth and what public health is actually accountable for as opposed to only being able to influence.

It is appreciated that new flexibility with respect to providing, in collaboration with community partners, visual health support services but not requiring the delivery of visual health support services, is provided in the draft 2024 OPHS. That said, it has been suggested by many that any reference to vision service navigation should be removed and re-leveled as there are more appropriate associations and provincial ministries that could provide this service more appropriately.

With respect to the draft 2024 Immunization Standard, there are a couple of requirements that bear high-level comments. Understand that the Immunization of School Pupils Act states that the reporting of immunization information is to the Medical Officer of Health, rather than the Board of Health. However, it is still the BOH who is the accountable body (as noted in the Consultation Primer for Specific Organizations) to ensure that all the standards are complied with so we would ask that this requirement is made consistent with your stated approach. Further, the Board of Health, and by extension all its staff including the Medical Officer of Health, must comply with all provincial legislation and regulations, therefore it is somewhat puzzling why the MOH's compliance with the Immunization of School Pupils Act, is identified on its own.

Our remarks on the new requirement for the BOH to utilize vaccine program delivery information systems designated by the ministry is framed in the context of the forthcoming Public Health Digital Platform. We understand that the vision for this platform is to be a combination of interconnected digital products and infrastructure to streamline public health operations. Given this direction, we have the following information management system recommendations:

- All centralized data and information systems must meet provincial and local needs which will require a broad, deep and on-ongoing engagement process by the province with LPHAs, health care providers and their representative associations
- There needs to be a centralized immunization information system that all health care providers, including public health, use and that the two current distribution channels for vaccines need to be part of this centralized immunization information system
- A successful centralized immunization information systems will require full implementation funding with on-going training, resources and support

- There needs to be full discussions on data-sharing governance and data-ownership principles in order to develop a consensus-informed agreement between parties
- There needs to be centralized and integrated data-sharing, including provincial data sharing agreements such as between the Ministries of Health and Education

The draft 2024 Substance Use Prevention and Harm Reduction Standard does provide more clarity on the BOH's responsibilities with respect to the development and implementation of a comprehensive substance use strategy to reduce harms in the population served. However, it needs be emphasized that the BOH cannot be solely responsible for providing increased access to services and supports that reduce harms associated with substance use in the Program Outcomes. Substance use services are primarily provided by the health care system which public health can influence but cannot direct. This will need to be read in concert with the new standard requirement calls for the "coordination of initiatives, programs, services, and policies with community, regional, and provincial partners to build on community assets, enhance access to and effectiveness of program and services, and promote regional harmonization".

These new requirements are particularly resource intensive and will require additional supports and human resources such as each LPHA to have a dedicated Drug Strategy Coordinator. Further there will need to be a dedicated funding model to support the remuneration and meaningful inclusion of those with lived experience into the planning, implementation and evaluation of a comprehensive substance use strategy.

The enhanced use of risk-based assessment to inform public health activities is welcome. Members would like this expanded to include inspection frequencies for recreational water (spas/pools/etc.) and low-risk food safety inspections. It is also suggested that beach water sampling could be removed as a public health responsibility given the risk analysis related to the burden of disease.
There are a number of new requirements in the draft 2024 OPHS to regional harmonization, provincial coordination and strengthening collective action. A key question that arises is whether this coordination and regional harmonization be driven by the province or will it be driven by each BOH dependent on its population health assessment and surveillance data? Prior to the draft 2024 OPHS being finalized, it would be prudent to consider this together in better detail to make sure that there is agreed-upon alignment with respect to both local and provincial expectations.

An overall observation is that the draft 2024 Ontario Public Health Standards are much more intensive and action-oriented than the previous 2018 OPHS. They are likely to take more effort and resources from our members' staff to achieve. The few 2018 OPHS activities that have been removed do not balance with the greater work intensity and workload observed in the draft 2024 OPHS. The draft 2024 OPHS directs BOH to "engage", "co-design", "collaborate" and work in partnership rather than the common direction to "consult" or "inform" in the 2018 OPHS.

Although this is the preferred mode of public health work, it will take additional staff time and focus not only develop, but maintain, respectful working relationships with health sector partners, community partners, Indigenous communities and municipal officials to achieve the program outcomes while delivering successfully on the new draft requirements. We would ask that this more active, mandated OPHS work is fully considered in the upcoming public health funding review as well as annual budgetary processes.

In closing, we recognize that having extensive public health standards is unusual in Canada and the public we both serve benefits from having a strong foundation for the collective practice of public health

in Ontario. Thank you for the opportunity to work together to strengthen Ontario's public health system.

Yours sincerely,

Trudy Sachowski
alPHa Chair

COPY: Deborah Richardson, Deputy Minister, Ministry of Health
Elizabeth Walker, Executive Lead, Office of the CMOH, Public Health

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

Peterborough Public Health

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June 20, 2024

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

Hon. Andrea Khanjin
Minister of the Environment, Conservation and Parks
Government of Ontario
minister.mecp@ontario.ca

Dear Honourable Ministers,

On Wednesday, June 12, 2024, the Board of Health for Peterborough Public Health approved a motion to request continued provincial coordination and support of wastewater surveillance across broad communities including the Peterborough Public Health region.

On May 30, 2024, PPH learned that the Provincial government will discontinue funding for wastewater surveillance throughout the province, including the local partnership with Trent University as of July 31st (early end to their current contract) despite continued relevance and importance of this information to residents of our region. The public health field has come to understand 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 our small region there have been 188 deaths due to COVID-19 through the pandemic including 12 confirmed deaths in 2024 (396 in Ontario) 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 easy access to individual case count data for COVID-19, another local surveillance indicator of risk. Therefore, the importance and relevance of wastewater surveillance data is even greater.

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 and informs the Peterborough

Public Health COVID-19 Risk Index, the most visited page on the Peterborough Public Health website (4,952 distinct views). 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.

The provincial decision to cut funding early to this program, and not renew funding on an annual basis comes as a surprise to the public health community, who believed 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 federally 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. There was no duplication of work, and the federal program will be far more narrow than the previous provincial program.

Termination of this program will be a great loss of local infrastructure and capacity to support wastewater surveillance, in particular with the introduction of new infectious disease threats and preparedness for pandemics into the future. The tracking of mpox and polio were recent examples of its use in detecting emerging infectious diseases, and with ongoing H5N1 transmission in the United States, there is an immediate possibility of needing wastewater surveillance for detection of H5N1.

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, non-intrusive community snapshot manner.

Your support of continued wastewater surveillance as an early warning system would benefit all local residents and maintain world class status in disease surveillance.

Sincerely,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

cc: Professor Christopher Kyle, Trent University
Local MPPs
Hon. Mike Holland, Minister of Health, Health Canada
Ontario Boards of Health

Peterborough Public Health

Haliburton, Kawartha, Pine Ridge District Health Unit

August 6, 2024

The Honourable Sylvia Jones
Deputy Premier/Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Dear Minister Jones,

In follow-up to your correspondence from May 29, 2024, thank you for your expressed support of the work that the boards of health for Peterborough Public Health (PPH) and Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) have initiated regarding a proposed voluntary merger.

Our team has been working diligently with staff from the Ministry of Health staff on laying the groundwork for the voluntary merger proposed in the PPH/HKPRDHU business case submitted April 2, 2024. We continue to see this voluntary merger, when funded adequately, as an opportunity to improve the service delivery of public health for residents of our regions.

We are writing to make you aware of concerns that have arisen regarding the Province's commitment to providing a specific budget as we've outlined in our submitted business case for years 2 and 3. This is needed for assurance that the Province is fully funding the merger. The business case and funding proposal submitted to the Ministry of Health on behalf of PPH/HKPRDHU included a 3-year budget. From the public announcements made by yourself, as well as the preamble provided by the Ministry of Health in the business case template, we understand that a 3-year budget for the full merger period will be approved. We also understand that there would be flexibility built into the budget to enable boards of health to refine costs and respond to emerging priorities throughout the 3-year merger transition time period. From Ministry of Health staff communication, we have recently come to learn that a full 3-year budget may not be approved at the outset. Instead, communication has indicated that an annual budget for fiscal year 2024/25 will be approved.

Both boards of health passed resolutions stating an intent to merge was subject to sufficient funding being provided by the Province. The communication that initial approval will be for only fiscal year 2024/25 has left both boards with uncertainty and concern as to the Province's commitment to fully fund all merger related costs for three years and whether municipalities could risk incurring increased costs in subsequent years.

We look forward to receiving confirmation from the Province regarding funding and approval to move forward. We urge you to include in this letter assurances that merger costs will be covered for the 3-year merger fund period, as previously communicated. We request that the language will include sufficient specificity as to the costs that will be covered to reassure our municipal representatives that they will not face financial burdens associated with the merger.

On receipt of the funding letter, both boards will meet to ensure that they are comfortable that sufficient funding has been committed by the Province to proceed successfully with the merger. The boards of health would also like to note that they retain the right to withdraw from the merger if they feel that the funding amount and assurance for 3-years specified in the letter are not sufficient, and that they will communicate their final decision to the Ministry in writing after careful review of the funding letter.

.../2

We would also like to impress upon the Ministry of Health, the urgency in which clearly communicated approval is needed. Our horizon for completing the necessary work to set a new entity up for success, while minimizing disruption to ongoing service delivery, is slowly diminishing the closer we approach the Province's January 1, 2025 implementation date. The implementation date may need to be revisited should approval not be received soon enough to allow successful implementation of merger activities that are required before January 1, 2025. We request to hear from you by no later than early September to allow our best success in implementing the merger.

Our boards of health are committed to working with you to achieve your objective of strengthening the public health system in Ontario through merging and increasing our capacity. We continue to believe this is an important investment for public health in our communities and truly appreciate the support that the Ministry of Health is providing to realize our shared goal of protecting and promoting the health of people and communities across our geographies.

We look forward to continued collaboration with the Ministry of Health and the timely communication of approved sufficient funds to ensure the success of this proposed merger.

Sincerely,

Councillor Joy Lachica
Chair, Board of Health
Peterborough Public Health

David Marshall
Chair, Board of Health
Haliburton, Kawartha, Pine Ridge District Health Unit

cc: Dr. Kieran Moore, Chief Medical Officer of Health
Local Members of Provincial Parliament
Local Councils

July 24th, 2024

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

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

Hon. Andrea Khanjin
Minister of the Environment, Conservation and Parks Government of Ontario
minister.mecp@ontario.ca

Dear Honourable Premier and Ministers,

Re: Continued Support for Infectious Disease Wastewater Surveillance and Modern Case and Contact Management Software

On June 25th, 2024, the Board of Health for the Renfrew County and District Health Unit passed a resolution to request continued provincial funding and support for important public health enhancements achieved during the pandemic: cross-provincial infectious disease wastewater surveillance and modernized case and contact management software (i.e., the Case and Contact Management Solution (CCM)).

The Board has reviewed and supports the letter issued by Peterborough Public Health dated June 20th, 2024, regarding continued provincial coordination and support of wastewater surveillance.

In May and April of 2024, the province announced discontinuation of funding for both initiatives. This means that there will no longer be local infectious disease wastewater surveillance in Renfrew County and District (or most other communities across Ontario) and that public health units must revert to using an older software platform for case and contact management with less functionality.

Wastewater surveillance of infectious diseases, previously supported by the Ministry of Environment, Conservation, and Parks, is a novel approach, and one of the successful innovations scaled up to respond to the COVID-19 pandemic. It is a cost-effective means of providing timely information on disease spread throughout the community that doesn't rely on individual testing, which is costly, has delays, and doesn't reflect the whole community. For example, individual testing for COVID-19 and influenza is limited to a small group of eligible people. Community members across Ontario have voiced the importance of this information to inform their risk assessments, and RCDHU has included it in its weekly Respiratory Illness Data Summary.

Additional benefits of wastewater surveillance that are being explored include the ability to rapidly identify emerging pathogens that may be circulating in a community, such as H5N1 (avian flu), and the potential to rapidly identify outbreaks in vulnerable populations, such as long-term care homes. These are exciting opportunities to better protect health that are only beginning to be explored.

The province has highlighted that there is a federal wastewater surveillance system. However, Toronto is the only city in Ontario included in the Federal program. Without ongoing support from the province, local wastewater surveillance will no longer be possible.

Additionally, the Case and Contact Management Solution (CCM) was a modern, highly functional software platform for COVID-19 case, contact, and outbreak management. CCM enabled greater efficiency, collaboration, and real-time analytics of disease trends; it was a key enabler for an effective pandemic response.

Public health units have been advised that CCM will eventually be superseded by a more all-encompassing, modern provincial platform. However, public health unit work would be more efficient and effective if the existing improvements were maintained until the full vision for Ontario's public health information technology infrastructure is realized.

Infectious disease pandemics cause immense mortality, morbidity, and economic burdens. It is essential that we learn from the COVID-19 pandemic and maintain investments in public health preparedness so that we can reduce and mitigate the harms of the next pandemic. Already, H5N1 avian flu is being closely monitored for its pandemic potential. A robust infectious disease wastewater surveillance system and highly functional case and contact management software are key enhancements from the COVID-19 pandemic that should be sustained so that we are more prepared for the next pandemic.

Sincerely,

J. King

Joanne King
Chair, Board of Health
Renfrew County and District Health Unit

cc: The Honourable John Yakabuski, MPP
Renfrew County and District Municipalities
Association of Municipalities of Ontario (AMO)
Rural Ontario Municipal Association (ROMA)
Ontario Boards of Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**2023/2024 Audited Financial Statement and Transfer Payment Annual Reconciliation Report - Healthy Babies Healthy Children Program**
DATE:	**September 4, 2024**
PREPARED BY:	**Dale Bolton, Manager, Finance and Property**
APPROVED BY:	**Larry Stinson, Director of Operations** **Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, 2023/2024 Audited Financial Statement and Annual Reconciliation Report - Healthy Babies Healthy Children Program
- approve the 2023/2024 Audited Statements and Annual Reconciliation Report for the Healthy Babies Healthy Children Program.

FINANCIAL IMPLICATIONS AND IMPACT

The Board of Health (BOH) is required by contract with the Ministry of Children, Community and Social Services (MCCSS) to provide to the Ministry the 2023/2024 Healthy Babies Healthy Children (HBHC) Program Audited Financial Statements.

The Province also requires that the Annual Program Reconciliation Report be Certified by the Medical Officer of Health or delegate, that the Reconciliation is true, correct and agrees with the books and records of the organization. The Chairperson of the Board must Certify that the Annual Reconciliation Report and Certification by the Medical Officer of Health was received by the BOH.

BACKGROUND

The Board of Health approved the 2023/2024 budget request of $928,413 on March 8, 2023 for period of April 1/2023 through March 31/2024.

The HBHC program is funded 100% by the MCCSS. 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.

DECISION HISTORY

The BOH has hosted and supported the HBHC program since its inception in 1998. The HBHC program is part of the Ontario Public Health Standards and assists Peterborough Public Health (PPH) in continuing to meet the requirements of the Healthy Growth & Development Standard through coordinated efforts with the Infant Child Development Program and other PPH healthy growth and development activities. The HBHC program also contributes to PPH's efforts to support under-served single parents and families in creating healthy, safe and nurturing environments for child development.

The Audited expenditures for the year totalled $928,413, equal to the approved budget allocation. Savings realized in salaries and wages, professional development and telephone offset the overage reported in employee benefits. Annual benefits exceeded the budget due to higher health benefit plan rates and changes made by program members to benefit plan options during the year. Travel exceeded the budget due to higher mileage rates and staff conducting an increased number of in-person visits.

Historically, the program spends in its entirety the provincial allocation and no funds are returned to the Ministry at the end of the year. As reported on the audited financial statements, the approved allocation was spent in full and no funds are due back to the Province.

The Audited Financial Statements are drafted in accordance with Generally Accepted Accounting Principles.

ATTACHMENTS

a. Draft 2023/2024 Audited Financial Statement, Healthy Babies Healthy Children Program
b. Draft TPAR Report (combined with ICDP)

PETERBOROUGH PUBLIC HEALTH

HEALTHY BABIES HEALTHY CHILDREN PROGRAM

STATEMENT OF REVENUE AND EXPENDITURES

FOR THE YEAR ENDED MARCH 31, 2024

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of Health of Peterborough Public Health and the Ministry of Children, Community and Social Services

Opinion
We have audited the Statement of Revenue and Expenditures (the "Statement") of Peterborough Public Health – Healthy Babies Healthy Children Program (the "Program") for the year ended March 31, 2024, and notes to the Statement, including a summary of significant accounting policies.

In our opinion, the accompanying Statement is prepared, in all material respects, for the year ended March 31, 2024 in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Statement section of our report. We are independent of the Board of Health in accordance with the ethical requirements that are relevant to our audit of the Statement in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction and Distribution on Use
We draw attention to Note 2 to the Statement, which describes the basis of accounting. The Statement is prepared to assist Peterborough Public Health to meet the requirements of the service contract with the Ministry of Children, Community and Social Services. As a result, the Statement may not be suitable for another purpose. Our report is intended solely for the Ministry of Children, Community and Social Services and the Board of Health of Peterborough Public Health and should not be distributed to or used by parties other than the Ministry of Children, Community and Social Services or the Board of Health of Peterborough Public Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Statement
Management is responsible for the preparation of the Statement in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of the Statement that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Board of Health's financial reporting process.

Auditor's Responsibilities for the Audit of the Statement
Our objectives are to obtain reasonable assurance about whether the Statement as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Statement.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Statement, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board of Health's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Baker Tilly KDN LLP

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
July __, 2024

PETERBOROUGH PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM

STATEMENT OF REVENUE AND EXPENDITURES
For The Year Ended March 31, 2024

	Budget 2024 $ (Unaudited)	Actual 2024 $	Actual 2023 $
Revenue			
Ministry of Children, Community and Social Services grant	928,413	928,413	928,413
	928,413	928,413	928,413
Expenditures			
Personal Services Expenditures			
Salaries and wages	699,644	694,324	685,435
Employee benefits	197,794	204,176	195,096
	897,438	898,500	880,531
Other Operating Expenditures			
Universal screening	10,875	10,875	25,575
Program supplies	5,000	5,168	5,784
Professional development	1,500	851	2,544
Purchased services	500	-	426
Travel	8,500	9,284	4,134
Audit and legal	1,800	1,800	1,800
Telephone	2,800	1,935	2,314
	30,975	29,913	42,577
	928,413	928,413	923,108
Amount due to Province of Ontario	-	-	5,305

The accompanying notes are an integral part of this Statement.

PETERBOROUGH PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM

NOTES TO THE STATEMENT
For The Year Ended March 31, 2024

NOTE 1: OPERATING NAME

In 2016, the organization changed its operating name to Peterborough Public Health. The legal name of the organization remains the Peterborough County-City Health Unit.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

The Statement of revenues and expenditures of the Healthy Babies Healthy Children Program of Peterborough Public Health has been prepared in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services. The more significant accounting policies are summarized below:

Basis of Accounting

The basis of accounting used in this Statement materially differs from Canadian Public Sector Accounting Standards in that expenditures for tangible capital assets are not capitalized but expensed in the period incurred.

Accounting Entity

This Statement comprises all the activities for which the Healthy Babies Healthy Children Program of Peterborough Public Health is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the Peterborough Public Health.

Tangible Capital Assets

Tangible capital assets are recorded as expenditures when incurred in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Operating Grants

The Healthy Babies Healthy Children Program claims from the Ministry of Children, Community and Social Services grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current period, the reimbursement for these costs is dependent ultimately upon their acceptance by the funders of the program.

Budget Data

Budget data is compiled from the budget approved by the Board of Health, with subsequent adjustments. Budget data is not subject to audit.

NOTE 2: **SIGNIFICANT ACCOUNTING POLICIES - (Continued)**

Recognition of Revenues and Expenditures

Revenues and expenditures are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable, expenditures are recognized as they are incurred and measurable as a result of receipt of goods and services and the creation of a legal obligation to pay.

Use of Estimates

The preparation of the Statement in compliance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services requires management to make estimates and assumptions that affect the reported amounts of revenues and expenditures during the period. Actual results could differ from the estimates, the impact of which would be recorded in future periods.

NOTE 3: **PENSION PLAN**

Certain employees of the Healthy Babies Healthy Children Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the period amounted to $71,886 (2023 - $69,188). These amounts are included in employee benefits expenditure in the Statement.

MCCSS Budget Package 2023-24

Reporting Period: 04/01/2023 to 03/31/2024

Saved: 08/28/2024 07:56

Expand | Validate

A) Instructions	**B) Organization Information**	**C) Organization Address Information**
D) Organization Contact Information	**E) Report Contact and Signing Authorit**	**F) Services Delivered**
G) Budget Report	**H) Service Data Report**	**I) Budget Report Summary**
J) Declaration / Signing	**K) Agency Financial Statement Summa**	

A) Instructions

How to Use and Submit the Final Report Form:

- Download the PDF form from Transfer Payment Ontario (TPON).
- Save it to your hard drive (note the file name so that you can upload the form to TPON upon completion).
- Organizational information in this form has been pre-populated based on information supplied during the TPON registration process. Please review the instructions that appear at the top of these sections if corrections to the pre-populated information is required.
- Input the information required for each section. IMPORTANT NOTE: The form does not save automatically. Press “CTRL+S” on your keyboard to save every few minutes.
- The “Declaration / Signing” section in the form must be signed digitally by a person from your community or organization with “Signing Authority” for this submission.
- Validate the Final Report Form by pressing the Validate button (top right corner of the pdf form) and making corrections as prompted. The form must be validated to be successfully uploaded into the TPON system and submitted to the ministry.
- Once validated, upload the Final Report Form to TPON. Note, you must upload the signed Report Form to TPON.

Additional Important Information:

- This Final Report Form, for the “MCCSS Budget Package 2023-24 Category”, includes all Components and Services Delivered that you are responsible for reporting on.
- Review any program documentation and/or documents required to complete this Final Report Form at Step 1- Review Program Information, during the Submit Report to Ministry process in TPON.
- The budget section reflects budget allocations at the Component level.
- The “Services Delivered” section is pre-populated with information. Please ensure the accuracy of pre-populated information prior to completing the form. If the pre-populated information in this report form is incorrect, please contact your ministry program lead.
- Reports will be assessed based on the information provided within this form and additional assessments as determined by ministry staff.

MCCSS Service Objectives:

The Service Objectives are part of the Transfer Payment Agreement between the Minister of Children, Community and Social Services (“the Province”) and the Transfer Payment Recipient. Before filling out this report form, please review the Service Objectives to ensure proper review of the “Services Delivered” section, and completion of the “Budget Report”, and “Service Data Report” sections.

It is recommended that you refer to the Service Objectives while completing this Final Report Form.

TPON Technical Support

For technical support related to Transfer Payment Ontario, please contact Transfer Payment Ontario Client Care at 416-325-6691 or 1-855-216-3090 or **TPONCC@ontario.ca**.

Monday to Friday from 8:30 a.m. to 5:00 p.m. Eastern Standard Time.

TTY/Teletypewriter (for the hearing impaired): 416-325-3408 / Toll-free: 1-800-268-7095

For questions regarding MCCSS programs/services or funding please contact your ministry program lead.

B) Organization Information

This section displays general information about your community or organization that was submitted during the TPON registration process. Please ensure this information is correct. If this information needs to be updated, please update your community or organization information by logging into your TPON account and selecting the "View/Update Organization" menu card displayed on the Home Page and re-download the report form to reflect the changes made in TPON.

For more information visit: Updating an Organization.

Organization Information

Organization Name:
Peterborough County -City Health Unit

Organization Legal Name:
BOARD OF HEALTH FOR THE PETERBOROUGH COUNTY-CITY HEALTH UNIT

Website URL:
www.pcchu.ca

Type of Organization:
Other

Date Incorporated:

C) Organization Address Information

This section displays your community's or organization's address information that was submitted during the TPON registration process. Please ensure this information is correct. If this information needs to be updated, please update your address information by logging into your TPON account and selecting the "View/Update Organization" menu card displayed on the Home Page and re-download the report form to reflect the changes made in TPON.

For more information visit: Updating an Organization

Business Address

Street Address 1: 185 King Street	Street Address 2:
City/Town: Peterborough	Province: ON
Postal Code: K9J2R8	Country: Canada

Mailing Address

Street Address 1: 185 King Street	Street Address 2:
City/Town: Peterborough	Province: ON
Postal Code: K9J2R8	Country: Canada

D) Organization Contact Information

This section displays general contact information about your community's or organization's primary staff. This information is pre-populated based on information submitted during the TPON registration process. The contacts listed in this section are not necessarily specific to this MCCSS submission.

To edit contacts within TPON, log into your TPON account and select the "View/Update Organization" menu card displayed on the Home Page

and re-download the report form to reflect the changes made in TPON.

For more information visit: Updating an Organization.

Organization Contact	
First Name: Dale	Last Name: Bolton
Job Title: Manager, Finance and Property	
Primary Phone Number: 001-705-7431000	Secondary Phone Number: --
Email Address: dbolton@peterboroughpublichealth.ca	

Organization Contact	
First Name: Larry	Last Name: Stinson
Job Title: Director of Operations	
Primary Phone Number: 1-705-7431000	Secondary Phone Number: --
Email Address: lstinson@peterboroughpublichealth.ca	

Organization Contact	
First Name: Donna	Last Name: Churipuy
Job Title: Director of Health Protection and Promotion	
Primary Phone Number: 001-705-7431000	Secondary Phone Number: --
Email Address: dchuripuy@peterboroughpublichealth.ca	

E) Report Contact and Signing Authority Information

The individuals listed are the primary contacts for this final report and may be contacted by the ministry for further information regarding the elements within this form.

1. The “Primary” box should be checked if the contact is considered the main contact for all information within the “Budget Report” section.
2. The “Signing Authority” box should be checked if the contact has the authority, per your community’s or organization’s bylaws, to commit your community or organization to a binding agreement. More than one person can be a Signing Authority.
3. All individuals listed as “Signing Authorities” must be registered TPON users with active accounts and linked to your community or organization. The steps on how to register and access TPON can be found here: https://www.ontario.ca/page/get-funding-ontario-government#section-3

Communities or Organizations with Multiple Components in the “Budget Report” section.

1. Use the “Add” button to provide additional contacts for each Component being funded in the “Budget Report” section.
2. The “Title” field is an open text field that you can use to indicate the contact’s Component.

Report Contact Information	Add	Remove
Primary: ☑		

First Name: *	Last Name: *
Larry	Stinson
Title: *	Primary Phone Number: *
Director of Operations	7057431000
Secondary Phone Number:	Email Address *
	lstinson@peterboroughpublichealth.ca
Signing Authority	☑

F) Services Delivered

Each table within this section represents one Component and the Region or Corporate Office the Component belongs to.

The Services Delivered for each Component are pre-populated.

If the Service Delivered information or Component information is incorrect, please contact your ministry program lead.

Reminder: Reference the Service Objectives for full details of each Service Delivered.

Component: Early Intervention (East Region)

Service Name
Infant and Child Development Program

Component: Healthy Child Development (Integration Program Effectiven)

Service Name
Healthy Babies Healthy Children Program

G) Budget Report

This budget report section captures financial information for all expenses and revenues at the Component Level. The Component and Ministry Allocation is indicated at the top of each table. You will be completing the Year End Actuals column of the budget report table for each Component for each Region and/or Corporate Office.

“Budget Item” indicates categories and sub-categories of expenses and revenue.

“Definition” indicates the meaning for each line item and further explains what that sub-category contains.

“Approved Amount” indicates the approved expenditures/revenues for each line item according to the definition of the budget item.

“Year End Actuals” indicates the total amount of eligible expenses incurred from April 1, 2023 to March 31, 2024.

“Variance ($ or #)” and “Variance (%)” are the auto-calculated difference between the Approved Amount and the Year End Actuals.

Please note, for an overall Service Delivery Budget variance that is greater than +/-10% per Component, a detailed explanation must be provided in the Variance Explanation section found at the bottom of each component table.

Ministry Allocation, Approved Amount, Service Delivery Budget, Expenditure, Staffing, and Revenue are auto-calculated fields. All other fields, shaded in blue, are fillable/modifiable.

All fields marked with an asterisk (*) are mandatory fill fields. If the “Amount” is NIL, please ensure that you input a ‘0’, do not leave the field blank.

Component: Early Intervention (East Region)
Ministry Allocation $: 242423

Budget Item	Definition	Approved Amount	Year End Actuals (Apr. 1st - Mar. 31st)	Variance ($ or #)	Variance (%)
Budget					
Service Delivery Budget	Total service delivery budget by component.	$242,423	$242,423	$0	0.0%

Expenditure		$244,718	$247,000	$-2,282	-0.9%
Staffing	Total staffing expenditure for all services/program.	$195,680	$199,030	$-3,350	-1.7%
* Salary	Total gross salary, wage and employee benefit payments of all service/program staff (full-time, part-time, temporary, etc.).	$193,680	$197,941	$-4,261	-2.2%
* Permanent Compensation Enhancement Salaries	Total eligible staffing expenditures related to Personal Support Workers and Direct Support Workers Permanent Compensation Enhancement (Do not include this amount in the Salaries).	$0	$0	$0	
* Staff Training	Total expenditure of training activities for all service/program staff.	$2,000	$1,089	$911	45.5%
* # of FTE(s)	Number of full time service/program staff.	1.90	1.91	-0.01	-0.5%
* Building Occupancy	Total Building occupancy expenditures (e.g. rent, property tax, insurance, etc.) for all services/programs.	$15,396	$15,396	$0	0.0%
* Travel & Communication	Total travel and communication expenses incurred conducting activities for all services/programs.	$4,600	$3,792	$808	17.6%
* Allocated Central Administration	General administrative operating costs associated with delivering Ministry funded Programs. Do not include cost for service/program administrative expenses that directly supports clients. (Net ACA Costs)	$24,242	$24,242	$0	0.0%
Allocated Central Administration Percentage	Allocated Central Administration expressed as a percentage.	10.00%	10.00%	0.00%	
* Supplies and Equipment	Expenditures directly related to supplies and equipment for all service/program delivery.	$3,000	$2,740	$260	8.7%
* Other Program/ Service Expenditure	Other service/program expenditures for direct program/service provision that is not capture above.	$1,800	$1,800	$0	0.0%
Revenue		$2,295	$4,577	$-2,282	-99.4%
* Federal Government Funding	Revenue received from the Government of Canada for all services/programs.	$0	$0	$0	
* Other Provincial Government Funding	Revenue received from the Government of Ontario (other than MCCSS) for all services/programs.	$0	$0	$0	
* Client Contribution Payments	Revenue received from clients for all services/programs.	$0	$0	$0	
* Interest Earned	Interest earned from MCCSS funding for this Component.	$0	$0	$0	
* Other Revenue	Other revenue received, from sources not captured above, for all programs/services.	$2,295	$4,577	$-2,282	-99.4%
* Adjustments (+/-)	To be used for Adjustment Requests ONLY Transactions (+/-) against ministry allocation amount for program/services (e.g. one-time funds [+], or reductions [-]). Ministry approval required prior to adjustments between components.	$0	$0	$0	

Variance Explanation

Staffing costs exceeded budget as Contract Settlements higher than anticipated, some additional hours worked during the year by Infant and Child Development Consultant. Some savings realized in staff training and travel, were reallocated t and increased offset revenue transferred in to offset overage in salary and benefits.

Component: Healthy Child Development (Integration Program Effectiven)
Ministry Allocation $: 928413

Budget Item	Definition	Approved Amount	Year End Actuals (Apr. 1st - Mar. 31st)	Variance ($ or #)	Variance (%)
Budget					
Service Delivery Budget	Total service delivery budget by component.	$928,413	$928,413	$0	0.0%
Expenditure		$928,413	$928,413	$0	0.0%
Staffing	Total staffing expenditure for all services/program.	$898,938	$899,351	$-413	-0.1%
* Salary	Total gross salary, wage and employee benefit payments of all service/program staff (full-time, part-time, temporary, etc.).	$897,438	$898,500	$-1,062	-0.1%

* Permanent Compensation Enhancement Salaries	Total eligible staffing expenditures related to Personal Support Workers and Direct Support Workers Permanent Compensation Enhancement (Do not include this amount in the Salaries).	$0	$0	$0	
* Staff Training	Total expenditure of training activities for all service/program staff.	$1,500	$851	$649	43.3%
* # of FTE(s)	Number of full time service/program staff.	8.70	8.70	0.00	0.0%
* Building Occupancy	Total Building occupancy expenditures (e.g. rent, property tax, insurance, etc.) for all services/programs.	$0	$0	$0	
* Travel & Communication	Total travel and communication expenses incurred conducting activities for all services/programs.	$11,300	$11,219	$81	0.7%
* Allocated Central Administration	General administrative operating costs associated with delivering Ministry funded Programs. Do not include cost for service/program administrative expenses that directly supports clients. (Net ACA Costs)	$0	$0	$0	
Allocated Central Administration Percentage	Allocated Central Administration expressed as a percentage.	0.00%	0.00%	0.00%	
* Supplies and Equipment	Expenditures directly related to supplies and equipment for all service/program delivery.	$5,000	$5,168	$-168	-3.4%
* Other Program/ Service Expenditure	Other service/program expenditures for direct program/service provision that is not capture above.	$13,175	$12,675	$500	3.8%
Revenue		$0	$0	$0	
* Federal Government Funding	Revenue received from the Government of Canada for all services/programs.	$0	$0	$0	
* Other Provincial Government Funding	Revenue received from the Government of Ontario (other than MCCSS) for all services/programs.	$0	$0	$0	
* Client Contribution Payments	Revenue received from clients for all services/programs.	$0	$0	$0	
* Interest Earned	Interest earned from MCCSS funding for this Component.	$0	$0	$0	
* Other Revenue	Other revenue received, from sources not captured above, for all programs/services.	$0	$0	$0	
* Adjustments (+/-)	To be used for Adjustment Requests ONLY Transactions (+/-) against ministry allocation amount for program/services (e.g. one-time funds [+], or reductions [-]). Ministry approval required prior to adjustments between components.	$0	$0	$0	

Variance Explanation

Other program services included allowance for interpretation services for clients. No expenses for interpretation services within the year, savings in budget line allocated for overage in staffing and for the acquisition of materials and resources. Budget for training not expended in full, savings allocated for overage in staffing and benefits.

H) Service Data Report

This section provides a pre-populated list of service outputs for each Component in each Region and/or Corporate Office that must be reported for the Services Delivered section. You will be completing the Year End Actuals column of the service data report table for each Component for each Region and/or Corporate Office.

“Target” indicates the approved targeted value for the program output based on the definition provided.

“Year End Actuals” indicates the total results achieved from April 1, 2023 to March 31, 2024.

“Variance ($ or #)” and “Variance (%)” are the auto-calculated difference between the Year End Actuals and the Target amount.

Please note, for any service target variances greater than +/-10%, a detailed explanation must be provided in the Variance Explanation section found at the bottom of each component table.

If the "Target" is NIL, please ensure that you input a ‘0’ and do not leave the Year End Actuals fields blank.

Please reference the ‘Reporting Requirements’ section of the Service Objectives for full definitions and list of exclusions for each service data output.

Component: Early Intervention (East Region)

Service Name	Program Output	Target	Year End Actuals (Apr. 1st to Mar. 31st)	Variance ($ or #)	Variance (%)
Infant and Child Development Program	Ministry-funded agency expenditures: ICDP	$242,423.00	$242,423.00	$0.00	0.0%
Infant and Child Development Program	# of family service plans: ICDP	96.00	56.00	-40.00	-41.7%
Infant and Child Development Program	# of families served: ICDP	210.00	136.00	-74.00	-35.2%
Infant and Child Development Program	# of individuals served (unique): ICDP	160.00	140.00	-20.00	-12.5%
Infant and Child Development Program	# of individuals referred: ICDP	90.00	67.00	-23.00	-25.6%
Infant and Child Development Program	Average wait time from referral to service initiation (# of days): ICDP	8.00	14.00	6.00	75.0%
Infant and Child Development Program	Average age at referral (in months): ICDP	2.00	10.00	8.00	400.0%

Variance Explanation

year end forecast based on current referral patterns, typically alot of speech referrals, which present later than the 2 month target. Waitlist is typically 14 days until service initiation, however clients are contacted and first visit booked at time of

Component: Healthy Child Development (Integration Program Effectiven)

Service Name	Program Output	Target	Year End Actuals (Apr. 1st to Mar. 31st)	Variance ($ or #)	Variance (%)
Healthy Babies Healthy Children Program	Ministry-funded agency expenditures: HBHC	$928,413.00	$928,413.00	$0.00	0.0%
Healthy Babies Healthy Children Program	# of individuals screened (total Prenatal): HBHC	140.00	50.00	-90.00	-64.3%
Healthy Babies Healthy Children Program	# of individuals screened (total – Postpartum): HBHC	150.00	354.00	204.00	136.0%
Healthy Babies Healthy Children Program	# of individuals screened (total – Early Childhood): HBHC	50.00	42.00	-8.00	-16.0%
Healthy Babies Healthy Children Program	# of individuals confirmed with risk (total): HBHC	700.00	100.00	-600.00	-85.7%
Healthy Babies Healthy Children Program	# of families served (total – with Two or More Home Visits): HBHC	85.00	126.00	41.00	48.2%
Healthy Babies Healthy Children Program	# of individuals who received an In- Depth Assessment: HBHC	95.00	101.00	6.00	6.3%

Variance Explanation

Increase in the number of screened (postpartum) is due to the increase in the number of referrals and active engagement/liaison work between program staff and the local hospital. The team continues to work with primary care providers to increase prenatal

I) Budget Report Summary

This Budget Report Summary captures financial information for all budgets at the Component Level. The Component, Approved Amount, Year End Actuals, Variance ($ or #), and Region and/or Corporate Office is indicated in the table. You will see a summary of all Components for each Region and/or Corporate Office.

Component	Region/ Corporate Office	Approved Amount	Year End Actuals (Apr.1st to Mar.31st)	Variance $/ #
Early Intervention	East Region	$242,423	$242,423	$0
Healthy Child Development	Integration Program Effectiven	$928,413	$928,413	$0

J) Declaration / Signing

Declaration

The Applicant hereby certifies as follows:

1. the information provided in this report form is true, correct and complete in every respect;
2. the Applicant has read and understands the information that accompanies this report form (i.e., Legal Text, "Service Objectives", Financial Policies etc.);
3. the Applicant is aware that the information contained herein can be used for the assessment of funding eligibility and for statistical reporting;
4. the Applicant understands that the information contained in this report form or submitted to the Ministry in connection to this report, is subject to disclosure under the Freedom of Information and Protection of Privacy Act;
5. I am an authorized signing officer for the Applicant.

Applicant

Larry Stinson
Director of Operations
(w): 7057431000
Email: lstinson@peterboroughpublichealth.ca

Sign Document

By clicking the "I Agree" button, I Agree with the Declaration and Statement Above

I Agree | I Disagree

Signature Larry Stinson Date/Time 22/07/2024 10:15:20

Please validate your form by clicking the validate button before submitting the form back to TP Ontario.

K) Agency Financial Statement Summary

This section provides a list of financial elements to be reported based on Audited Financial Statements (AFS) of your organization. This information is to support the reconciliation of year end financials and contracts.

Financial Element Name	Amount from AFS
Retained Earnings	0.00
Total Assets	0.00
Total Debt	0.00
Operating Cash Flow	0.00
Current Assets	0.00
Current Liabilities	0.00
Total Revenue	0.00

Total Gross Expenditures (Before Extraordinary)	0.00
Total Extraordinary Expenditures	0.00

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**2023/2024 Audited Financial Statement and Transfer Payment Annual Reconciliation - Infant Child Development Program**
DATE:	**September 4, 2024**
PREPARED BY:	**Dale Bolton, Manager, Finance and Property**
APPROVED BY:	**Larry Stinson, Director of Operations** **Dr. Thomas Piggott, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, 2023/2024 Infant Child Development Program Audited Financial Statement and Annual Reconciliation Report, for information; and
- approve the 2023/2024 Audited Statements and Annual Reconciliation Report for the Infant Child Development Program.

FINANCIAL IMPLICATIONS AND IMPACT

The Board of Health is required by contract with the Ministry of Children, Community and Social Services (MCCSS) to provide to the Ministry the 2023/2024 Infant Child Development Audited Financial Statements.

The Province also requires that the Annual Program Expenditure Reconciliation be Certified by the Medical Officer of Health or delegate, that the Annual Expenditure Reconciliation is true, correct and agrees with the books and records of the organization. The Chairperson of the Board must Certify that the Annual Program Expenditure Reconciliation and Certification by the Medical Officer of Health was received by the Board of Health.

BACKGROUND

The Board of Health approved the 2023/2024 budget request of $242,423 on March 8, 2023.

The ICDP is funded 100% by the MCCSS. The ICDP is for 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 through screening. An approved budget is required to continue to operate this program and offer these important supports to families in the community.

DECISION HISTORY

Although not part of the Ontario Public Health Standards, the ICDP assists Peterborough Public Health in continuing to meet its mandate through coordinated efforts with the Healthy Babies Healthy Children program and the Healthy Growth & Development Standard. It also assists in building on our leadership role by developing important linkages in our community and providing a valued service to help maintain a community-centred focus.

The expenditures for the year totalled $247,000, just above the approved budget due to higher costs realized for benefits. Other operating expenditures were close to budget however some savings realized in travel and staff education to offset benefit overage. The board approved budget included other revenue of $2,295 to balance; however, $4,577 from the ICDP program reserve was required to offset final expenditures. The reserve has now been depleted.

Historically, the program spends in entirety the provincial allocation and no funds are returned to the Ministry at the end of the year. As reported on the audited financial statements, the approved allocation was spent in full and no funds are due back to the Province.

The Audited Financial Statements are drafted in accordance with Generally Accepted Accounting Principles.

STRATEGIC DIRECTION

The submission of the on the Annual Reconciliation Report along with the Audited Financial Statements will allow the Board to fulfil financial contractual obligations with the MCCSS. The Infant Child Development Program contributes Peterborough Public Health's efforts to support under-served single parents and families in creating healthy, safe and nurturing environment for child development.

ATTACHMENTS

a. Draft 2023/2024 Audited Financial Statement, Infant Child Development Program
b. Draft TPAR Report (note combined with HBHC)

PETERBOROUGH PUBLIC HEALTH

INFANT CHILD DEVELOPMENT PROGRAM

STATEMENT OF REVENUES AND EXPENDITURES

FOR THE YEAR ENDED MARCH 31, 2024

Baker Tilly KDN LLP
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INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of Health of Peterborough Public Health and the Ministry of Children, Community and Social Services

Opinion
We have audited the Statement of Revenues and Expenditures (the "Statement") of Peterborough Public Health – Infant Child Development Program (the "Program") for the year ended March 31, 2024, and notes to the Statement, including a summary of significant accounting policies.

In our opinion, the accompanying Statement is prepared, in all material respects, for the year ended March 31, 2024, in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Statement section of our report. We are independent of the Board of Health in accordance with the ethical requirements that are relevant to our audit of the Statement in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction and Distribution on Use
We draw attention to Note 2 to the Statement, which describes the basis of accounting. The Statement is prepared to assist Peterborough Public Health to meet the requirements of the service contract with the Ministry of Children, Community and Social Services. As a result, the Statement may not be suitable for another purpose. Our report is intended solely for the Ministry of Children, Community and Social Services and the Board of Health of Peterborough Public Health and should not be distributed to or used by parties other than the Ministry of Children, Community and Social Services or the Board of Health of Peterborough Public Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Statement
Management is responsible for the preparation of the Statement in accordance with the Ministry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of the Statement that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Board of Health's financial reporting process.

Auditor's Responsibilities for the Audit of the Statement
Our objectives are to obtain reasonable assurance about whether the Statement as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Statement.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Statement, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board of Health's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Baker Tilly KDN LLP

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario

PETERBOROUGH PUBLIC HEALTH
INFANT CHILD DEVELOPMENT PROGRAM

STATEMENT OF REVENUES AND EXPENDITURES
For The Year Ended March 31, 2024

	Budget 2024 $ (Unaudited)	Actual 2024 $	Actual 2023 $
Revenues			
Ministry of Children, Community and Social Services grants			
Base funding	242,423	242,423	242,423
Other revenue	2,295	4,577	-
	244,718	247,000	242,423
Expenditures			
Personal Services Expenditures			
Salaries and wages	155,146	153,882	134,770
Employee benefits	38,534	44,059	34,629
	193,680	197,941	169,399
Other Operating Expenditures			
Audit and legal	1,800	1,800	1,800
Rent and utilities	15,396	15,396	15,396
Materials and supplies	3,000	2,740	4,063
Communications	600	483	521
Staff education and training	2,000	1,089	332
Travel	4,000	3,309	3,027
Allocated administrative	24,242	24,242	24,242
	51,038	49,059	49,381
	244,718	247,000	218,780
Amount due to Province of Ontario	-	-	23,643

The accompanying notes are an integral part of this Statement.

PETERBOROUGH PUBLIC HEALTH
INFANT CHILD DEVELOPMENT PROGRAM

NOTES TO THE STATEMENT
For The Year Ended March 31, 2024

NOTE 1: OPERATING NAME

In 2016, the organization changed its operating name to Peterborough Public Health. The legal name of the organization remains the Peterborough County-City Health Unit.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

The Statement of Revenues and Expenditures of the Infant Child Development Program of Peterborough Public Health has been prepared in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services. The more significant accounting policies are summarized below:

Basis of Accounting

The basis of accounting used in this Statement materially differs from Canadian Public Sector Accounting Standards in that expenditures for tangible capital assets are not capitalized but expensed in the year incurred.

Accounting Entity

This Statement comprises all the activities for which the Infant Child Development Program of Peterborough Public Health is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the Peterborough Public Health.

Tangible Capital Assets

Tangible capital assets are recorded as expenditures when incurred in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Operating Grants

The Infant Child Development Program claims each year from the Ministry of Children, Community and Social Services grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current year, the reimbursement for these costs is dependent ultimately upon their acceptance by the funders of the program.

Budget Data

Budget data is compiled from the budget approved by the Board of Health, with subsequent adjustments. Budget data is not subject to audit.

NOTE 2: **SIGNIFICANT ACCOUNTING POLICIES - (Continued)**

Recognition of Revenues and Expenditures

Revenues and expenditures are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable, expenditures are recognized as they are incurred and measurable as a result of receipt of goods and services and the creation of a legal obligation to pay.

Use of Estimates

The preparation of the Statement in compliance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services requires management to make estimates and assumptions that affect the reported amounts of revenues and expenditures during the year. Actual results could differ from the estimates, the impact of which would be recorded in future periods.

NOTE 3: **PENSION PLAN**

Certain employees of the Infant Child Development Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the year amounted to $15,345 (2023 - $11,107). These amounts are included in employee benefits expenditure in the Statement.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Q2 2024 Financial Report (April 1 – June 30, 2024)**
DATE:	**September 4, 2024**
PREPARED BY:	**Dale Bolton, Manager, Finance & Property**
APPROVED BY:	**Larry Stinson, Director of Operations** **Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

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

ATTACHMENTS:

a. Q2 2024 Financial Report

Financial Update Q2 2024 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2024

	Funding Type	2024 Approved Budget	YTD Budget $ Based on 2024 Approval (100%)	Year To Date Expenditures to Jun 30	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	Ministry of Health (MOH) Cost Shared (CS)	11,551,737	5,775,869	5,605,060	48.5%	170,809	Year-to-date underspending from January through June 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. The total MOH funding is $8,299,700 for 2024. Through second quarter, expenditures of $5,605,060 are just below budget based on the approved BOH budget due to some position gapping and timing of planned program spending during year. Additionally, the province approved some one-time funding for COVID and RSV for the first quarter to offset staffing and related expenditures that would have been partially expended through cost-shared programs. Through the balance of the year, expenditures will increase as program staff fulfill operational plans and continue ongoing work of the Strategic Plan.

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 Jun 30	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Ontario Seniors Dental	100%	898,100	449,050	465,710	51.9%	(16,660)	Year to date expenditures are above budget throught the second quarter, based on prior year budget approval of $898,100. The 2024 Annual Service Plan base budget submission was increased to $1,295,715 to address operational pressures, manage client waitlist, and sustain contracted service levels. At this time, the Ministry has not confirmed whether the base increase will be approved. Until known, program delivery continues to be offered through in-house staff and contract dentists; and the use of specialist or other contract services are prioritized and considered for emergency treatments. During late June, program delivery was interuppted due to infrastructure failure (cooling issues in the clinical space). As a result, clinic hours were reduced or the clinic closed resulting in delays in treatment for clients. The Ministry has been kept informed of the clinic closure and limited access for clients. Some additional hours are planned through the next quarter to reschedule the missed appointments.

Programs funded April 1, 2024 to March 31, 2025 - MCCSS							
	Funding Type	2024 - 2025 Approved Budget	YTD Budget $ (100%)	Year To Date Expenditures to Jun 30	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Infant Child Development Program	100% MCCSS (Ministry of Children, Community and Social Services	253,283	63,321	63,454	25.1%	(133)	In May, the Board approved the budget in the amount of $242,423. It was assumed no funding increase would be received from MCCSS for the fiscal period. In July, with the release of the budget package, we were informed of an increase of $10,860 effective April 1st. The MCCSS approved budget of $253,283, represents a 4.5% increase over the prior year, and first since 2003. The funding increase will address some operational pressures including salary and benefits costs to maintain the current program staff complement and acquired program resources. Total expenditures from April to June are $63,453, just above the amended YTD budget. It is anticipated the program will operate within budget by end of fiscal year.
Healthy Babies, Healthy Children	100% MCCSS	1,018,064	254,516	250,744	24.6%	3,772	In May, the Board approved an annual budget of $928,413. It was assumed no funding increase would be received from MCCSS for the fiscal period. In July, with the release of the budget package, we were informed of a budget increase effective April 1st. The 2024/2025 approved allocation is $1,018,064, represents an approximate 9.6% increase over the prior year, and first since 2010. The increase in funding will enable the program to address ongoing operational pressures, including salary and benefits, to maintain the existing program staff complement and secure additional program resources. Total expenditures to June are $250,744, just below the amended YTD budget. It is anticipated the program will operate within amended budget by end of fiscal year.

Funded Entirely by User Fees January 1 to June 30, 2024							
	Funding Type	**2024 Budget**	**YTD Revenue $ (100%)**	**Year To Date Expenditures to Jun 30**	**Year to Date % of Budget Approval**	**Year to Date Variance Under/(Over)**	**Comments**
Safe Sewage Program	Fee for Service	274,600	127,730	182,955	66.6%	(55,225)	Program funded entirely by user fees. Expenditures exceed revenue as new permit applications are low through the first quarter resulting in a deficit of ($52,225). Anticipated an increase in program activity during the next quarter; however, local building activity for the municipalities being served by PPH program has been slower impacting revenue to date. 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; or adjustments made to program delivery to balance operations for the year.
Non-Mandatory Re-inspection Program	Fee for Service	13,000	1,625	16,561	127.4%	(14,936)	Program funded entirely by fees. Expenditures to date are $16,561 and exceed revenue earned to date, due to staff program planning during the 1st quarter. Onsite reinspections commenced in April and will continue through October, pending weather. Fees will be collected through the balance the year after inspection completed. Excess expenditures may be offset through sewage program reserve.
Total - All Programs		**14,008,784**	**6,672,111**	**6,584,484**	**47.00%**	**87,627**	Variance represents year to date underspending in cost-shared programs net of deficits in fee for service programs.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Q2 2024 Status Report (April 1 – June 30, 2024)**
DATE:	**September 4, 2024**
PREPARED BY:	**Donna Churipuy, Director, Health Protection Division** **Hallie Atter, Director, Health Promotion Division** **Larry Stinson, Director of Operations** **Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

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

SUMMARY

Summary of Key Issues from the Medical Officer of Health

Accomplishments:

- Staff participated in the Ontario 2024: Exercise on Extreme Heat in collaboration with City of Peterborough officials and community agencies;
- Receipt of funding for Peterborough Youth Substance Use Prevention Project from the Public Health Agency of Canada;
- Guarding Minds at Work staff survey completed to support assessing and actioning staff psychological safety improvements, and staff engagement committee initiated;
- Business case for merger submitted to the Ministry of Health and continued planning efforts for merger underway;
- Submission of PPH feedback survey to Ministry of Health on Ontario Public Health Standards Review;

Challenges:

- Continued inadequate resources to meet all mandatory Ontario Public Health Standards programs;
- Capacity and timelines associated with merger planning and continuity of other strategic and operational activities;
- Dental clinic closure due to infrastructure failure that has now been resolved;

PROGRAM TRACKER

Status of Mandated Programs and Requirements

Ontario Public Health Standard Mandated Programs	# Requirements Compliant (Q2 2024)	# Requirements Compliant (Q2 2023)
Program Standards		
Chronic Disease Prevention and Well-Being	3/5	3/5

Ontario Public Health Standard Mandated Programs	# Requirements Compliant (Q2 2024)	# Requirements Compliant (Q2 2023)
Food Safety	5/5	4/5
Healthy Environments	11/11	10/11
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	2/4
Foundational Standards		
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	1/1
Other Mandated Programs	**Status**	
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.

Healthy Growth and Development
Program Compliance
Requirement #2: We lack capacity to address all facets and are currently prioritizing public health interventions that focus 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.

Foundational Standards

Program Compliance:

Requirement #1 (Emergency Management): We have lacked staff capacity, but hiring of new team members is now complete and catch-up work is underway. Modernization of continuity plans, revisions of required sub-plans and a training strategy are the priorities.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Q2 2024 Strategic Plan Report (April 1 – June 30, 2024)**
DATE:	**September 4, 2024**
PREPARED BY:	**Dale Bolton, Manager, Finance & Property**
APPROVED BY:	**Larry Stinson, Director of Operations** **Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

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

ATTACHMENTS:

a. Q2 2024 Strategic Plan Report

Strategic Plan – Board of Health Q2 2024 Reporting (April - June 2024)
Reference: PPH Strategic Plan 2023-25

Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q2
Our Team	Healthy Organizational Culture	7	Initiated	• DEI Consultant engaged to review survey data and current state and make recommendations. • Internal Committee membership recruitment completed. • Continued transparency and information sharing regarding potential merger with Haliburton, Kawartha, Pine-Ridge District Health Unit.
	Staff Wellbeing and Development	8	Initiated/Implemented	• Guarding Minds Survey results reviewed by Committee for priority identification and planning. • Enhanced Education Fund policy and procedure implemented. • Office 365 licensing upgrades implemented.
	Effective Teams	9	Initiated/Implemented	• Quality improvement and measuring impact initiatives were provided support from Foundational Standards Staff.
Our Community	Drug Poisoning Crisis	3, 4, 5	Implemented	**Peterborough Youth Substance Use Prevention Project:** • Service agreement signed with Planet Youth (PY) and access to PY Academy and training obtained.

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				• Federal announcement of Public Health Agency of Canada grant happened June 26th. PPH issued media release to amplify. • Continued to engage with school administrators and other partners. • Begun initial review of asset mapping process, to develop formal plan for fall 2024 start.
	Drug Poisoning Crisis	1, 3, 4, 6	Initiated/Implemented	• Planning for CTS evaluation support underway.
		3, 4, 6	Implemented	• Naloxone training offered to all PPH staff. Additional PPH staff have been trained as Naloxone distributors.
		3, 4, 5	Implemented	• Since onset of FT-IR drug checking program at CTS to June 30th, 368 samples have been checked using the FT-IR spectrometer to support knowledge and enhanced safety for people using drugs. • Consumption and Treatment Site (CTS) continues to test drugs with test strips. Test strip kits are also distributed via the Healthbox and outreach staff (Ontario Harm Reduction Distribution Program one-time funding) • Our Healthbox has been launched to support 24/7 access to sexual health supplies and harm reduction supplies. PPH

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				supports PARN and One City in delivering this service.
		3,4,5,6	Implemented	• 'Alertable' notification system has been implemented and is now used to inform all Early Warning Surveillance System drug alerts to partners and community members. Subscriptions are being monitored and there are plans to increase promotion.
		4,5	Implemented	• Drug poisoning training with Curve Lake First Nation (CLFN) staff complete. • Conversations continue around needle kiosks and Needle Exchange Program support within CLFN. • Outreach made to Hiawatha First Nation for similar activities and awaiting response.
		3,4	Implemented	• PPH assumed chair role for Peterborough Drug Strategy (PDS) meetings. • Supporting PDS strategic plan development with data/best practices.
		3	Initiated	• 2024 Opioid Harms Snapshot continues to be updated. Snapshot used for PDS strategic planning.
		1,3,4,5,6	Implemented	• CTS Service User Advisory Board continues to meet

Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q2
				• Housing/Homelessness mortality data collection and survey work continues. survey will occur in 2025. • Three focus groups, 2 with service users and 1 with staff at Trinity Community Centre occurred in Q2 to understand needs relating to healthcare and clinical services (e.g., Oral Health, Sexual Health and Immunization). Findings have been summarized and are being discussed at the PPH management got next steps.
	Adverse Child Experiences (ACEs) Prevention & Child Development	1,2,3,4,5	Implemented	• Nurse Family Partnership (NFP) currently has 31 active clients (PPH/HKPR), 17 of which are clients of PPH. This is approaching a full client load. • Evaluation of the adoption and early implementation of the NFP at PPH/HKPR is complete, currently making final edits and submission to journal. • Parenting in Peterborough Survey received Trent Research Ethics Board approval. Survey opened end of June. Community focus groups are also being held to further explore the needs of parents. • Community Resilience Collaborative met for a second time on June 27th - 17 people attended from 13 organizations. Approved Terms of Reference.

Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q2
				• Internal Adverse Childhood Experiences (ACEs) and Resilience Coordinating Table has been established to identify, coordinate and evaluate ACEs-related activities at PPH.
	Climate Change		Implemented	• Climate Change and Health Vulnerability Assessment Technical Report disseminated to key stakeholders. • Participated in Indigenous Awareness Training facilitated by Cambium Indigenous Professional Services (CIPS) • Work continuing with Indigenous engagement - CIPS, HKPR and PPH held the first foundational session presentation. • Continuing to update the extreme heat emergency response subplan. Issued first heat alert June 17. • Survey to municipalities re: cooling centres (five responses to date). • Continuing to engage external partners through the formation of an Extreme Temperatures Network (ETN) – met once. • Master of Public Health student working on policy options re: extreme temps.
Our System	Partners in Health Equity	4,6	Initiated	• Discussed outreach coordination with Peterborough Family Health Team.

Strategic Plan Direction	Goal	Most Relevant Linked Long-Term Changes (#1-9)*	Status**	Brief Description of Activities – Q2
				• Participated in provincial Extreme Heat Exercise.
	Indigenous Allyship	5	Implemented	• Recruitment of Manager, Indigenous Health was underway. • Advocated for consideration of Indigenous allyship and governance in the review of the Ontario Public Health Standards through meetings with Ministry of Health and our survey submission.
	Public Health System	4	Implemented	• Met with Primary Care Subcommittee of the Peterborough Ontario Health Team (POHT) to inform PPH communications strategy with health care providers. • Participated in POHT meetings. • Advocacy for strengthening public health system including voluntary mergers that are supported through provincial funding.

***DESIRED LONG-TERM CHANGES FOR 'OUR COMMUNITY' AND 'OUR SYSTEM' (7-10 YEARS)**

1- Individual basic needs (e.g. 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.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Indigenous Health Advisory Circle Report**
DATE:	**September 4, 2024**
PREPARED BY:	**Alida Gorizzan, Executive Assistant, on behalf of Liz Stone, Circle Chair**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive meeting minutes of the Indigenous Health Advisory Circle (IHAC) from June 3, 2024 for information.

BACKGROUND

IHAC met last on August 23, 2024 and requested that this item come forward to the Board of Health.

ATTACHMENTS

a. Minutes, June 3, 2024

Indigenous Health Advisory Circle
Minutes
Monday, June 3, 2024 – 1:00 – 2:30 p.m.
Board Room, 3rd Floor, PPH, 185 King Street

Present: Councillor Dave Haacke (virtual)
Mr. Paul Johnston
Ms. Kristy Kennedy (virtual)
Councillor Joy Lachica
Professor David Newhouse, Vice Chair (virtual)
Ms. Ashley Safar
Ms. Rebecca Watts
Councillor Kathryn Wilson

Regrets: Ms. Elizabeth Stone
Councillor Nodin Knott

Staff: Ms. Hallie Atter, Director, Health Promotion Division
Ms. Alida Gorizzan, Executive Assistant, Recorder
Dr. Thomas Piggott, Medical Officer of Health & CEO

Guests: Dr. Natalie Bocking, Medical Officer of Health & CEO, Haliburton, Kawartha Pine Ridge District Health Unit
Ms. Sandra Robinson, Manager, Children's Services
Ms. Nancy Fischer, Consultant

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1. Call to Order and Welcome

Professor Newhouse called the meeting to order at 1:00 p.m.

2. Confirmation of the Agenda

Dr. Bocking noted that she needed to leave at 2:00 p.m. and requested, if possible, to move up agenda item 5.4 (Planning Towards Merger – IHAC Engagement Verbal Update) after 5.1 so that she could be in attendance.

The agenda was approved as amended.

3. Minutes of the Previous Meeting

3.1. February 23, 2024

The minutes from February 23, 2024 were approved as circulated. **ACTION: The minutes will be circulated to the Board of Health at their next meeting.**

4. Items Arising From the Minutes *(nil)*

5. New Business

5.1. Consultation – Child Care Growth Plan, City of Peterborough

- Sandra Robinson and Nancy Fischer were in attendance for this item.
- The intent of this consultation was to:
    - provide some background regarding expansion plans for child care spaces across both the City and County of Peterborough over the next two years;
    - outline opportunities with the Canada Wide Early Learning and Childcare (CWELC) expansion; and,
    - determine how the system could incorporate Indigenous programs and support unmet needs for the urban Indigenous population.
- In March 2022, as part of an agreement struck between the Federal Government and the Province, the CWELC was launched with a goal to lower childcare costs by 2026 to $10 per day and increase access through additional funding. Funding will be allocated to create new spaces as well as some minor capital improvements, administrators are exploring areas of highest needs/priority neighbourhoods using early development instrument and census data.
- It was noted that there are currently licensed child care centres in Hiawatha First Nation (HFN) and Curve Lake First Nation (CLFN), however Sandra and Nancy were interested in exploring the potential to support the establishment of new child care centres off reserve operated by Indigenous partners, or perhaps support existing centres locally with Indigenous programming. The application to establish a centre can be found on the City's website
- Discussion:
    - Professor Newhouse noted that in framing the discussion with Indigenous communities, it is important to not only note the benefits to children, but to the community as well (collective benefit vs individual).
    - Ashley Safar shared some details about the Friendship Centre and the unique needs of Indigenous families, as well as current limitations that exist. For example, many Indigenous families live in multi-generational homes – this can create issues when applying for child care (additional members can be viewed as potential caregivers even if they are not in a position to do so). She noted that the FC would be interested in discussing the opportunity further, however capacity remains an issue.
    - Professor Newhouse advised that a new Indigenous college will be opening at Trent University named after Doug Williams. There have

been discussions about establishing a child care centre, he offered to connect the guests with a Trent representative.
    - Councillor Wilson recommended further discussion with HFN and offered to facilitate that connection.

Planning Towards Merger – IHAC Engagement Verbal Update (Thomas/Hallie)

- As requested, this item was moved up in the agenda.
- Dr. Piggott provided an overview of the process to date, including the establishment of a Joint Merger Steering Committee (JSMC) and the submission of a business case to the Ministry of Health earlier this year.
- A response from the Province is expected in late August, IHAC will be kept abreast of any further developments.
- Throughout this process, Dr. Piggott noted the emphasis on Indigenous engagement, the importance of IHAC and the current Section 50 Agreements in place with CLFN and HFN.
- Dr. Bocking shared that the process is still in the stage of pre-approval. Both Boards of Health (BOH) have signalled their intent to merge, however we are awaiting confirmation from the Province regarding their support and financial commitment, with final approvals to be made by each BOH.
- As a member of the JMSC, Councillor Wilson shared that both the consultants and Committee members have been very respectful and cognizant of Indigenous rights and issues, asking questions where there is uncertainty, etc.

5.2. Forum Update

- Two remaining forum topics will be scheduled for later in 2024, dates to be explored:
    - Governance and Indigenous Health
    - Racism and Indigenous Health, Beyond Education

5.3. CIPS/Climate Change Project Verbal Update (Hallie)

- Hallie shared that Cambium Indigenous Professional Services (CIPS) has begun outreach to Indigenous communities to engage on the climate change adaptation plan and will be setting up foundational meetings, and then further engagement meetings in the late Summer and Fall.
- Dr. Bocking shared that this has been a collaborative effort with HKPR, and staff will be meeting with the lead from Alderville First Nation shortly.
- CIPS also provided an overview of the two-eyed seeing approach to PPH and HKPR teams in May, further training is expected in the Fall.
- Professor Newhouse noted that it may be useful to highlight that the two-eyed seeing approach is the primary framework in which Indigenous health issues are

addressed across the country, both in research and more increasingly in public policy as well.

5.4. <u>Planning Towards Merger – IHAC Engagement Verbal Update</u> (Thomas/Hallie)

- See item 5.1 for details.

5.5. <u>Ontario Public Health Standards Review – Draft Relationship with Indigenous Communities Protocol</u> (Hallie)

- In May, the Ministry invited local public health agencies to provide feedback on the new updated Ontario Public Health Standards (OPHS). The consultation period ends June 20, 2024.
- In the current version of the OPHS, Indigenous Engagement is woven through all the Requirements of the Foundational Standards and supported by a Relationship with Indigenous Communities Guideline, 2018. The new draft OPHS has pulled Indigenous engagement out and created specific Requirements within the new draft of the Population Health Assessment and the Health Equity Standard and will now be supported by a draft Relationship with Indigenous Communities protocol. These changes have strengthened the requirement for and how local public health agencies engage with Indigenous communities and organizations.
- A summary of the changes to the Population Health Assessment and the Health Equity Standard, the strengths and preliminary recommendations for further enhancements of the Draft Relationship with Indigenous Communities protocol were provided. It was noted that the protocol was updated in partnership with First Nation, Inuit, and Métis partners. Engagement is still underway provincially and not inclusive of feedback from all partners.
- Feedback:
    - Recommendation to include a definition of Indigenous as referenced in the United Nations Declaration on the Rights of Indigenous Peoples Act *S.C. 2021 c.14 sec.2 – Indigenous peoples has the meaning assigned by the definition aboriginal peoples of Canada in subsection 35(2) of the Constitution Act, 1982.*

5.6. <u>2024 Work Plan Review</u> (Thomas)

- Reviewed.

6. <u>Date, Time, and Place of the Next Meeting</u>

Friday, August 23, 2024 – 2:30 – 4pm, PPH

7. Adjournment

The meeting was adjourned at 2:23 p.m.