

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, October 9, 2024 – 5:30 p.m.
Hiawatha First Nation**

Welcome – Chief Laurie Carr

1. **Call to Order**
2. **Confirmation of the Agenda**
3. **Declaration of Pecuniary Interest**
4. **Consent Items to be Considered Separately**

Board Members: Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.2 a b c 9.4.1

5. **Delegations and Presentations**
6. **Confirmation of the Minutes of the Previous Meeting**

- [Cover Report](#)
- a. [Minutes, Sept. 4, 2024](#)

7. **Business Arising From the Minutes**
8. **Staff Reports**

8.1. Staff Report & Presentation: Food for Kids Student Nutrition Programs Annual Report 2023-24

Guest: Angela Fuchs, Community Development Coordinator, Peterborough Child and Family Centres

- [Staff Report](#)
- [Presentation](#)
- [Food For Kids Annual Report \(web hyperlink\)](#)

8.2. Presentation: Respiratory Season Update 2024-25

- [Cover Report](#)
- a. [Presentation](#)

8.3. Staff Report: Health Care Worker Influenza Immunization 2023-24

- Staff Report

8.4. Stewardship Committee: 2025 Budget Preparation

- Cover Report
 - a. Presentation (*to be circulated*) Amended - please refer to p. 56 for slide deck

9. Consent Items

9.1. Correspondence for Direction

9.2. Correspondence for Information

- Cover Report
 - a. alPHa e-newsletter
 - b. PPH Support for Bills S-233 and C-233 (Guaranteed Livable Basic Income)
 - c. Prime Minister Response – Bills S-233 and C-233

9.3. Staff Reports

9.4. Committee Reports

9.4.1. Stewardship Committee

- Cover Report
 - a. Minutes, June 4/24

10. In Camera to Discuss Confidential Matters

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;

(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.

11. Motions for Open Session

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

Wednesday, November 13, 2024, 5:30 p.m.
Peterborough Public Health

13. Adjournment

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Approval of Meeting Minutes |
| DATE: | October 9, 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 meeting held on September 4, 2024.

ATTACHMENTS

- a. [September 4, 2024](#)

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

In Attendance:

Board Members:

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

Staff:

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

1. Call to Order & Land Acknowledgement

Councillor Lachica, Chair, called the meeting to order at 5:32 p.m.

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

The Board of Health welcomed the new Manager of Indigenous Health, Samantha Roan, to Peterborough Public Health.

3. Confirmation of the Agenda

MOTION:
That the agenda be approved.

Moved: Councillor Haacke
Seconded: Warden Clark
Motion carried. (M-2024-071)

4. Declaration of Pecuniary Interest

5. Consent Items to be Considered Separately

MOTION:

That the following items be passed as part of the Consent Agenda: *10.1; 10.2 a,c,e; 10.3.1; 10.3.2; 10.3.4; 10.4.1*

Moved: Warden Clark
Seconded: Councillor Wilson
Motion carried. (M-2024-071)

MOTION (10.1):

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”.

Moved: Warden Clark
Seconded: Councillor Wilson
Motion carried. (M-2024-071)

MOTION (10.2 a,c,e)

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.
- c. Letter dated June 20, 2024 from the Board Chair to Ministers Jones & Khanjin regarding wastewater surveillance.

Correspondence from other Local Public Health Agencies:

- e. Renfrew – Wastewater Surveillance

Moved: Warden Clark
Seconded: Councillor Wilson
Motion carried. (M-2024-071)

MOTION (10.3.1):

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.

Moved: Warden Clark

Seconded: Councillor Wilson

Motion carried. (M-2024-071)

MOTION (10.3.2)

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.

Moved: Warden Clark

Seconded: Councillor Wilson

Motion carried. (M-2024-071)

MOTION (10.3.4)

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

Moved: Warden Clark

Seconded: Councillor Wilson

Motion carried. (M-2024-071)

MOTION (10.4.1)

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.

Moved: Warden Clark

Seconded: Councillor Wilson

Motion carried. (M-2024-071)

6. Delegations and Presentations

7. Confirmation of the Minutes of the Previous Meeting

MOTION:

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

Moved: Mr. Moloney

Seconded: Mayor Graham

Motion carried. (M-2024-072)

8. Business Arising From the Minutes

9. Staff Reports

10. Consent Items

MOTION (10.2 b,d)

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

- b. Letter dated June 20, 2024 from alPHa to the Ministry of Health regarding the Ontario Public Health Standards Review.
- d. Letter dated August 6, 2024 from the PPH and HKPR Board Chairs to Minister Jones regarding the voluntary merger.

Moved: Councillor Haacke

Seconded: Mayor Graham

Motion carried. (M-2024-073)

MOTION (10.3.3):

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

Moved: Councillor Haacke

Seconded: Mayor Graham

Motion carried. (M-2024-073)

MOTION (10.3.5):

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

Moved: Councillor Haacke

Seconded: Mayor Graham

Motion carried. (M-2024-073)

11. In Camera to Discuss Confidential Matters

MOTION:

That the Board of Health for Peterborough Public Health go in camera at 5:50 p.m. to discuss two items in accordance with the Municipal Act, 2001, Section 239(2)

(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. Moloney

Seconded: Deputy Mayor Black

Motion carried. (M-2024-074)

MOTION:

That the Board of Health rise from the In Camera session at 7:23 p.m.

Moved: Councillor Riel

Seconded: Mr. Johnston

Carried. (M-2024-075)

12. Motions for Open Session

MOTION:

That the Board of Health for Peterborough Public Health approve revisions to the Joint Merger Steering Committee Terms of Reference.

Moved: Mr. Moloney

Seconded: Mayor Graham

Carried. (M-2024-076)

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

Wednesday, October 9, 2024, 5:30 p.m.

Hiawatha First Nation

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Mayor Graham

Seconded: Councillor Wilson

Motion carried. (M-2024-077)

The meeting was adjourned at 7:26 p.m.

Chairperson

Medical Officer of Health

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

| | |
|---------------------|---|
| TITLE: | Food for Kids Student Nutrition Programs Annual Report 2023-24 |
| DATE: | October 9, 2024 |
| PREPARED BY: | Luisa Magalhaes, Registered Dietitian |
| APPROVED BY: | Dr. Thomas Piggott, Medical Officer of Health & CEO |

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report and presentation, *Food for Kids Peterborough and County Student Nutrition Programs Annual Report 2023-24*, for information;
- communicate to the Premier of Ontario, Minister of Child, Community and Social Services, and Minister of Education, with copies to local MPPs, the importance of negotiating and signing an agreement that will see federal funding to support provincial student nutrition programs; and,
- ask the Province to increase their funding contribution by 30 cents per student to match the national median of 40 cents per student.

DECISION HISTORY

Positions/advocacy by the PPH BOH include:

- February 2013 - sent letters requesting continued and increased support and \funding for SNPs.
- June 2019 - received a staff report on supporting a national school food program and urged the federal government to work with provinces and territories towards the creation of a cost-shared national school food program.
- February 2021 - supported the [six recommendations](#) of CODE/COMOH (with support from the Ontario Dietitians in Public Health) to strengthen Ontario’s SNP reach and impact
- September 2023 – endorse two letters from Huron Perth Public Health:
 - to the provincial Minister of Children, Community and Social Services requesting increase of funding for Student Nutrition Programs for future school years; and
 - to the federal Ministers of Families, Children and Social Development; Agriculture and Agri Food; and Health, urging the implementation of a Federal School Food Policy.

BACKGROUND

Fifty-one Student Nutrition Programs (SNP) are running in local elementary and high schools, thanks to dedicated school staff, volunteers and a passionate community that values access to healthy food at school. Last year, 817 staff and volunteers served over 2.5 million meals,

available to approximately 19,000 local students. The cost of food had risen, and many schools report an increase in the amount of food being served in SNP. A 2012 report from Toronto Public Health found that student nutrition programs are a cost-effective way to achieve outcomes related to health, learning and behaviour among children and youth. Although programs do not replace adequate income support for underserved families, they can:

- provide nourishment so that students are better able to learn and participate in school;
- establish healthier eating habits, which may reduce the risk of chronic disease; and,
- foster academic success with improved scores in math, reading and science.

In addition, the National School Food Policy identifies additional benefits to include strengthening sustainable food systems, supporting local economies, creating opportunities for local farmers, and helping families manage the higher cost of groceries. The World Food Programme has estimated that every \$1 to school food programming internationally yields between \$3 to \$10 in economic return, while studies in the US and UK suggest that every dollar invested in school food programs provides \$2 to \$6 in health, social and economic benefits.

SNP have become an integral part of the school day, nurturing bodies, minds and social connections. The Board of Health's long-time support of local SNP is greatly valued and a key contributor to our local school programs' success. In addition to staff support for SNP (Public Health Dietitian, Public Health Inspector, Accounting Services, Administrative support, Media support), the Board of Health has historically been an active advocate at the provincial and federal level.

Ontario currently invests \$37.6 million in school food, which equates to providing 10 cents per student per day. The national median provincial/territorial contribution is nearly four times higher at 39 cents per student per day. Recently, the Federal government released the [National School Food Policy](#), following an announcement of \$1 Billion over 5 years to support SNP across the country. This agreement with the Government of Canada would provide an estimated \$26.6 million to Ontario in 2024-25 for school food programs. For the funds to flow to Ontario programs for this cost-shared program, an agreement between both parties must be reached and signed, and program parameters defined. Advocates anticipate funding will be used to bolster existing programs and help fund new ones, as currently only 70% of Ontario schools offer programs. Newfoundland has recently become the first province to sign an agreement, prioritizing a provincial school lunch program with its funding.

STRATEGIC DIRECTION

This report applies to the Board of Health's strategic direction, *Our Community*, where we will provide public health services to the entire PPH region, while prioritizing health issues affecting under-served populations to impact health equity. This supports the goal that under-served single parents and families are supported in creating healthy, safe and nurturing environments for child development. While access to free, nourishing food at school, in a stigma-free, welcoming environment does not solve household food insecurity, it does support students to have a better day of learning and provides some relief to struggling families.

ATTACHMENTS

- a. Presentation: Giving Hungry Kids Access to Food at School
- b. Food for Kids Peterborough and County Student Nutrition Programs Annual Report 2023-24
(web hyperlink)

REFERENCES:

Coalition for Healthy School Food, 2024. [Annual Investment from P/T and municipal governments \(including 2024-25 school year\)](#)

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

Government of Canada, 2024. [National School Food Policy](#)

Giving hungry students Access to Nourishing Food at School

Angela Fuchs

*Community Development Coordinator,
Peterborough Child and Family Centres*



Luisa Magalhaes

Registered Dietitian, Peterborough Public Health



PETERBOROUGH AND COUNTY
Student Nutrition Programs



A bit of history...

1992: service club sees a need

PVNCCDSB, KPRDSB, PCCHU join

Two schools offer a breakfast program

2005: provincial funding begins



96% of local schools offer Student Nutrition Programs

SCHOOL PROGRAMS

**51 Schools in Peterborough
City and County offer
programs**

51 Breakfast Programs
17 Snack Programs
9 Lunch Programs

BENEFITS OF SNP

**Access to nutritious meals
and/or snacks in schools means
students are:**

**Engaged in their learning
Experience a sense of belonging
at school
Develop healthy eating habits**



Evidence of Benefits

Students arrive at school hungry for many reasons:



Long
Bus Rides



Rushed
Mornings



Skipped
Meals



Not Enough
Food at Home

Students CAN start their day nourished and ready to learn.

Where programs exist, students:

- ✓ Miss less school
- ✓ Do better academically
- ✓ Build social connections that foster mental wellness



Our Local Recipe:



817 Staff and Volunteers



1,172 Volunteer hours/week



~19,000 Students had access to nutrition programs



2,536,627 Snacks and meals served



Current Challenges:



\$288 million: Annual investment from P/T and municipal governments (including 2024-25 school year)

| Province | Total Estimate of Annual P/T school food funding ¹ | Total Estimate of Annual Municipal school food funding | Total number of student ² | P/T contribution per student/year | P/T contribution per student/day |
|-----------------|---|--|--------------------------------------|-----------------------------------|----------------------------------|
| PEI | \$5,415,000 | \$0.00 | 21,147 | \$256 | \$1.37 |
| NU | \$1,945,092 | \$0.00 | 10,902 | \$178 | \$0.95 |
| NS | \$20,500,000 | \$100,000 | 126,428 | \$162 | \$0.87 |
| MB | \$30,000,000 | \$0.00 | 205,273 | \$146 | \$0.78 |
| BC | \$71,500,000 | \$474,280 | 586,860 | \$122 | \$0.65 |
| NT | \$710,388 | \$0.00 | 8,475 | \$84 | \$0.45 |
| QC ³ | \$72,900,000 | \$347,747 | 991,443 | \$74 | \$0.39 |
| NL | \$3,855,744 | \$0.00 | 64,608 | \$60 | \$0.32 |
| AB | \$20,000,000 | \$0.00 | 692,643 | \$29 | \$0.15 |
| YT | \$135,175 | \$0.00 | 5,829 | \$23 | \$0.12 |
| NB | \$2,000,000 | \$0.00 | 100,013 | \$20 | \$0.11 |
| ON | \$37,600,000 | \$19,297,000 | 2,048,045 | \$18 | \$0.10 |
| SK | \$1,363,096 | \$147,942 | 202,272 | \$7 | \$0.04 |
| Total | \$267,925,495 | \$20,371,237 | 5,063,938 | | |

2nd Lowest


1) Figures are the core annual P/T investment, not including infrastructure or one-time funding; P/T contribution per student based on P/T investment only; 2) Including Public and First Nation schools in Canada (2021-22); 3) QU invests an additional \$26.9M in school-based health programs, some of which goes to school food.

New Federal Program

- National School Food Policy released June 2024
- \$1 billion over 5 years
- \$26.6 million for Ontario 2024-25 school year
- Newfoundland first province to sign

Federal funding is not enough on its own.



A young girl with brown hair, wearing red sunglasses and a blue backpack, is eating a green apple. She is standing in front of a grey metal door. Above her is a black sign with white text that reads "School Breakfast Program".

School
Breakfast
Program

Our Ask:

Write a letter to the provincial government requesting they:

1. negotiate to accept federal funds (\$26.6 million to Ontario in 2024-25)
2. top up this federal investment to close the gap between provinces/territories

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|---|
| TITLE: | Presentation: Respiratory Season Update 2024-25 |
| DATE: | October 9, 2024 |
| PREPARED BY: | Gillian Pacey, Infectious Disease Manager Patti Fitzgerald, Clinical Services Manager Carolyn Pigeau, Epidemiologist |
| APPROVED BY: | Dr. Thomas Piggott, Medical Officer of Health & CEO |

PROPOSED RECOMMENDATIONS

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

- Title: Presentation: Respiratory Season Update 2024-25
- Presenters:
 - Gillian Pacey, Infectious Disease Manager
 - Patti Fitzgerald, Clinical Services Manager
 - Carolyn Pigeau, Epidemiologist

ATTACHMENTS

- a. [Presentation](#)

Respiratory Season Update 2024-25

Presenters:

Gillian Pacey, Infectious Disease Manager

Patti Fitzgerald, Clinical Services Manager

Carolyn Pigeau, Epidemiologist

Fall Respiratory Planning: *What we know so far...*

•Public Health Ontario's "Ontario Respiratory Virus Tool" surveillance period began August 25, 2024. Current activity as of September 20, 2024:

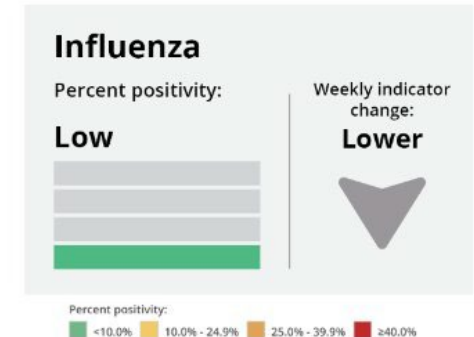
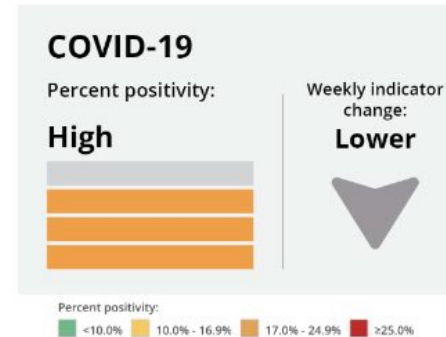
- Locally, we have not yet had an influenza case for the 2024-2025 respiratory season

•PHO weekly epidemiological summary report as of September 16, 2024:

- KP.3.1.1 was most prevalent lineage, followed by LB.1.3 and KP.2.3
- KP.3.1.1. projected to continue increasing as most prevalent lineage. LB.1.3 is also increasing.
- KP.3.1.1 is an offshoot of KP.3 (descended from Omicron family) and began to overtake KP.2.3 and KP.3.3 over the past few months in both US and Canada
- XEC expected to increase in Canada over coming months

•Peterborough Public Health Respiratory Virus Risk Index

- Risk Index: Evidence-based guidance for the public
- Tracker dashboard: Includes case numbers, vaccination rates, outbreaks and wastewater surveillance



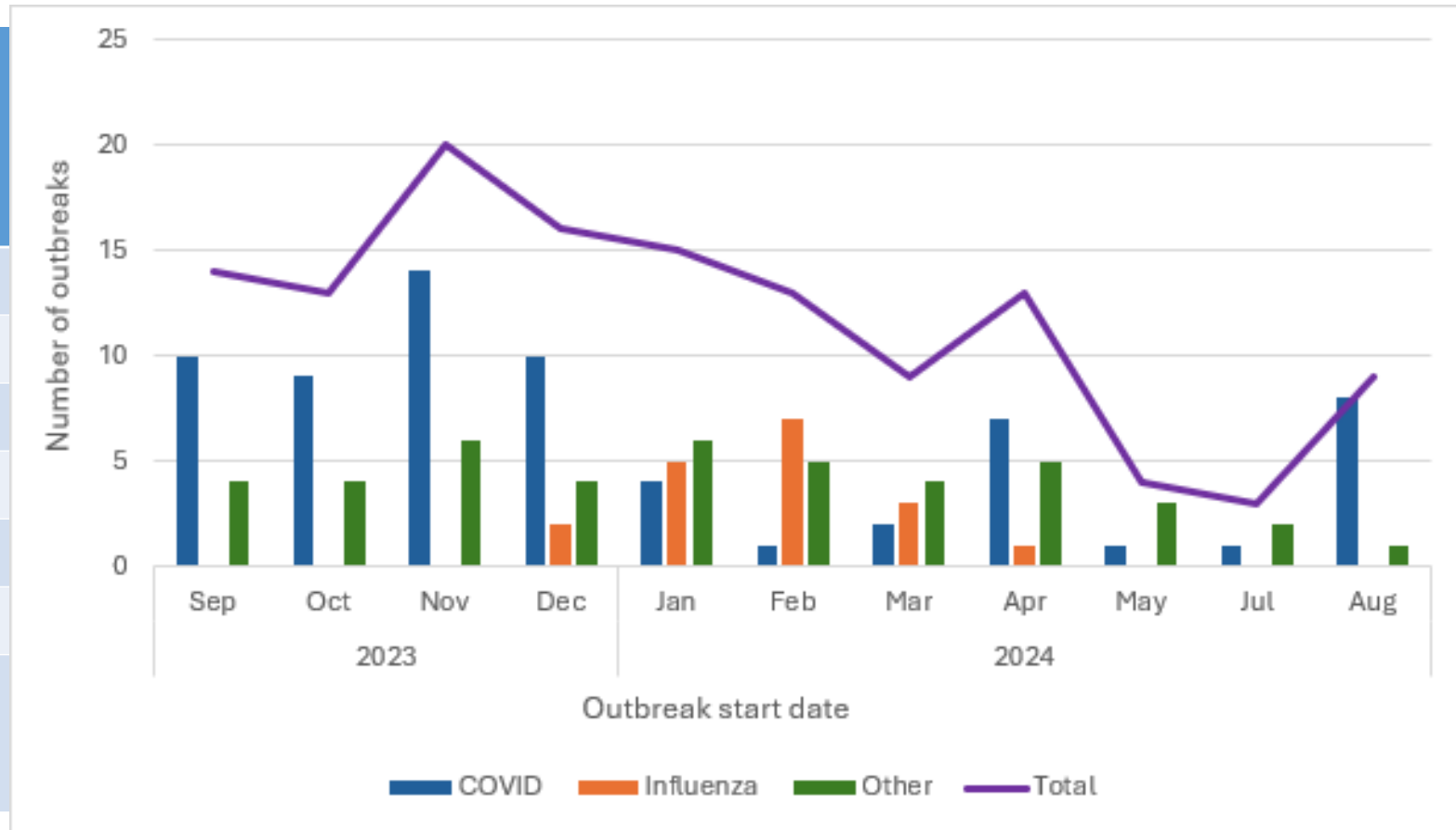
Outbreak/Surge Management Planning

- Participation in provincial, local and internal respiratory planning exercises;
- Internal respiratory outbreak surge plan developed with phased approach to staffing;
- PHN and PHI outbreak training completed;
- Townhall education session for all LTCH and RH held October 2;



Trends in Respiratory Outbreaks

| Year | Non-COVID | COVID-19 | Total |
|--------------------------|-----------|----------|-------|
| 2018 | 34 | 0 | 34 |
| 2019 | 19 | 0 | 19 |
| 2020 | 21 | 12 | 33 |
| 2021 | 15 | 60 | 75 |
| 2022 | 28 | 143 | 171 |
| 2023 | 56 | 80 | 136 |
| 2024 (until Sept. 25) | 50 | 28 | 78 |



CENTRAL EAST IPAC HUB

HKPR and PPH led program as of October 1,
previously facilitated by PRHC

IPAC PHIs and PHNs provide IPAC support to
congregate living settings in PPH and HKPR
regions

Supports high-risk settings, including LTCH, RH,
and other congregate living settings (e.g. group
homes, homes for special care, shelters)

Provide proactive and on-demand education,
training and on-site IPAC support

Provincial Emerging Risks

H5N1

- Main risk historically has been avian outbreaks
- Bovine outbreaks and 14 human cases in US in 2024

Rabies

- First domestically acquired case since 1967 reported in Ontario
- Acquisition from bat exposure in Timiskaming area, did not receive rPEP

Pertussis

- Local, provincial and global increase in cases since May 2024
- Cyclical incidence, every 2-5 years, expected cases as activity was low during pandemic

Mpox

- Vaccine Invamune available for high-risk (VE approx 60% with 1 dose and 85% w/ 2 doses)
- Emerging clade 1b outbreak in Central/East Africa

Measles

- Work underway to catch-up immunizations
- Measles death in unvaccinated child in Hamilton in May 2024 a stark reminder of severity

Respiratory Season Vaccine Programs 2024-2025

RSV- Older Adults

Eligibility- Individuals 60 years of age and older who are also:

- Residents of LTCH, Elder Care Lodges or **Retirement Homes**, in hospital ALC patients, dialysis patients, transplant patients, Individuals who identify as First Nations, Inuit or Métis, Individuals experiencing homelessness

RSV- Infant and High-Risk Children

Eligibility:

- Born in 2024 prior to the RSV season
- Born during the 2024/25 RSV season
- Children up to 24 months of age who remain vulnerable from severe RSV disease through their second RSV season
- Pregnant people from 32-36 weeks who will deliver near the start or during the 2024-2025 RSV season

Respiratory Season Vaccine Programs 2024-2025

Influenza

Eligibility

The following can receive as soon as vaccine is available:

- Residents, staff and care providers in congregate care settings
- Individuals at high-risk of complications or hospitalization
- HCW, first responders and those with significant exposure to birds or mammals

October 28th for general population

COVID-19

• Eligibility

- Expected to align with flu, will update this slide once implementation is received

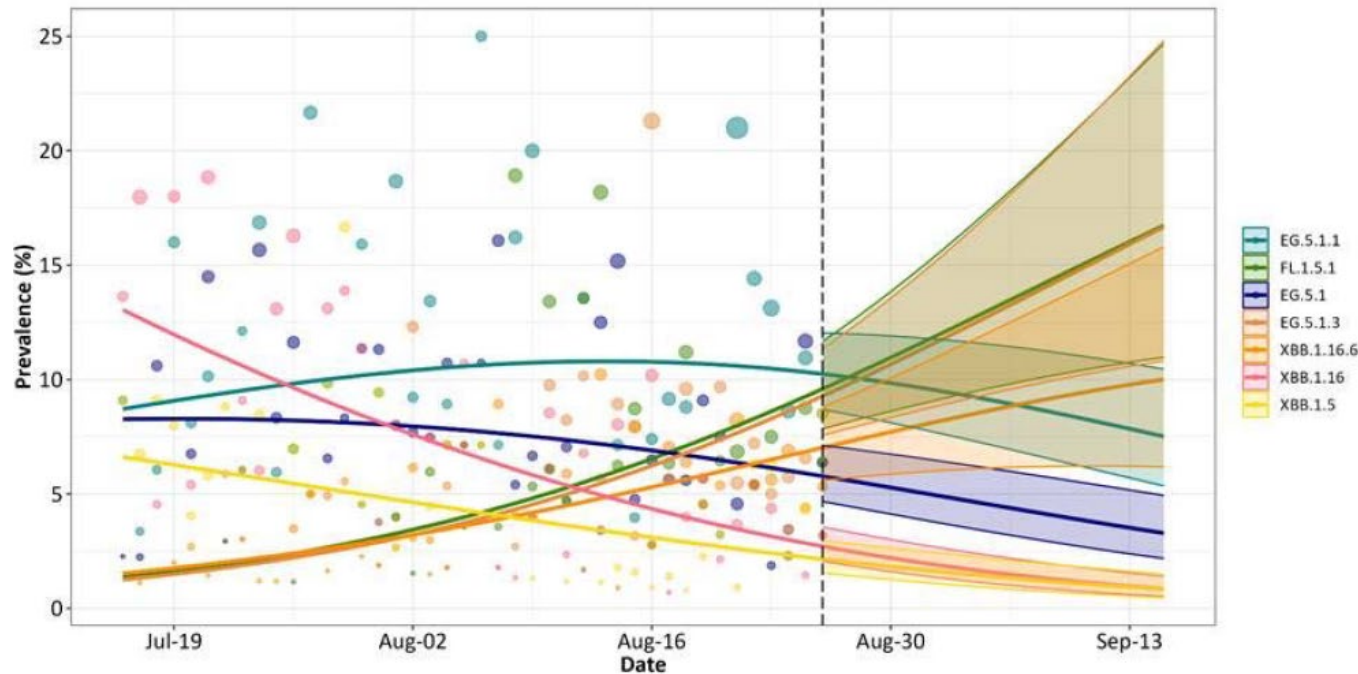
Vaccine Clinics

Peterborough Public Health will:

- Support local retirement homes with RSV administration (5 clinics to date)
- Support administration of Abrysvo and Beyfortus in the Routine Immunization clinic if needed
- Offer COVID and Flu vaccine to clients who visit the routine immunization clinic
- Offer dedicated COVID and flu clinics to individuals under 5 years of age
- Other eligible populations will be directed to their primary health care provider or local pharmacy for COVID and/or flu

COVID-19 – Variants (PHO)

Ontario SARS-CoV-2 estimated daily prevalence (%), by Pango lineage



- Latest data - increasing transmission of strains descendants of XBB
- New monovalent booster approved yesterday by HC

Public Reporting

Peterborough Region COVID-19 & Respiratory Virus Risk Index

- Risk Index:
 - Evidence-based guidance
- Tracker Dashboard:
 - COVID-19 indicators (Cases, Vaccination, Outbreaks, Wastewater)
 - Other Respiratory indicators (Flu, RSV)
- Public Health Ontario Tool
 - <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool>



Questions?

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

| | |
|---------------------|--|
| TITLE: | Health Care Worker Influenza Immunization 2023-24 |
| DATE: | October 9, 2024 |
| PREPARED BY: | Patti Fitzgerald, Manager, Immunization |
| APPROVED BY: | Donna Churipuy, Director of Health Protection Dr. Thomas Piggott, Medical Officer of Health & CEO |

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Health Care Worker Influenza Immunization 2023-24*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

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

BACKGROUND

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

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

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

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

Influenza Transmission in Health Care Settings

Influenza transmission and outbreaks in hospitals and long-term care homes are well documented and can result in significant patient, resident and staff morbidity and mortality. The increased risk of influenza to residents and patients in these facilities is related to their advanced age and underlying health problems, as well as the settings in which they are cared for in close proximity to a range of HCWs. HCWs can acquire influenza from patients/residents, and the community, and then may readily transmit infection to other patients/residents, other HCWs and their family members. Influenza immunization is identified as the most effective way to prevent the spread of the virus, and immunization of HCWs protects patients/residents.

Mandatory Influenza Immunization of HCWs

The Association of Medical Microbiology and Infectious Disease (AMMI), Canada, position paper, 2012 on mandatory influenza immunization of health care workers notes poor response rates to voluntary immunization programs, yet greater than 90% influenza immunization rates in settings where influenza immunization was made a condition of employment.³ Several public health agencies and professional associations, such as the PIDAC² and the National Advisory Committee on Immunization (NACI)¹,

The PIDAC states that:

*“Annual influenza vaccination should be a condition of continued employment in, or appointment to, health care organizations” and further states that HCWs “with medical contraindications to influenza vaccination should be accommodated by reassignment, or other methods used to protect patients and staff (e.g., health care worker wearing mask in client/patient/resident care areas) during influenza season”.*²

Similarly, the NACI states:

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

Immunization of Health Care Workers in Peterborough County and City

The Board of Health has required annual immunization against influenza for all of its employees since 2002. The influenza vaccination coverage rate for eligible active staff at Peterborough

Public Health for the 2023-2024 influenza season was 93.5%. The coverage rate for eligible active staff (excluding those with medical exemptions) for 2022-2023 was 92.5%.

While local long-term care homes (LTCHs) have their own policies for staff influenza immunization, the Ministry of Health outlines that only immunized staff should be working in a LTCH during a laboratory-confirmed influenza outbreak, and unimmunized staff may resume work at the affected home as soon as they are taking antiviral prophylaxis.⁴

The 2023-2024 Influenza Season in Peterborough County and City

A total of 809 lab-confirmed influenza cases were reported for the 2023-2024 surveillance season. Nineteen outbreaks were reported in LTCHs, retirement residences, and the local hospital for the same period.

The Ministry of Health requires reporting of influenza vaccine coverage rates for staff from hospitals and LTCHs to Boards of Health. The staff immunization coverage rates were collected as of February 01, 2024, and are reflected in Table 1.

Table 1: Health Care Worker Influenza Immunization Feedback Report – 2023-2024

| Ontario | Median Staff Coverage Rate | | Variance |
|-------------------------------------|----------------------------|-----------|----------|
| | 2023-2024 | 2022-2023 | |
| Hospitals | 38.5% | 40.6% | -2.1% |
| Long-Term Care Homes | 60.8% | 62.6% | -1.8% |
| Peterborough Public Health | Staff Coverage Rate | | Variance |
| | 2023-2024 | 2022-2023 | |
| Peterborough Regional Health Centre | 66.3% | 69.0% | -2.7% |
| Long-Term Care Homes | 57.0% | 64.8% | -7.8% |
| Long-Term Care Homes | Staff Coverage Rate | | Variance |
| | 2023-2024 | 2022-2023 | |
| Centennial Place | 42.7% | 65.0% | -22.3% |
| Extendicare Lakefield | 85.7% | 86.0% | -0.3% |
| Extendicare Peterborough | 70.7% | 81.8% | -11.1% |
| Fairhaven | 49.8% | 64.6% | -14.8% |
| Pleasant Meadow Manor | 61.7% | N/A | N/A |
| Riverview Manor | 52.3% | 58.5% | -6.2% |
| Springdale Country Manor | 46.7% | N/A | N/A |
| St. Joseph's at Fleming | 42.8% | 57.0% | -14.2% |

(Source: Ministry of Health)

Low local rates in certain homes continue to be a concern. Most organizations do not have a policy that requires annual influenza vaccination for their staff, which may be a contributing factor. As part of their workplan, the new PPH/HKPR Infection Prevention and Control (IPAC)

Hub staff will support local facilities to explore options and strategies to increase uptake among their staff.

REFERENCES:

1. Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2024-2025; An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI).
<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-seasonal-influenza-vaccine-2024-2025.html>
2. Infection Prevention and Control for Clinical Office Practice, Provincial Infectious Diseases Advisory Committee (PIDAC) revised April 2015.
http://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf
3. Bryce E, Embree J, Evans G, Johnston L, Katz K, McGreer A, et al. AMMI Canada position paper: 2012 mandatory influenza immunization of health care workers. Canadian Journal of Infectious Disease and medical Microbiology 2012: 23(4): e93-5.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3597405/>
4. Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (April 2024) <https://www.ontario.ca/files/2024-04/moh-recommendations-for-outbreak-prevention-and-control-in-institutions-and-clis-en-2024-04-09>.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|---|
| TITLE: | Stewardship Committee - 2025 Budget Preparation |
| DATE: | October 4, 2024 |
| PREPARED BY: | Dale Bolton, Finance Manager Larry Stinson, Director of Operations |
| APPROVED BY: | Thomas Piggott, Medical Officer of Health and CEO |

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the presentation, *2025 Budget Preparation*, for information.

BACKGROUND

The Stewardship Committee met on October 4th and discussed budget variables in preparation for the 2025 budget, in the event of no health unit merger. PPH & HKPR continue to await a provincial decision on their business case and proposed merger under the Province’s Voluntary Merger program. We had anticipated to hear the outcome by the end of summer. As a result of needing to begin 2025 budget planning, and understand an approach in the event that the merger is not ultimately approved, or postponed, the Committee discussed various preliminary scenarios.

The 2025 budget will be challenging due to ongoing financial pressures, including staff salary increases, previously announced 1% increases from the Province, and cost increases to operations. There also have been longstanding challenges for PPH to meet the Ontario Public Health Standards with existing resources. Even without any additional resources, there is an anticipated large funding shortfall in 2025. Public health units must operate with a balanced budget, and therefore the deficit can only be addressed through local funder increases, use of reserve dollars, or program reductions.

ATTACHMENTS:

- a. Presentation (*to be circulated*)

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Correspondence for Information |
| DATE: | October 9, 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. Association of Local Public Health Agencies (alPHa) e-newsletter dated September 16, 2024.
- b. Letter dated October 2, 2024 from the Board Chair to the Prime Minister of Canada, additional Federal Ministers/Members of Parliament, and the Standing Senate Committee on National Finance regarding support for Bills S-233 and C-233 “An Act to develop a national framework for a guaranteed livable income”.
- c. Email response dated October 4, 2024 to the Board Chair from the Executive Correspondence Officer for the Prime Minister of Canada, regarding the October 2, 2024 letter supporting Bills S-233 and C-233.

From: allhealthunits
Sent: Monday, September 16, 2024 2:56 PM
To: AllHealthUnits
Subject: [allhealthunits] September 2024 InfoBreak

PLEASE ROUTE TO:

All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

September 16, 2024

September 2024 InfoBreak

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

Leader to Leader - A message from alPHA's Chair - September 2024

Greetings Public Health Leader Colleagues!

I am pleased to introduce the September 2024 edition of InfoBreak, alPHA members' shareable key public health information portal. Many alPHA members use this as a regular part of their local meeting packages as updates for their boards of health and for their executive leadership teams.

Although public health work never rests, I trust you had the opportunity to take time to enjoy, refresh and rejuvenate over the summer months. Indeed, it has been a busy summer for alPHA, and I appreciate the contributions of the volunteers and staff alike.

The recently held Association of Municipalities of Ontario (AMO) AGM and Conference had nearly 3,000 attendees in Ottawa from August 17-21, 2024. It presented a tremendous opportunity to profile alPHA, the importance of local public health and our association's public policy positions. As your Chair, I participated in a panel entitled Strengthening Public Health along with Dr. Robert Kyle, Durham Region Public Health; Warden Bonnie Clarke, Peterborough Public Health; and Mayor Jan O'Neill, Hastings Prince Edward Public Health. The panel discussed the need more than ever for a strong, sustainable public health system to continuously improve health outcomes for people and communities. Each panelist spoke about their experiences, and shared perspectives about the past, present and future of public health in Ontario. I spoke to the need for increased and stable resources, the importance of partnerships and a concerted systemic effort on the part of municipal governments, the

province and local public health agencies. On behalf of alPHa, I also emphasized the need for increased, sustainable funding to properly implement public health's legislative requirements and to support local public health to target their local public health needs. The many attendees were actively engaged in the subsequent Q & A session moderated by alPHa's Chief Executive Officer, Loretta Ryan. The presentations from the session can be accessed [here](#).

AMO's 125th AGM provided the opportunity for many of us to be involved in delegations through our municipalities, and other affiliations with Ontario's Cabinet Ministers. I was pleased to be joined by BOH Section Chair, René Lapierre, COMOH Section Chair, Lianne Catton, the Affiliate Representative on the alPHa Executive Committee, Cynthia St. John, Durham Region Commissioner, Dr. Robert Kyle, and Chief Executive Officer, Loretta Ryan, in a meeting with the Ontario Medical Association (OMA). The alPHa Executive and OMA are committed to continue to meet regularly throughout the year.

During the conference, the province made an announcement that significantly impacts the longevity of safe consumption sites in Ontario. alPHa's response can be found [here](#).

These events were also a time to reacquaint with and meet municipal leadership who support the work of public health, including those who serve on their local boards of health. Thank you to the members who let us know that they used alPHa resources to help prepare their key messages in their delegations with Cabinet Ministers, and their encounters with colleagues. Please refer to the Summer 2024 issue of [Information.Break](#) for a list of resources provided to members to ensure they had the information they needed to make the most out of the conference.

While at the AMO events, I had the opportunity to speak to several elected officials who are local board of health members. When they expressed their desire to ensure good governance and to best support the work of local public health, I was pleased to direct them to the [Board of Health Shared Resources](#) which is a collection of best practices, protocols and policies on the alPHa website, as well as to [alPHa's training courses](#) on BOH Governance, and on the Social Determinants of Health. alPHa's goal is to support its membership and is always interested in what you have to share. To do so, please contact Loretta Ryan loretta@alphaweb.org.

The [2024-2025 alPHa Board of Directors](#), its Executive Committee, BOH Section Executive Committee, COMOH Section Executive Committee, and the Affiliates, along with the alPHa staff, have a clear path moving forward, guided by alPHa's [2024-2027 Strategic Plan](#), adopted [resolutions](#) and the required policy updates and revisions to ensure full legal compliance with Ontario's [Not_for_Profit.Corporations.Act?8676](#).(ONCA).

The alPHa Board of Directors are working tirelessly, and collectively on your behalf, advancing the cause of a resilient, sufficiently resourced, local public health system. They continue to provide recommendations and advice in the review of the Ontario Public Health Standards and public health funding to ensure a strengthened public health system. I am grateful for their volunteer time, commitment, and leadership. As the Chair of the alPHa Board of Directors, I am enthusiastic to be working for you, with this exceptional volunteer board of

public health leaders, and the continuous support of alPHa's Chief Executive Officer Loretta Ryan and her staff.

Looking forward to touching base in October!

Trudy Sachowski

Chair, alPHa Board of Directors

2024 Association of Municipalities of Ontario (AMO) Conference recap

From August 18 - 21, more than 3,300 municipal leaders, government officials, public servants, sponsors, exhibitors, and media gathered in the City of Ottawa to take part in the 2024 AMO Conference. This was the largest number of conference participants ever. Educational programming included an array of subject matter experts on a range of issues. AMO is providing access to concurrent session presentations which can be viewed [here](#).

Registration for the alPHa 2024 Fall Symposium, Section Meetings, and Workshops is now open!

Registration is now open for the online [2024 Fall Symposium, Section Meetings, and Workshops](#) that are taking place November 6th-8th! These events will discuss a variety of issues of key importance to public health leaders and you won't want to miss out.

On Friday, November 8th, from 8:30 a.m. to 4:30 p.m., there is an exciting lineup of Symposium and Boards of Health Section meeting speakers and topics.

In conjunction with the Symposium and Section meetings, we are holding two workshops. The first one, Artificial.Intelligence.(AI).and.Public.Health, is on Wednesday, November 6th, from 9 a.m. to 4:30 p.m. The workshop objectives are: to assist alPHa members in improving understanding of artificial intelligence and public health; to achieve a shared understanding of the risks and benefits of artificial intelligence in LPHAs, and to learn from academic, government, and industry leaders in artificial intelligence.

On the afternoon of Thursday, November 7th, from 1 p.m. to 4:30 p.m., we will hold the second workshop with the Canadian Centre on Substance Use and Addiction. This workshop, titled Working.for.a.future.with.less.alcohol.harms.in.Ontario;Public.Health's.Role, will provide an opportunity for participants to understand the partnerships, body of work and evidence underpinning Canada's Guidance on Alcohol and Health (CGAH). Breakout sessions will provide opportunities to discuss how it serves as a key tool across

sectors to guide health promotion activities, and inform the work of health care providers and policy development.

These workshops are being offered at no additional cost to Symposium registrants and you will be registered automatically when you sign up for the Fall Symposium. Separate registrations are not available for individual events.

The event flyer can be accessed by clicking [here](#). Please keep your eyes on the main Symposium webpage for regular updates including program and agendas for the Symposium, BOH Section Meeting, and workshops.

Registration is for alPHa members only, (please note, you do not need to create an account on the alPHa website in order to register for the event) and the cost is \$399+HST (and is inclusive of the Symposium, Workshops, and Section Meeting. You also only need to register once to attend all of the events). The closing date to register is Wednesday, October 30, 2024. Cancellations and substitutions are permitted until October 30. Cancellations are subject to a \$50 processing fee and must be received by October 30. No refunds will be issued after that date.

If you have any questions regarding these events, please contact alPHa Staff at: info@alphaweb.org.

alPHa would like to thank the University of Toronto's Dalla Lana School of Public Health and Eastern Ontario Health Unit for their generous event support!

Fall Symposium 2024: Lights, camera, action!

As part of the alPHa Fall 2024 Symposium that is taking place on November 8, there is an opportunity before the official program gets underway and during the breaks to showcase recent videos from public health units from across the province.

Has your PHU posted a short public health video on your website or YouTube that you would like to share with symposium attendees? The Symposium is an opportunity to showcase and share your communications work on key public health issues!

Here's how to submit:

- Send the title and link to your PHU's video(s) to info@alphaweb.org
- Send only the URL(s) and do not send any video files.
- YouTube videos are preferred.
- Clips can be live-action or animated.
- Videos should be short and can be no longer than five minutes in length.
- Clips should be recently recorded (2024)/stand the test of time from when the videos were recorded.
- Variety is welcome as we would like to cover a range of public health topics.

- Videos must be from your PHU and not from another organization.

Need some ideas? Here's a classic from Eastern Ontario Health Unit: Hand Hygiene: Gerny the Germ Gets Washed Away <https://www.youtube.com/watch?v=V7LUOFKEShU>

The deadline to submit information on your video clip is 4 p.m. on Wednesday, October 30. We look forward to receiving your submissions!

Ontario.Public.Health.Directory

The [Ontario.Public.Health.Directory](#) has been updated and is available on the alPHA website. Please ensure you have the latest version, which has been dated as of July 29, 2024. To view the file, log into the alPHA website.

Boards of Health: Shared Resources

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

Affiliates update

Spotlight on Timiskaming's Wildfire-Related Air Quality Monitoring

Timiskaming Health Unit developed [enhanced air quality monitoring](#) after wildfire smoke experiences. This [innovative approach](#) includes community partners hosting local air quality sensors, enabling the health unit to provide online updates including: current risk level with recommended actions, a map of daily air quality readings, upcoming smoke level predictions, and a map of any local wildfires.

This initiative exemplifies how local data partnerships can arise to meet the needs of our public health communities. It also has the potential to be replicated in other regions concerned about the health impacts of wildfire smoke.

In the spring of 2024, OPHNL launched the [2024-2027 Ontario Association for Public Health Nursing Leaders Strategic Plan](#). High level priorities for the Association include: (1) Advancing Public Health Nursing; (2) Providing Meaningful Opportunities for Public Health Nursing Leaders, and (3) Strengthening the Voice of Public Health Nursing Leaders. OPHNL has engaged with members to establish three work groups that will address priority work outlined in the strategic plan. An update from each established work group will be provided at the 2024 Fall OPHNL AGM to be held on November 28, 2024.

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

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

BOH Governance training course

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

Social Determinants of Health training course

Explore the impact of Social Determinants of Health on public health and municipal

governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Speakers are Monika Turner and Loretta Ryan.

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

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

alPHa Workplace Health and Wellness: GenWell

alPHa is working with Genwell to augment our Workplace Health and Wellness resources. GenWell, Canada's Human Connection Movement, is on a mission to educate, empower, and inspire 40 million Canadians to become more intentional about their social connections and social health. By doing so, we can positively impact our mental, physical and societal well-being. GenWell Weekend is the perfect excuse, reminder and catalyst for us all to be part of the solution to the disconnected world, whether you need it or for the benefit of someone you connect with. Set your intention today at www.GenWellWeekend.org.

alPHa Correspondence

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

- [Heritage Response - A24-03, Alcohol Strategy \(Ads\)](#)
- [alPHa Letter - HART Hubs](#)

Public Health Ontario

Measles Resources

- [At A Glance: Measles: Post-Exposure Prophylaxis for Contacts](#)
- [Measles IPAC Checklist for Clinics and Specimen Collection Centres](#)

Additional Resources

- [Ontario Tobacco, Vaping & Cannabis By-law Summary – 2024](#)
- [Infection Prevention and Control \(IPAC\) Risks Posed by Piercing Guns and Devices](#)

- [Use of Piercing Devices in Canada and Select International Jurisdictions](#)
- [Moving Towards Surveillance of Health Impacts of Climate Change](#)
- [Test Strips for Drug Checking](#)

Routine Surveillance Reports

- [Mpox in Ontario](#)
- [Measles in Ontario](#)
- [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [Ontario Respiratory Virus Tool](#)
- [Respiratory Syncytial Virus Genomic Surveillance in Ontario](#)

Events

Be sure to keep an eye on our [Events page](#) for upcoming PHO events.

- Sept 17: [PHO Rounds: A Review of the Current Global Mpox Situation and the Public Health Approach to the Increase in Cases in Ontario](#)
- Oct 1: [PHO Rounds: AI Technologies in Public Health Part 1: The Automated Opioid News Event-based Surveillance \(AONES\) Project](#)
- Oct 3: [PHO Rounds: Respiratory Season 2024-25, Part 1: Surveillance & Testing](#)

Recent Presentations

- [PHO Rounds: Launching the Novel “Torpedo” Surveillance Method for Avian Influenza Viruses in Wetlands](#)
- [Public Health Perspective on Supporting Infant and Early Mental Health Promotion](#)
- [PHO Rounds: Towards a Weight Inclusive Approach in Public Health](#)
- [PHO Rounds: Improving Mental Healthcare for Black Youth](#)

alPHA’s Strategic Plan -

alPHA’s 2024-2027 Strategic Plan is available [here](#).

News Releases

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

October 2, 2024

The Honourable Justin Trudeau
Prime Minister of Canada
Justin.Trudeau@parl.gc.ca

The Honourable Chrystia Freeland
Deputy Prime Minister and Minister of Finance
Chrystia.Freeland@parl.gc.ca

The Honourable Mark Holland
Minister of Health
Mark.Holland@parl.gc.ca

The Honourable Steven MacKinnon
Leader of the Government in the House of Commons
Steven.MacKinnon@parl.gc.ca

The Honourable Andrew Scheer
House Leader of the Official Opposition
Andrew.Scheer@parl.gc.ca

Alain Therrien
House Leader of the Bloc Québécois
Alain.Therrien@parl.gc.ca

Peter Julian
House Leader of the New Democratic Party
Peter.Julian@parl.gc.ca

Standing Senate Committee on National Finance
nffn@sen.parl.gc.ca

RE: Support for Bills S-233 and C-233 “An Act to develop a national framework for a guaranteed livable basic income”

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

Peterborough Public Health (PPH) agrees with our peers in Middlesex-London, Ottawa Public Health and Thunder Bay Public Health Units, in our support for a guaranteed livable basic income as a policy option for addressing poverty, income and food insecurity and for boosting opportunities for people with lower incomes. We urge you to support Bills S-233 and C-233 “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. These Bills are designed to ensure progress towards developing a basic income model that will be effective in moving individuals and their families out of poverty.

An agreed model, when implemented, will impact many lives. In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021.¹ 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 (19%) local households 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

As our Medical Officer of Health, Dr. Thomas Piggott pointed out at a recent local Symposium on Healthy Incomes: “All paths to health lead to income.” The evidence to support this assertion is significant:

The link between income and health or well-being

- Income has a critical impact on health, with better health outcomes associated with higher income levels, and poorer health outcomes associated with lower income levels.⁵
- Income increases access to other social determinants of health (e.g., education, food, housing).⁵ In fact, income is understood as having the strongest socioeconomic determinant of food insecurity.^{6,7}
- 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).^{8,9,10}
- 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.^{11,12,13,14,15,16}
- 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.^{17,18,19}

Findings from interventions

Evidence from Canadian trials and internationally suggests that basic income positively impacts health and wellbeing.^{20, 21} 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 considered.²² In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians and positively impacts childhood health outcomes (e.g., birth weight, mental health).²³ Early findings about the impact of cash transfers in British Columbia also indicate reduced homelessness and substance use for people recently unhoused.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.

Sincerely,

Original signed by
Councillor Joy Lachica
Chair, Board of Health

cc: Michelle Ferreri, Member of Parliament, Michelle.Ferreri@parl.gc.ca
Philip Lawrence, Member of Parliament, Philip.Lawrence@parl.gc.ca
Jamie Schmale, Member of Parliament, Jamie.Schmale@parl.gc.ca
Senator Percy Mockler, Chair, National Finance Committee, Percy.Mockler@sen.parl.gc.ca
Senator Éric Forest, Deputy Chair, National Finance Committee, Eric.Forest@sen.parl.gc.ca
Senator Clément Gignac, Clement.Gignac@sen.parl.gc.ca
Senator Larry W. Smith, LarryW.Smith@sen.parl.gc.ca
Senator Jean-Guy Dagenais, Jean-Guy.Dagenais@sen.parl.gc.ca
Senator Rosa Galvez, Rosa.Galvez@sen.parl.gc.ca
Senator Tony Loffreda, Tony.Loffreda@sen.parl.gc.ca
Senator Jane MacAdam, Jane.MacAdam@sen.parl.gc.ca

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 \(statcan.gc.ca\)](https://doi.org/10.25318/1110013501-eng)
- 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.
- ⁴ Peterborough Public Health. Addressing Food Insecurity in Peterborough – An Urgent Call to Action. December 2023.
- ⁵ 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
- ⁶ Men, F., Fafard St-Germain, A., Ross, K., Remtulla, R., Tarasuk, V. (2023). Effect of Canada Child Benefit on Food Insecurity: A Propensity Score-Matched Analysis. *American Journal of Preventive Medicine*, 64(6): 844-852.
- ⁷ Idzerda, L., Corrin, T., Lazarescu, C., Couture, A., Vallières, E., Khan, S., Tarasuk, V., McIntyre, L., Garica, A.J. (2024) Public policy interventions to mitigate household food insecurity in Canada: A systematic review, *Public Health Nutrition*, 27 (1) 1-14.
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From: Prime Minister | Premier Ministre
Sent: Friday, October 04, 2024 10:13 AM
To: Alida Gorizzan
Cc: Minister of Families, Children and Social Development <EDSC.SM.CORR.DEPT-MS.CORR.DEPT.ESDC@hrsdc-rhdcc.gc.ca>
Subject: RE: Office of the Prime Minister/Cabinet du premier ministre

Dear Councillor Lachica:

On behalf of Prime Minister Justin Trudeau, I would like to acknowledge receipt of your correspondence of October 2, 2024, regarding Bills S-233 and C-233, An Act to develop a national framework for a guaranteed livable basic income.

Thank you for writing to the Prime Minister. You may be assured that your comments, offered on behalf of Peterborough Public Health, have been carefully reviewed.

I have taken the liberty of forwarding a copy of your email and attached letter to the Honourable Jenna Sudds, Minister of Families, Children and Social Development, so that she may be made aware of your communication.

Once again, thank you for taking the time to write.

A. Oldford

Executive Correspondence Officer / Agente de la correspondance Executive Correspondence
Services / Services de la correspondance de la haute direction

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

| | |
|---------------------|--|
| TITLE: | Stewardship Committee Report |
| DATE: | October 9, 2024 |
| PREPARED BY: | Alida Gorizzan, Executive Assistant, on behalf of Mayor Matthew Graham, Committee 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 Stewardship Committee from June 4, 2024 for information.

BACKGROUND

Stewardship met last on October 4, 2024 and requested that this item come forward to the Board of Health.

ATTACHMENTS

- a. [Minutes, June 4, 2024](#)

**Board of Health for
Peterborough Public Health
MINUTES
Stewardship Committee Meeting
Tuesday, June 4, 2024 – 4:00 – 5:00 p.m.
Virtual**

Present: Mayor Matthew Graham, Chair
Councillor Joy Lachica
Councillor Keith Riel
Dr. Hans Stelzer
Councillor Kathryn Wilson

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

Guest: Mr. Richard Steinginga, Baker Tilly Kawarthas LLP

1. Call to Order

Dr. Piggott called the meeting to order at 4:00 p.m.

2. Election of Committee Chair and Vice Chair

MOTION:

That the Stewardship Committee approve the following leadership position for 2024:

- Stewardship Committee Chair – Mayor Matthew Graham

Moved: Councillor Riel

Seconded: Councillor Wilson

Motion carried. (M-2024-001-SC)

Mayor Graham assumed the Chair.

MOTION:

That the Stewardship Committee approve the following leadership position for 2024:

- Stewardship Committee Vice Chair – Councillor Kathryn Wilson

Moved: Mayor Graham

Seconded: Dr. Stelzer

Motion carried. (M-2024-002-SC)

3. Confirmation of the Agenda

MOTION:

That the agenda be approved.

Moved: Councillor Riel

Seconded: Dr. Stelzer

Motion carried. (M-2024-003-SC)

4. Declaration of Pecuniary Interest

5. Consent Items to be Considered Separately

6. Delegations and Presentations

7. Confirmation of the Minutes of the Previous Meeting

MOTION:

That the minutes of the meeting of October 26, 2023 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Councillor Wilson

Seconded: Councillor Riel

Motion carried. (M-2024-004-SC)

8. Business Arising From the Minutes

9. Staff Reports

**9.1. 2023 PPH Draft Audited Financial Statements
Richard Steinginga, Partner, Tilly Baker KDN LL**

MOTION:

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

- receive for information, the presentation by Richard Steinginga, Partner, Tilly Baker KDN LLP, regarding the 2023 PPH Draft Audited Financial Statements; and,
- recommend approval of the 2023 PPH Draft Audited Financial Statements to the Board of Health at its next meeting.

Moved: Councillor Riel

Seconded: Councillor Wilson

Motion carried. (M-2024-005-SC)

Mr. Steinginga departed the meeting.

10. **Consent Items**
11. **New Business**
12. **In Camera to Discuss Confidential Matters**
13. **Motions for Open Session**
14. **Date, Time, and Place of the Next Meeting**

To be scheduled as required.

15. **Adjournment**

MOTION:

That the meeting be adjourned.

Moved: Councillor Wilson

Seconded: Dr. Stelzer

Motion carried. (M-2024-006-SC)

The meeting was adjourned at 4:26 p.m.

Chairperson

Medical Officer of Health

2025 Cost-Shared Budget Planning Mandatory Programs

Board of Health (BOH) Presentation
October 9, 2024

Presented By:
Larry Stinson, Director of Operations

STANDARDS

Foundational Standards

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Program Planning, Evaluation, & Evidence-Informed Decision-Making
- Research, Knowledge Exchange, & Communication
- Quality & Transparency
- Emergency Management

Program Standards

- Chronic Disease Prevention & Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth & Development
- Immunization
- Infectious & Communicable Diseases Prevention & Control
- Safe Water
- School Health
- Substance Use & Injury Prevention

Organizational Requirements

- Delivery of Programs & Services Domain
- Fiduciary Requirements Domain
- Good Governance & Management Practices Domain
- Public Health Practice Domain
- Common to All Domains

PROTOCOLS

- Child Visual Health & Vision Screening
- Consumption & Treatment Services Compliance & Enforcement
- Food Safety
- Health Hazard Response
- Healthy Babies, Healthy Children Program
- Immunization for Children in Schools & Licensed Child Care Settings
- Infection Prevention & Control Complaint
- Infection Prevention & Control Disclosure
- Infection Prevention & Control
- Infectious Diseases Institutional/Facility Outbreak Management
- Menu Labelling
- Oral Health
- Population Health Assessment & Surveillance
- Qualifications for Public Health Professionals
- Rabies Prevention & Control
- Recreational Water
- Safe Drinking Water & Fluoride Monitoring
- Sexual Health & Sexually Transmitted/Blood-Borne Infections Prevention & Control
- Tanning Beds
- Tobacco, Vapour & Smoke
- Tuberculosis Prevention & Control
- Vaccine Storage & Handling

GUIDELINES

- Chronic Disease Prevention
- Emergency Management
- Health Equity
- Healthy Environments & Climate Change
- Healthy Growth & Development
- Injury Prevention
- Management of Avian Chlamydiosis in Birds Management of Avian Influenza or Novel Influenza in Birds or Animals
- Management of Echinococcus Multilocularis Infections in Animals
- Management of Potential Rabies Exposures
- Mental Health Promotion
- Operational Approaches for Food Safety
- Operational Approaches for Recreational Water Personal Service Settings
- Relationship with Indigenous Communities
- School Health
- Small Drinking Water Systems Risk Assessment
- Substance Use Prevention & Harm Reduction Tobacco, Vapour & Smoke
- Tuberculosis Program

Budget History

- Longstanding budget challenges for public health;
- BOH historically met provincial funding increases, leaving an entrenched deficit;
- This was masked through COVID-19 funding due to redeployment of base resources;
- PPH levied increases of 25.5% in 2023 and 11.7% in 2024;

Merger



Planning through 2024 has been with expectation of merger funding to address shortfall in meeting OPHS and catch-up



Letters sent August 6 & September 24



To date, no response or new timeline has been communicated by the Ministry of Health

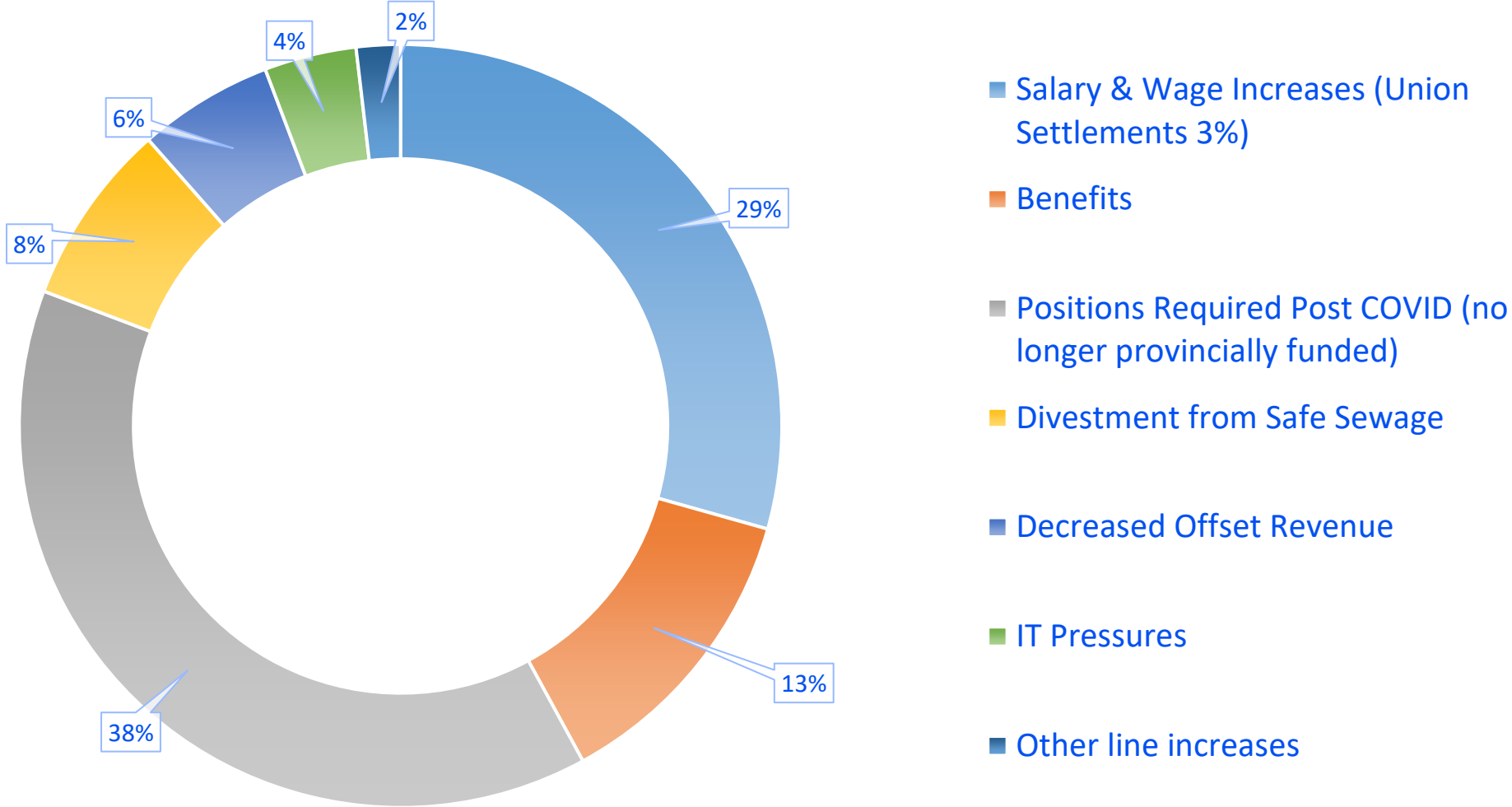
2025 Draft Budget - Overview

- Projected expenditures of \$13,475,984, a **10.9%** increase over 2024
 - 87% of cost relates to employee salaries and benefit
 - modest 2% inflation increase applied to other budget lines
 - Full-time equivalent (FTE) complement of 103.46, includes permanent positions approved by BOH in 2024 to increase capacity for Infectious Diseases programs (including outbreak management) funded through reserves for 2024 (if COVID funding did not continue, which it has not)

Compliance Gaps with OPHS

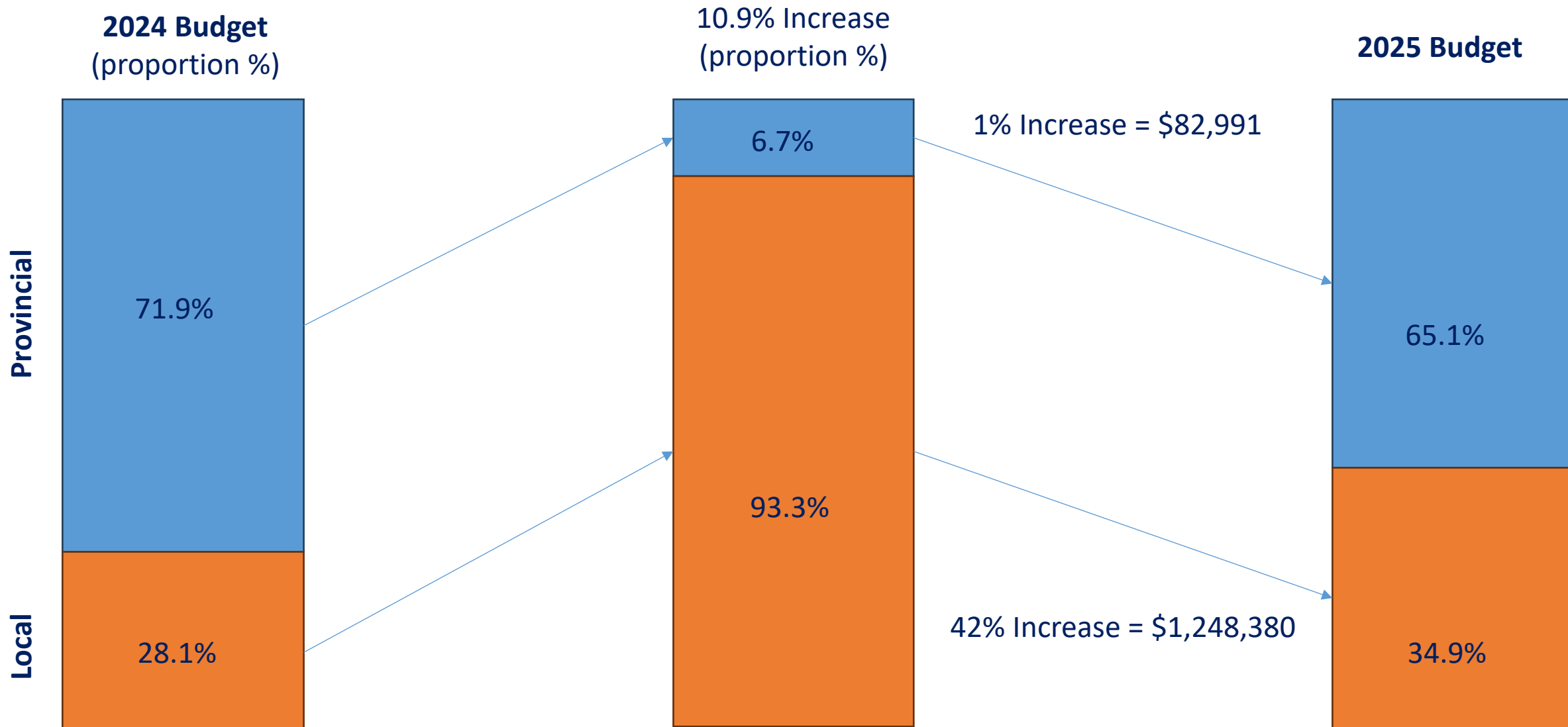
- Full compliance with existing OPHS continues to be impossible with existing resources as articulated by staff in fall 2023;
- We estimated that an additional \$2,041,391 or 20.67 FTEs would be required for compliance with OPHS;
 - The BOH supported 1 additional FTE for Indigenous Health in the 2024 budget;
- This leaves \$1,939,391 or 19.67 FTEs to fully comply with the OPHS;
- The Province has indicated review of OPHS coming and was intended to be implemented by Jan. 1, 2025, but we understand this is now delayed until later in 2025 & therefore cannot inform 2025 budget planning;

2025 Budget Expenditure Drivers



Ministry of Health – Provincial Funding

- Provincial base funding is provided to the BOH for the purposes of delivering public health programs and services in accordance with the Health Protection and Promotion Act
- In 2023, the government announced a strategy to optimize capacity, stability, and sustainability in public health and deliver more equitable health outcomes for Ontarians
- Included restoring provincial base funding to 2020 and implement 1% growth base funding effective January 1, 2024, for the next three calendar years
- 2025 base funding expected is \$8,382,091, an **increase of \$82,990 (1%)** over 2024



Budget Shortfall

- Funding increase of 1% by MOH and Municipal Partners over 2024 contributions will result in a deficit of \$1,331,000
- Under the Health Protection & Promotion Act, the Board must approve a balanced budget

| | |
|----------------------|----------------------|
| Expenditures | |
| Total Expenditures | \$13,475,984 |
| Revenues | |
| Ministry of Health | \$ 8,382,091 |
| Municipal Partners | 3,278,222 |
| Offset/Other funding | <u>484,300</u> |
| Total Revenues | \$ <u>12,144,613</u> |
| Deficit | <u>(\$1,331,370)</u> |

Strategy to Manage Projected Deficit

Options to balance budget and manage deficit:



Increase Municipal Partner Contributions by \$1,248,380 over 2024



Increase Municipal Partner Contribution by a lesser amount and balance budget through reserves



Program reductions (which Stewardship Committee was uncomfortable recommending given the challenges in currently meeting mandatory programs – OPHS)

How would the Merger Solve the Budgeting Problem?

- Positions paid for through merger business case submission;
 - Health protection resources required post COVID-19 (\$523,000);
 - IT modernization (\$52,824);
 - Other merger expenditures;
- Finding efficiencies through collaboration on other areas;
- More than half of the 2025 Expenditures increase in a no-go merger scenario would have been absorbed by merger funding from the Province;
- Therefore, budget increase required would have been closer to 5% instead of 10.9%;

Conclusions

- Stewardship is looking at the No-Merger 2025 budget;
- We anticipated hearing about the merger prior to now;
- If the merger is not funded, it does present a significant financial challenge for 2025;
- Stewardship Committee will meet two more times prior to bringing a draft budget for approval to the Board of Health in November