

BOARD OF HEALTH MEETING

Wednesday, Se**pt**ember 7, 2022 9:30 a.m. **-** 11:30 a.m. In-Person

To ensure a quorum we ask that you please RSVP (Regrets Only) to clovell@hpeph.ca or 613-966-5500, Ext 231

Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people.

Hastings Prince Edward Public Health

2019 - 2023 Strategic Plan

Our Vision

Healthy Communities, **Healthy People.**

Our Mission

Together with our communities. we help people become as healthy as they can be.

Our Values Show We CARE









Collaboration Advocacy Respect

Excellence

Our Strategic Priorities



Community **Engagement**



Staff **Engagement** and Culture



Population Health Assessment and Surveillance



Program Standards



Promotion





BOARD OF HEALTH MEETING AGENDA

Wednesday, September 7, 2022 9:30 to 11:30 a.m. In-Person Meeting

1. CALL TO ORDER

2. LAND ACKNOWLEDGEMENT (Board Chair)

Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people. The land that we preside on today lies on unceded Indigenous territory. Our catchment area is adjacent to the Tyendinaga Mohawk Territory to our east, and the Kijicho Manito Madaouskarini Algonquin First Nation to our north. We recognize that when settlers came to this land they created a legacy of inequities that are ongoing. We are committed to reducing these inequities, and through our work strive to improve health equity. We recognize the importance of the land and environment in establishing and sustaining optimal health, and we vow to respect this land as we undertake our work. Our organization pledges to build relationships with Indigenous friends and neighbours and recognizes the rich contributions they have provided and continue to provide to this region. This acknowledgment is a first step in our ongoing commitment to reconciliation.

3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

4. APPROVAL OF THE AGENDA

5. CLOSED SESSION

THAT the Board of Health convene in closed session for the purpose of a discussion of personal matters about an identifiable individual, including municipal or local board employees, as it related to Section 239(2)(b) of the Municipal Act.

6. MOTIONS ARISING FROM CLOSED SESSION

7. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING

7.1 Meeting Minutes of Wednesday, June 1, 2022

Schedule 7.1

- 8. BUSINESS ARISING FROM THE MINUTES
- 9. **DEPUTATIONS None**

10. COMMITTEE REPORTS

10.1 - Finance Committee Report - Bill

Schedule 10.1

11. REPORT OF THE MEDICAL OFFICER OF HEALTH

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12.1	Sexual Health Program Update - Stephanie McFaul	Schedule 12.1
12.2	Ticks and Lyme Disease Update - Aptie Sookoo	Schedule 12.2
12.3	2021 Annual Report - Shelly Brown	Schedule 12.3

13. CORRESPONDENCE AND COMMUNICATIONS

13.1	Letter to Minister Jean-Yves Duclos re smoking and vaping	
	amongst youth dated June 6, 2022	Schedule 13.1
13.2	Letter to Minister Jones re continued funding dated Aug. 4, 2022	Schedule 13.2

14. **NEW BUSINESS**

15. **INFORMATION ITEMS** (Available for viewing online at hpePublicHealth.ca)
Schedule 15.0

16. DATE OF NEXT MEETING – Wednesday, October 5, 2022 at 9:30 a.m.

17. ADJOURNMENT



BOARD OF HEALTH MEETING MINUTES

Wednesday, June 1, 2022 Hastings Prince Edward Public Health (HPEPH)

Present: Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings, Chair

Dr. Craig Ervine, Provincial Appointee Mr. Sean Kelly, Councillor, City of Belleville

Mr. Michael Kotsovos, Councillor, City of Quinte West

Ms. Jan O'Neill, Mayor, Municipality of Marmora and Lake, County of Hastings,

Vice-Chair

Mr. Bill Sandison, Councillor, City of Belleville

Regrets: Dr. Jeffrey Allin, Provincial Appointee

Mr. Stewart Bailey, Councillor, County of Prince Edward Mr. Andreas Bolik, Councillor, County of Prince Edward Mr. Terry Cassidy, Councillor, City of Quinte West

Also Present: Dr. Ethan Toumishey, Acting Medical Officer of Health

Ms. Shelly Brown, Director of Community Programs

Ms. Valerie Dunham, Director of Corporate Services/Associate CEO

Ms. Catherine Lovell, Executive Assistant

1. CALL TO ORDER

Chair Albert called the meeting to order at 9:30 a.m.

2. LAND ACKNOWLEDGMENT

3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

There was no disclosure of pecuniary interest.

4. APPROVAL OF THE AGENDA

THAT the agenda for the Board of Health (Board) meeting on Wednesday, June 1, 2022 be approved as circulated.

MOTION:

Moved by: Bill Seconded by: Craig

CARRIED

5. CLOSED SESSION

THAT the Board convene in closed session for the purpose of a discussion of personal matters about an identifiable individual, including municipal or local board employees, as it relates to Section 239 (2) (b) of the Municipal Act.

MOTION:

Moved by: Sean Seconded by: Jan

CARRIED

6. MOTIONS ARISING FROM CLOSED SESSION

THAT the Board endorse the actions approved in the Closed Session and direct staff to take appropriate action.

MOTION:

Moved by: Bill Seconded by: Craig

CARRIED

7. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING

6.1 Meeting minutes of Wednesday, May 4, 2022

THAT the minutes of the regular meeting of the Board held on May 4, 2022 be approved as circulated.

MOTION:

Moved by: Craig Seconded by: Michael

CARRIED

- 8. BUSINESS ARISING FROM MINUTES None
- 9. **DEPUTATIONS** None

10. COMMITTEE REPORTS - None

11. REPORT OF THE MEDICAL OFFICER OF HEALTH

THAT the report of the Medical Officer of Health be received as presented.

MOTION

Moved by: Bill Seconded by: Michael

CARRIED

- Dr. Toumishey reviewed the local COVID-19 epidemiology noting overall trends are decreasing. Fully vaccinated individuals are at 84% of those who are eligible. We may be looking at boosters in the fall and the 5 and under age group will probably be in the fall as well.
- Dr. Toumishey reported that while there are no confirmed cases of monkeypox in the region, the emergence of monkeypox underscores the importance of ongoing surveillance of communicable diseases.
- Dr. Toumishey announced that starting on June 23 cardiology services will be offered in the Bancroft office in conjunction with the Family Health Team. The Kawartha Cardiology team will provide services one day per month to start and have the capacity to see 20 to 30 clients each day.
- It was mentioned that self-evaluation surveys will be going out to members sometime in June and will need to be completed by the end of August. Results will come back to the Board at the October meeting.

12.STAFF REPORTS

- 12.1 Smoking and Vaping Update Roberto Almeida, Program Manager
 - Mr. Almeida noted vaping amongst youth has increased significantly since the passage of the Federal Tobacco Vaping Products Act in 2018.
 - In the latest national nicotine use survey, in the past 30 days amongst those 15 to 19 years of age e-cigarette use has surpassed smoking by 13 per cent versus 3 per cent.
 - Due to these alarming facts, Public Health is looking to see regulations change; increase the minimum purchase age for vaping and tobacco products to 21, restrict the flavours that are available, and introduce dedicated sales taxes for vapour products, much like tobacco taxes.

MOTION

Moved by: Bill Seconded by: Michael

CARRIED

THAT the Board approve the issuance of an advocacy letter to the Federal and Provincial Ministers of Health for more rigorous regulations to address the rise in vapour product use in youth.

- **12.2 Harm Reduction Update** Stephanie McFaul, Program Manager and Yvonne DeWit, Epidemiologist
 - Ms. McFaul and Ms. DeWit provided an update on Harm Reduction Program
 activities, noting the pandemic further contributed to the growing opioid overdose
 epidemic. It has been 20 years since Public Health began distributing safer
 injection supplies. Distribution of Naloxone was then added and more recently
 safer smoking supplies and safer inhalation supplies.

- From 2019 to 2021 there was an 80% increase in the number of overdose deaths in Hastings and Prince Edward Counties (HPEC). In 2020, there were 28 deaths and in 2021 preliminary data shows 29 deaths. Over half of these deaths were in the 25 to 44 age group with 93% having fentanyl present at death.
- Throughout the pandemic provision of harm reduction and overdose prevention services remained a priority for Public Health. It was noted that community partnerships were essential in meeting the basic needs of some of the region's most vulnerable populations.

THAT the Board approve receipt of the staff reports as presented.

MOTION

Moved by: Bill Seconded by: Jan

CARRIED

13. CORRESPONDENCE AND COMMUNICATIONS - None

14.NEW BUSINESS

Councillor Kelly asked about Lyme Disease noting he has heard from residents about ticks this year. Dr. Toumishey remarked the abundance of ticks is due to climate change and we are seeing Lyme Disease moving north. We are also seeing more because of the pandemic and the need to be outdoors. It is best to stay away from long grasses, walk in the middle of the path, full coverage clothing light in colour and do proper tick checks after being outside.

Councillor Kelly also talked about the increased prevalence and ease of use of online betting and how we are seeing more ads for it on social media platforms and television. Dr. Toumishey agreed that it is becoming more prevalent and recognizing problem gambling as a health condition and the danger of youth becoming addicted.

15. INFORMATION ITEMS

THAT the Board of Health receive the information items as circulated.

MOTION

Moved by: Craig Seconded by: Jan

CARRIED

Chair Albert drew the Board's attention to the information items listed within the agenda and found on the Public Health website.

16. DATE OF NEXT MEETING – Wednesday, September 7, 2022

Note: Chair Albert will be away, so Vice-Chair Jan O'Neill will stand in as Chair.

17. ADJOURNMENT

MOTION:

Moved by: Bill Seconded by: Michael

CARRIED

THAT th	is meeting	of the E	Board be	adjourned	l at 11:03	3 a.m.

Jo-Anne Albert, Board Chair



Finance Committee Briefing Note

To	Heatings Drings Edward Daniel of Haalth
То:	Hastings Prince Edward Board of Health
Prepared by:	Valerie Dunham, Director of Corporate Services/Associate CEO
Reviewed by:	n/a
Date:	Wednesday, August 31, 2022
Subject:	Second Quarter Revenues & Expenses
Nature of Board Engagement	 ☑ For Information ☐ Strategic Discussion ☐ Board approval and motion required ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action Required:	Review of second quarter revenues and expenses and presentation to the Board of Health during September 7 meeting.
Notes regarding Revenues & Expenses	 The following notes are provided to assist in the review of the attached Summary of Revenues & Expenses for the period of January 1 – June 30, 2022. Within the Accountability Agreement reporting, we have separated costs to provide information related to ongoing Mandatory programs and the Ontario Seniors Dental Program. Overall, as of June 30 we are within budget for revenues. The variance in Federal Grants is a timing issue; this is an April – March fiscal year and revenues include the carry forward of funds from December as well as 2022 funding. Staff departures, vacancies and challenges in recruitment have resulted in a 5% variance in salaries as of June 30 plus associated savings in staff benefits. Staff training costs include contracted services for leadership training scheduled this fall. Office expenses continue to be low and reflect different expense levels resulting from changes in program work (e.g. fewer mailings, promotional materials and handouts, etc.) Purchased services include 100% of insurance costs for the year. The variance in Information Technology reflects service agreement costs that were paid in full for the year as well as the cost of equipment purchased in the spring. Overall Mandatory Programs are over budget as of June 30 however this cost centre is anticipated to be balanced by the end of the fiscal year.
	 The Ontario Seniors Dental Program has a small balance left at June 30 however, dental bills subsequently received in August for the period ending June 30 utilize the balance. Although increases were received for the dental program, demand for the

- service is extremely high and the budget will need to be monitored closely.
- The column labeled Ministry of Health Annual and one-time Grants accounts for the costs of the 8 School-Focused Nursing positions, the MOH Compensation Grant, extraordinary costs related to COVID-19 and the remaining cost of the mobile dental clinics.
 - The School-Focused Nursing initiative contract currently ends as of December 31 and we expect the full amount of \$597,400 will be spent by that time.
 - We are pleased to share that one mobile clinic is currently under construction and the second one is now scheduled for production within the next month or so.
 The full \$550,000 for the clinics will be spent by the end of March 31, 2023 as per the contract.
 - The MOH compensation grant is contingent on the formal appointment of the MOH and remains outstanding at this time.
 - In May 2022, extraordinary funding was advanced to public health units to offset costs for COVID-19 general and vaccine costs. HPEPH received \$860,000 which is approximately half of our original funding request.
 - More funding will be available for extraordinary costs based on future reporting of expenditures and utilization of 100% of the base budget for mandatory programs. At this point, we anticipate to fully utilize all of the annual and one-time grants and indicated to the Ministry in our June 30 reports that we will need more funding for COVID-19 in addition to the \$860,000 received.
- HBHC has a small balance of \$31,509 as of June 30 which is related to position vacancies.
- The Federal Grants have provided 100% of their revenues which results in the surplus balance of \$108,857.

Summary of Revenues & Expenses for the period January 1 - June 30, 2022 For Board of Health - September 7, 2022 HASTINGS PRINCE EDWARD PUBLIC HEALTH

	Accoul	Ministry of Health Accountability Agreement	in ment	Other	Other Grants and Contracts	ıtracts		Totals and Budget Analysis	dget Analysis	
	Viotobach	100% Soniore	TOTAL	Ministry of	Shan	Endoral Grants	VEAR TO DATE	IVIIIVIV	VTD Budget	YTD Actuals as
	Programs	Dental Program	Ministry or Health Programs	nealth Annual and one time Grants	(April-March)	(April-March)	TOTAL	BUDGET	Variance	% of budget (6/12 = 50%)
REVENUES										
Ministry of Health Mandatory and 100% Programs	4,628,085	527,875	5,155,960				5,155,960	10,136,000	4,980,040	51%
Ministry of Health Annual and one time grants			0	1,591,753			1,591,753	2,143,400	551,647	74%
Ministry of Health Mitigation Funding	532,000		532,000				532,000	1,120,000	588,000	48%
Municipal Levies	1,745,385		1,745,385				1,745,385	3,491,385	1,746,000	20%
Ministry of Children, Community & Social Services			0		555,869		555,869	1,160,543	604,674	48%
Federal Grants			0			185,676	185,676	128,988	(56,688)	144%
Expenditure Recoveries	51,071	34	51,105				51,105	138,700	87,595	37%
Transfer from Reserves			0				0	300,000	300,000	%0
Total Revenues	6,956,541	527,909	7,484,450	1,591,753	555,869	185,676	9,817,748	18,619,016	8,801,268	53%
EXPENSES										
Salaries and Wages	4,257,982	115,273	4,373,254	476,841	395,354	62,903	5,308,352	11,895,016	6,586,664	45%
Staff Benefits	1,260,896	35,343	1,296,240	99,172	78,249	8,683	1,482,344	3,210,000	1,727,657	46%
Staff Training	84,576	121	84,697		182		84,879	159,000	74,121	23%
Travel Expenses	48,314		48,314	2,369	5,035	563	56,282	178,000	121,718	32%
Building Occupancy	540,865	15,198	556,063		33,750		589,813	1,041,000	451,187	21%
Office Expenses, Printing, Postage	15,962		15,962	10,000			25,962	75,000	49,038	35%
Materials, Supplies	187,639	27,966	215,605		41	4,669	220,315	442,000	221,685	20%
Professional & Purchased Services	180,219	299,384	479,603		1,100		480,703	771,000	290,297	97%
Communications Costs	68,130	1,750	088'69		2,500		72,380	139,000	66,620	25%
Information Technology	357,642	17,604	375,245		8,150		383,395	374,000	(6,395)	103%
Capital Expenditures	270,348		270,348				270,348	335,000	64,652	%0
Total Expenses	7,272,573	512,638	7,785,212	588,382	524,360	76,819	8,974,773	18,619,016	9,644,243	48%
VARIANCE	(316,033)	15,271	(300,762)	1,003,371	31,509	108,857	842,975	0	842,975	



Board of Health Briefing Note

То:	Hastings Prince Edward Board of Health
Prepared by:	Valerie Dunham, Director of Corporate Services/Associate CEO
Approved by:	Dr. Ethan Toumishey, Acting Medical Officer of Health and CEO
Date:	Wednesday, September 7, 2022
Subject:	2023 Budget Update
Nature of Board Engagement	☑ For Information☑ Strategic Discussion
	⊠ Board approval and motion required
	☐ Compliance with Accountability Framework
	☐ Compliance with Program Standards
Action Required:	THAT the Board of Health approve up to \$283,500 from operating reserves to be used as revenues in the development of the 2023 budget.
Background:	In June 2022, the Board was advised that the draft budget for 2023 has a significant deficit balance resulting from increased costs and the potential cancellation of mitigation funding from the Province. On August 17, the province announced that mitigation funding will continue which was very welcome news for everyone.
	Hastings Prince Edward Public Health (HPEPH) will still have an operating deficit and will finalize plans over the coming weeks to balance the budget and present to the Finance Committee for review in October.
	For planning purposes, the request is being made to allocate up to \$283,500 from the operating reserves of the Board of Health to the 2023 budget as committed revenues. Operating reserves at December 31, 2021 were \$1,783,536. Given the policy of maintaining an operating fund reserve of \$1.5 Million, \$283,500 is the maximum that can be transferred from reserves.
	The balance of the deficit will be made up through not filling staff positions, a staff vacancy and turnover factor as well as continued work on cost savings in discretionary budget items.
Recommendation:	That the Board of Health approve the above-noted resolution.



Board of Health Briefing Note

То:	Board of Health Finance Committee
Prepared by:	Amy Rankin, Finance Manager
Approved by:	N/A
Date:	Wednesday, September 7, 2022
Subject:	HBHC Reconciliation Report
Nature of Board Engagement	 ☑ For Information ☐ Strategic Discussion ☑ Board approval and motion required ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action Required:	THAT the Board of Health receive and approve the 2021-22 Ministry of Children, Community and Social Services (MCCSS) Transfer Payment Annual Reconciliation.
Background:	As the MCCSS programs run on a fiscal April-March year, the reconciliation requires adjustments to balance to the approved funding of \$1,160,543. Actual revenues received and expensed for the calendar year 2021 were \$1,211,459 which reflects funds carried over from 2020 and adjusted into 2022.
Recommendation:	Board of Health to receive and approve the above-noted action.
Reviewed By:	Dr. Ethan Toumishey, Acting Medical Officer of Health and CEO

Audited Financial Statement Reconciliation

Organization Name: Hastings & Prince Edward Counties Health Unit	
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LINE 400	TOTAL GROSS REVENUES PER AUDITED FINANCIAL STATEMENTS	•	\$ 1,211,459	159
401 402 403	LESS: Other Revenue (excluding MCCSS) (i.e. funding from other sources not related to ministry services) Adjustments for Revenues from Ministry(ies) Funding calculation Less: Non Retainable Revenues		<u>υ</u>	
404 405 406			50,6	916
408 408	Specify (e.g. Inter-Agency Chargebacks) Less: Amortization of Deferred Revenue		နာ မာ မ	. .
410	Less	Ctotal	0.03	97
411		Subtotal		0
412 413	Add: Other (specify) Add: Other (specify)		 इ.	
414		Subtotal	↔	
415	Total Revenue Reported (Line 400 - Line401 - Line 404 to Line 410 + Line 414)		\$ 1,160,543	543
420	Total Approved Ministry Funding		\$ 1,160,543	543
430		_	&	
440	TOTAL GROSS EXPENDITURES PER AUDITED FINANCIAL STATEMENTS	•	\$ 1,211,459	129
44 44 24	LESS: Other Expenditures (excluding MCCSS) (i.e. expenditures from other services not related to ministry services) Adiustments for Inadmissible Expenditures related to Ministry Funded Programs		€	.
443 6443		•	↔ ••	
445				.
446 447	Less: Donations to Individuals or Organizations Less: Fundraising Costs	•	so so	
448	Less:		<u>.</u>	
44.9	Less. Less:			. .
451	Less:			
452 453	Less: Other (specify) <u>Expenditures for MCCSS Grant Base Funding (not part of Generic Contract)</u> Less: Other (specify)		s s	. .
		104040	+ €	

LESS: Other Adjustments

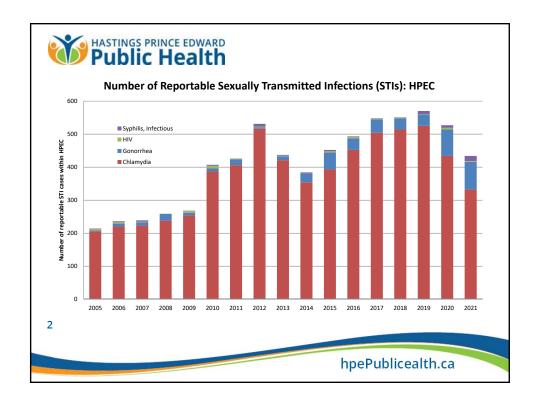
455 456	455 Less: Expenditure Recoveries/ Offsetting Revenues Less: January to March 2021	\$ 50,916
ŕ		Subtotal \$ 50,916
460 461	460 ADD: Adjustments for Admissible Expenditures, attach prior approval documentation 461 Add: One-Time Capital Expenditures Approved & Capitalized	\$
4 4	462 Add: Other (specify) 463 Add: Other (specify)	, , , , , , , , , , , , , , , , , , ,
		Subtotal \$ -
4 4	470 Total Surplus/(Deficit) reported in Audited Financial Statements 475 Total Ministry (MCCSS) Eligible Expenditures reported in the Audited Financial Statements	\$ \$ 1,160,543
4	480 Total Eligible Expenditure	\$ 1,160,543
34	490 Variance	₩
	Agency explanation:	
34 44		
4 4 4		·
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4 4	498 Total Expenditures (Before Extraordinary) 499 Total Extraordinary	५

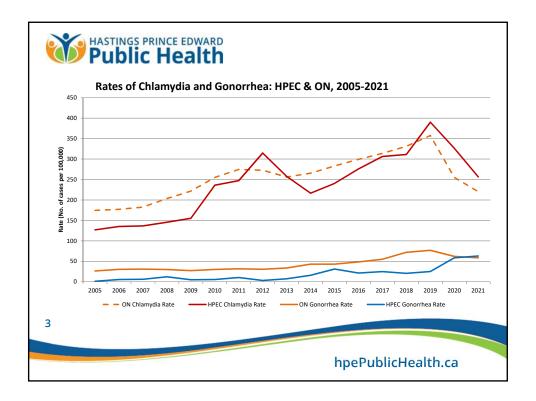


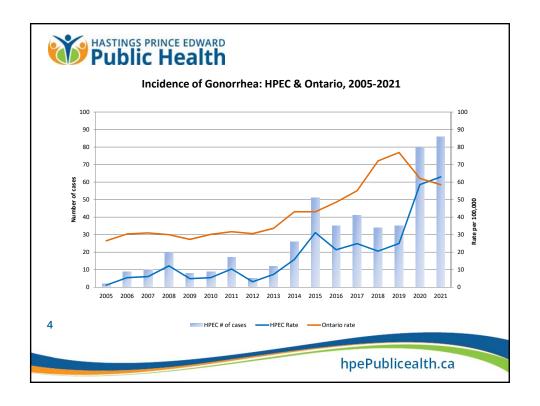
Board of Health Briefing Note

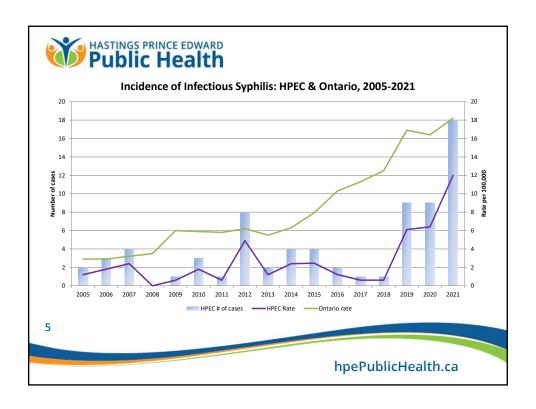
То:	Hastings Prince Edward Board of Health
Prepared by:	Stephanie McFaul, Clinical Services Manager
Approved by:	Shelly Brown, Director of Community Programs
Date:	Wednesday, September 7, 2022
Subject:	Sexual Health Program Update
Nature of Board Engagement	 ☐ For Information ☐ Strategic Discussion ☐ Board approval and motion required ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action Required:	No action required.
Background:	Under the Foundational Standards and the Infectious and Communicable Disease Prevention and Control Program Standard, Hastings and Prince Edward Public Health (HPEPH) follows the Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol to monitor reportable sexually transmitted infection (STI) trends and provide case and contact management for all new local STIs, in conjunction with health care providers. Over the course of the pandemic the overall number of reportable STIs went down, both locally and provincially. Stay at home orders and an overall lack of access to routine STI testing services are likely contributors of this trend. STI case and contact management, health care provider support and the provision of prioritized sexual health services remained a priority of HPEPH over the pandemic. Sexual health staff adapted to new models of virtual care and offered prioritized in-person services to meet the needs of priority population clients and in response to local outbreaks of gonorrhea and syphilis. HPEPH's sexual health program recovery plan continues to focus on supporting local health care providers and offering prioritized sexual health clinical services in multiple locations across our jurisdiction to prevent and control sexually transmitted and blood-borne infections (STIBBIs) and to promote healthy sexuality and safer sexual practices for priority populations, cases and contacts.
Reviewed By:	Dr. Ethan Toumishey, Acting Medical Officer of Health & CEO

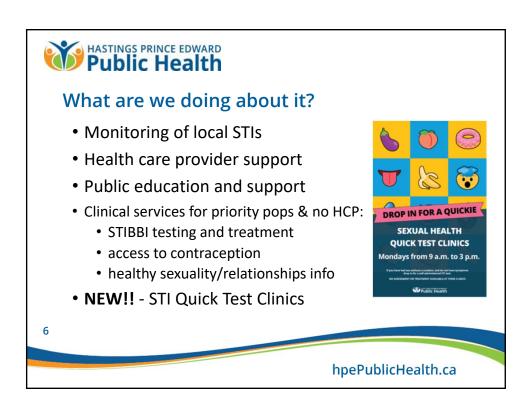








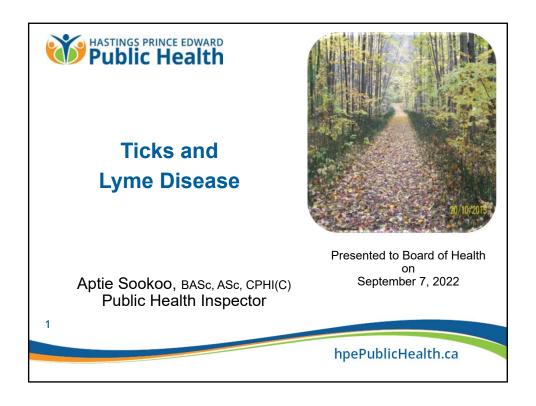


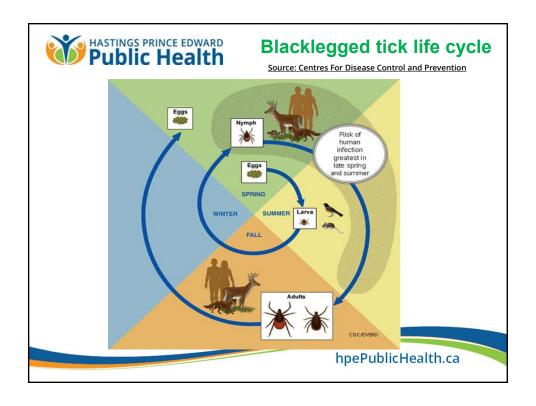


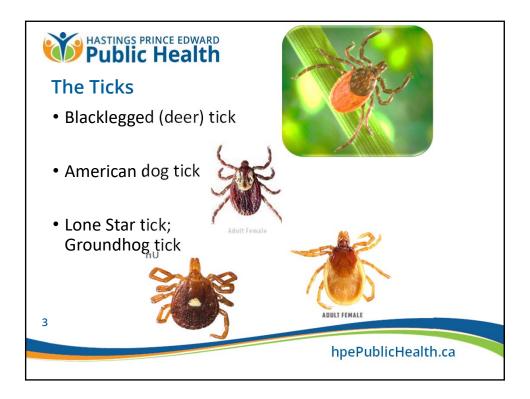


Board of Health Briefing Note

То:	Hastings Prince Edward Board of Health
Prepared by:	Andrew Landy, Manager Healthy Environments
Approved by:	Shelly Brown, Director of Community Programs
Date:	Wednesday, September 7, 2022
Subject:	Ticks and Lyme Disease
Nature of Board Engagement	 ☑ For Information ☐ Strategic Discussion ☐ Board approval and motion required ☐ Compliance with Accountability Framework ☑ Compliance with Program Standards
Action Required:	No action required.
Background:	As per the Infectious Diseases Protocol, 2022 under the Prevention and Management of Vector-Borne Diseases: 1) The board of health shall develop, implement, and review at least annually, an integrated vector-borne diseases management strategy based on local risk assessment and other scientific evidence with respect to effective and efficient prevention and control measures. 3) The board of health shall develop an integrated vector-borne management plan comprised of: a) Vector surveillance, including surveillance of both mosquito and tick populations; b) Non-human host surveillance (when applicable); c) Human surveillance; d) Public education on personal preventive measures; Lyme disease is caused by the bacterium Borrelia burgdorferi and is transmitted to humans through the bite of an infected blacklegged tick which are now established in our region. We continue to see human cases of the disease in our region and are concentrating our efforts on public education in the prevention of tick bites.
Reviewed By:	Dr. Ethan Toumishey, Acting Medical Officer of Health & CEO







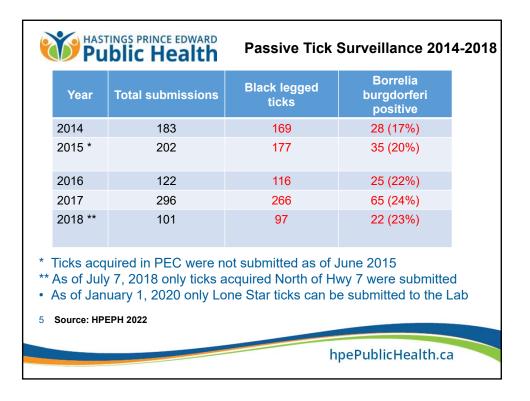


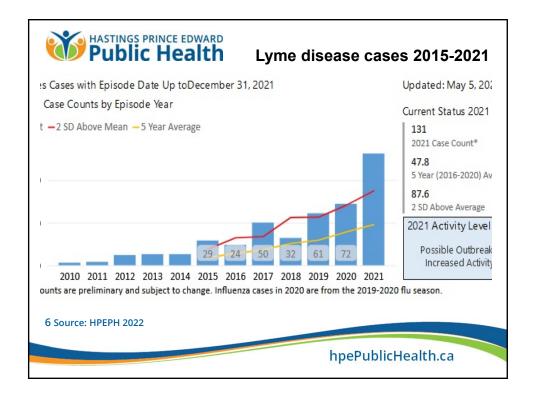
Tick Identification-eTick.ca

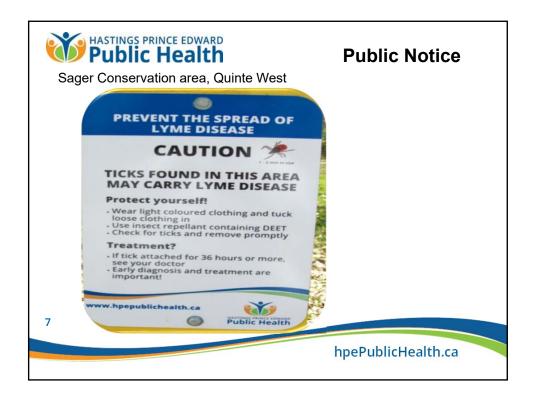
- A public platform in image-based identification and population monitoring of ticks in Canada
- Managed by Bishop's University's Biology Professor Dr. Jade Savage
- https://www.etick.ca/etickapp/submit/report-index

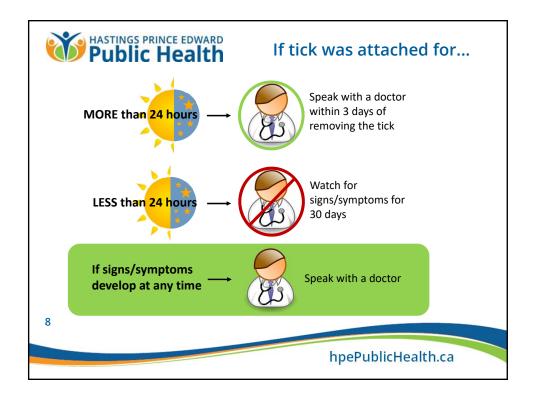
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Questions?



- I invite you to take a 15 question quiz on Lyme disease at:

 https://www.emedicinehealth.com/lyme_disease_quiz_iq/quiz.htm
- I am sure that a great surprise awaits you...

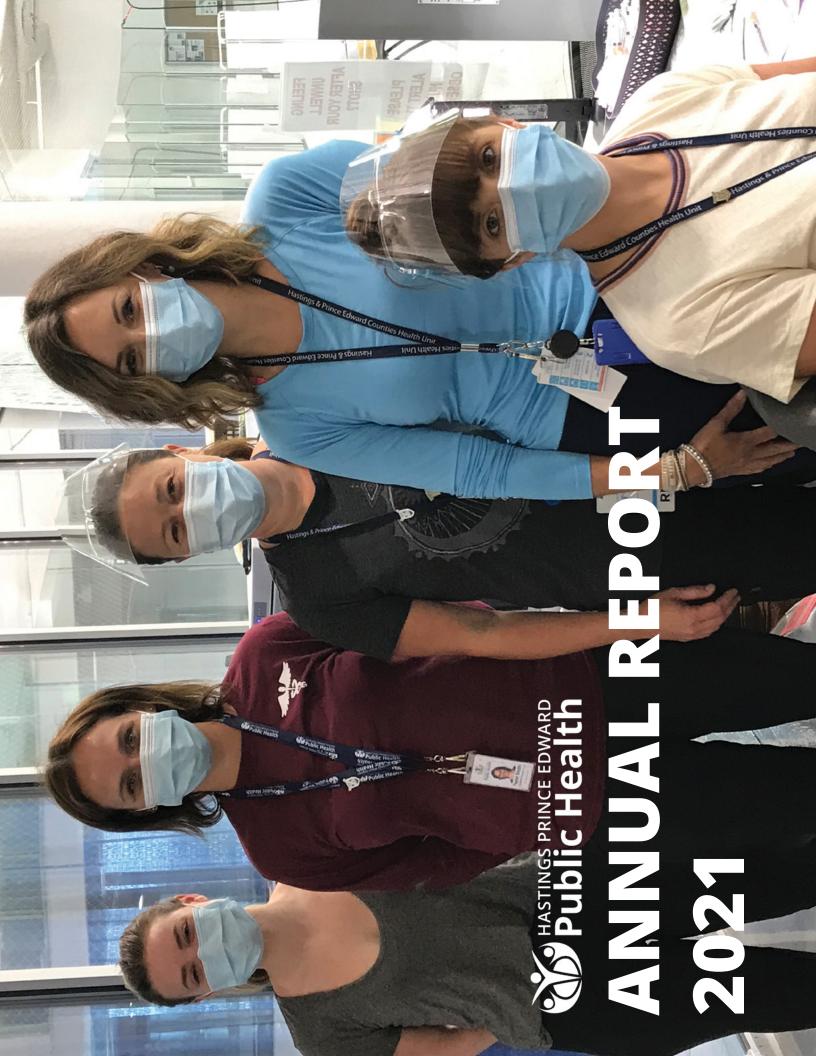
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Board of Health Briefing Note

То:	Hastings Prince Edward Board of Health
Prepared by:	Shelly Brown, Director of Community Programs
Approved by:	Dr. Ethan Toumishey, Acting Medical Officer of Health & CEO
Date:	Wednesday, September 7, 2022
Subject:	2021 Annual Report
Nature of Board Engagement	 ☑ For Information ☐ Strategic Discussion ☐ Board approval and motion required ☑ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action Required:	No action required.
Background:	To support enhanced transparency in the public sector and promote public confidence in the public health system, boards of health are required to ensure public access to pertinent information through disclosure. The purposes of public disclosure include: helping the public to make informed decisions to protect their health; and sharing information about the work of boards of health and associated level of investment. The 2021 Annual Report is an electronic booklet style summary of key highlights and accomplishments of Hastings Prince Edward Public Health. It is available on our website at hpepublichealth.ca and is attached for your information.



and the Medical Officer of Health From the Board of Health Chair

resiliency of the remarkable team at HPEPH. Day after day they continued to work tirelessly to prevent Hastings Prince Edward Public Health (HPEPH). We are incredibly proud of the professionalism and in 2021, the COVID-19 Pandemic continued to bring some of the greatest challenges ever faced by the spread of COVID-19, while also executing the largest mass vaccination effort in our history.

many programs such as sexual health services, breastfeeding consultations, healthy schools, harm provided critical public health services to our community, including alternate service delivery for This formidable effort was undertaken in the face of much uncertainty both locally, provincially, and across the country. In response to constant change and challenge, staff prioritized and reduction and infection prevention and control inspections.

unprecedented mass immunization program that by the end of 2021 saw 325,725 COVID-19 vaccines We would also like to acknowledge the crucial role our partners played in the successful ongoing pandemic response. Without the critical support and action of elected representatives, municipal have maintained the public health protocols necessary to keep case rates low, and delivered an partners, healthcare providers, educational partners and community agencies, we could not administered to HPEC residents.

Ontario Public Health Standards, maintaining our commitment to help people become as healthy as opportunities presented by the pandemic as we address community needs and implement the As we look forward to the next year, we will continue to respond to both the challenges and they can be.

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Dr. Ethan Toumishey MD, MPH, CCFP, FRCPC Acting Medical Officer of Health & CEO Hastings Prince Edward Public Health



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Jo-Anne Albert Chair, Hastings Prince Edward Board of Health Mayor, Municipality of Tweed, County of Hastings

Board of Health Members

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Bill Sandison Councillor, City of Belleville

PROVINCIAL APPOINTEES

Dr. Jeffrey Allin

Dr. Craig Ervine

IANUARY





- Jan. 1 There are 39 cases of COVID-19 and vaccine is not yet available in Hastings and Prince Edward Counties (HPEC)
- ensuring they are in compliance with COVID-19 requirements. Enforcement officials issue 12 tickets Jan. 20 Hastings Prince Edward Public Health (HPEPH) and Ontario Ministry of Labour inspectors carry out an inspection blitz of local workplaces from January 20 to 22, with an aim to keep local building on continuous efforts to protect workers and customers at essential businesses by workers and customers safe. The campaign results in 198 local businesses being inspected, and six occupational health and safety orders.
- Jan. 21 Phase 1 of the COVID-19 vaccine rollout officially begins in HPEC with vaccine administered successful pilot to bring vaccine directly to LTC homes in the south east region the previous week. at the largest long-term care (LTC) home in the region. Hastings County, Hastings Prince Edward residents at Hastings Manor in Belleville. This significant step in pandemic response followed a Public Health, and Hastings Quinte Paramedic Services administer COVID-19 vaccine to 230
- Jan. 25 Evidence shows that certain groups of residents are being affected by COVID-19 more than others and HPEPH launches #GetTestedHPE campaign to encourage young adults aged 20 to 29 to monitor for symptoms of COVID-19 and get tested.





FEBRUARY

- protect HPEC from risk posed by emerging variants of concern and high rate of infection in other service settings, and dine-in food services for individuals residing in regions where Stay at Home regions. Additional restrictions include only accepting bookings for accommodation, personal Order has been lifted and limiting dine-in services to six people per table.
- Feb. 12 HPEPH completes first dose of COVID-19 vaccine to all residents of LTC homes, high-risk retirement homes and elder care lodges.
- COVID-19, HPEPH implements enhanced screening, testing, and isolation requirements with aim to Feb. 22 In response to concerns about variants being more contagious than the original strain of prevent unintentional spread of COVID-19.

#GetTestedHPE

Note about case/vaccine counts:

of new cases of COVID-19 in HPEC by month throughout the report indicate the number and a running total of COVID-19 vaccines Graphics included alongside each month administered to HPEC residents.







30,390 vaccines

- capacity to provide 800 to 1,000 vaccinations per day. HPEPH is grateful for the support of Loyalist the region. Ongoing collaboration with community partners has been, and continues to be, critical College for providing access to the space required to ensure vaccine can be accessed throughout March 1 The region's first mass immunization clinic opens at Loyalist College. The clinic has a to the success of COVID-19 response in the region.
- March 15. HPEPH's participation in the pilot not only benefits the provincial launch, but also gives group of eligible individuals. The two-week pilot has an aim to test and refine components of the Provincial Vaccine Booking System to help ensure success when it is launched province-wide on March 1 HPEPH, along with five other public health units, participates in the pilot of Ontario's Vaccine Booking System by offering an invitation to book vaccination appointments to a small public health the opportunity to refine internal processes before it becomes widely available.
- surrounding area and resulted in the administration of 17,000 vaccinations in North Hastings in in Bancroft. The efforts of the Bancroft Family Health Team and the Quinte Health Care Team have been critical to the success of the vaccine rollout to residents of North Hastings and the March 3 First mass immunization clinic opens in North Hastings at the Professional Building
- March 5 The COVID-19 vaccination clinic opens in Picton at the Prince Edward Community Centre, vaccination clinic, the County of Prince Edward (PEC) and the Prince Edward Family Health Team support the administration of more than 24,000 doses of COVID-19 vaccine in the community in ensuring residents don't need to travel too far to get their vaccine. In hosting a community
- March 13 COVID-19 mass immunization clinic opens in Township of Madoc. 4,015 vaccines are administered at the clinic.
- ensure that all residents were kept informed about eligibility, had access to vaccine as quickly as encourages individuals not yet eligible to pre-register for notification when they become eligible. Throughout the vaccine rollout, HPEPH maintained extensive lists of individuals in an effort to March 22 COVID-19 vaccination booking expands to individuals aged 75 and older. HPEPH possible and no vaccines were wasted.
- of COVID-19 and proactively protect the community and reduce strain on emergency medical March 30 Dr. Oglaza issues Class Order before Easter holiday in an effort to curb the spread services and hospitals.
- Memorial Community Gardens. In hosting a community vaccination clinic, the City of Quinte West March 31 The COVID-19 vaccination clinic opens in Quinte West at Trenton's Duncan McDonald supports the administration of 14,442 doses of COVID-19 vaccine in the community in 2021





APRII





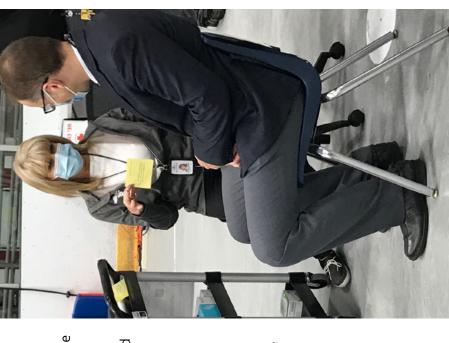
- and older. Pre-registration opens for Phase 2 essential workers and individuals 55+ are now eligible April 7 The Provincial Vaccine Booking System begins accepting appointments for individuals 60 for vaccine at local pharmacies.
- Ontario hot spots will reduce anticipated local supply of vaccine by 25% and may impact scheduled April 15 HPEPH advises the public that the province's recent decision to redirect vaccines to vaccine clinics.
- residents to comply with new Provincial Emergency and Stay-at-Home Order and do everything April 17 As the number of COVID-19 cases in the region continues to remain high, HPEPH asks they can to stop the spread.

MAY





- May 6 COVID-19 vaccine rollout expands to include those 50 and older as well as the first group of the essential workers who cannot work from home.
- May 11 COVID-19 vaccine booking expands to individuals with at-risk health conditions, such as dementia, diabetes and sickle cell disease as well as specific groups of people who cannot work from home.
- confirmed cases of COVID-19 connected to several households. HPEPH offers testing in Maynooth for any residents who believe they may have been in contact with a case of COVID-19 or are May 12 Dr. Oglaza declares a COVID-19 community outbreak in Hastings Highlands with 11 showing any symptoms of COVID-19.
- May 13 Residents aged 40 and older become eligible to book vaccines.
- May 14 Dr. Oglaza issues a Class Order under Section 22 of the Health Protection and Promotion Act to protect the health and safety of all individuals employed at local farms.
- May 18 COVID-19 vaccine rollout expands to everyone 18 and older and HPEPH urges those who don't immediately get appointment to be patient as more clinics are added daily.
- May 23 COVID-19 vaccine rollout expands to youth aged 12 to 17 and HPEPH offers special clinics to ensure eligible youth can get their first and second dose of COVID-19 vaccine before the end of
- May 31 HPEPH's mass immunization clinic opens at the Quinte Sports and Wellness Centre in the Family Dental Centre (FDC) Arena, using the 'Hockey Hub' model in which clients remain in one place for both vaccination and observation.











- June 9 HPEPH invites individuals 12 and over who have not booked a first dose appointment and those who are eligible for an accelerated second dose appointment to register on the COVID-19 vaccination standby list.
- June 24 HPEPH urges residents to get fully immunized with first available COVID-19 vaccine to protect themselves and avoid resurgence of cases in our region.
- June 25 HPEPH youth aged 12 to 17 who have not yet received a first dose of COVID-19 vaccine are invited to walk-in appointments in order to support the provincial commitment to ensure eligible students are fully vaccinated by the end of the summer.





- education and enforcement campaign at local workplaces over several days to ensure businesses July 1 HPEPH and Ontario Ministry of Labour, Training and Skills Development carry out an have all the necessary public health protocols in place.
- July 5 HPEPH invites youth to book their second dose of COVID-19 vaccine. HPEPH continues to offer special youth clinics through the HPEPH booking site.
- days after first dose to build optimal immunity as Ontario prepares to enter Step 3 of the Roadmap July 12 Residents of HPEC are invited to book a second dose of COVID-19 vaccine as early as 28 to Reopen plan.





AUGUST





- up clinics throughout the region. Over the next five months HPEPH will hold more than 60 pop-up clinics at parks, markets, events, malls and other locations in an effort to reach as many residents Aug. 1 HPEPH continues efforts to make it as easy as possible to get vaccinated by offering popas possible.
- Aug. 9 HPEPH provides Hepatitis A vaccination to individuals 6 months and older who has eaten recalled frozen fruit in previous 14 days.
- Aug. 31 HPEPH works together with local school boards to prepare for a safe return to in-person learning, including preparation of protocols and procedures to reduce the risk of COVID-19.
- Symposium. Impacts of pandemic related isolation, changes in service delivery, and the presence of Aug. 31 HPEPH collaborates with community partners to host a virtual Overdose Awareness contaminated drugs in the community have increased the risk of drug poisonings in HPEC.

SEPTEMBER





- for KFL&A Public Health starting October 15. Dr. Ethan Toumishey, Director of Clinical Programs is Sept. 1 Board announces that Dr. Oglaza has accepted the position as Medical Officer of Health named as Acting Medical Officer of Health and CEO.
- Sept. 30 HPEPH recognizes first National Day for Truth and Reconciliation, and drafts a Land Acknowledgement which will be presented to the Board of Health in December 2021

OCTOBER





- Oct. 5 Dr. Oglaza issues Letter of Instruction requiring proof of COVID-19 vaccination for coaches, officials, volunteers 12 and older involved in indoor organized sports.
- Oct. 15 Dr. Ethan Toumishey assumes role as Acting Medical Officer of Health and CEO.

FINANCIAL STATEMENTS



OVEMBER



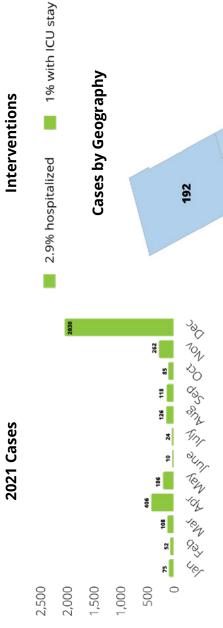


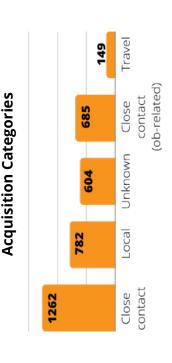
- Nov. 9 HPEPH begins offering third doses/booster doses of COVID-19 vaccine to highest risk
- employees, customers and public are safe by confirming compliance with Reopening Ontario Act. Nov. 12 HPEPH and Ontario Ministry of Labour, Training and Skills Development work together to carry out a two-day inspection blitz to ensure businesses are taking steps needed to ensure
- residents aged 12 and older having received one dose of COVID-19 vaccine and 85 per cent of this Nov. 15 HPEC reaches a significant milestone in the fight against COVID-19 with 90 per cent of age group having received two doses.
- involves 18 people with COVID-19 infections, acquisition traced to multiple linked social gatherings. Nov. 19 HPEPH declares community outbreak of COVID-19 in Quinte West. The outbreak initially

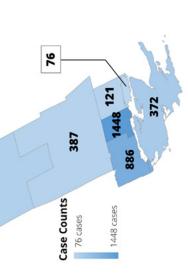
Welcome to the Clinic!

Nov. 23 HPEPH begins vaccination clinics for children aged five to 11 as COVID-19 cases continue to rise in the region.









ECEMBER





- Dec. 1 HPEPH presents draft Land Acknowledgment to the Board of Health (BOH) and receives feedback from the BOH to further refine the acknowledgement.
- Dec. 7 HPEPH works with local school boards to implement enhanced infection prevention in
- just a matter of time until there is a local case with the Omicron variant and updates contact tracing pandemic with 38 new cases in one day and a total of 203 active cases. HPEPH warns residents it is reach record number with the highest reported single-day case count since the beginning of the Dec. 10 HPEPH urges residents to make changes to social behaviours as local COVID-19 cases protocols and isolation requirements.
- contact management process and individuals who have tested positive for COVID-19 are instructed Dec. 16 The rapid increase of COVID-19 cases in the region causes a backlog in HPEPH's case and to self-isolate and immediately notify their high-risk contacts.
- Dec. 17 HPEPH informs residents of the first lab-confirmed case of the COVID-19 Omicron variant of concern in the region. The case has no history of travel outside the region.
- Dec. 17 In response to the alarming increase of COVID-19 cases and the emergence of the highly protect the community, keep schools and businesses safe and open, and reduce the impact on contagious Omicron variant of concern in Ontario, HPEPH introduces additional restrictions to health care resources.
- responding to cases that arise in the highest risk settings. Cases that arise in other settings will be Dec. 21 In order to respond to increasing COVID-19 case rates, while continuing to administer COVID-19 vaccines, the HPEPH case and contact management team concentrates its effort on managed by the provincial COVID-19 workforce.
- Dec. 30 HPEC has highest single-day COVID-19 case count with 258 new cases.
- are symptomatic and/or at risk of severe illness from COVID-19, including for the purposes of confirming a COVID-19 diagnosis to begin medical treatment, and workers and residents in the Dec. 31 HPEPH informs residents about changes to provincial COVID-19 testing eligibility and isolation requirements prioritizing resources where they are most needed. Publicly funded polymerase chain reaction (PCR) testing is now only available for high-risk individuals who highest risk settings, as well as vulnerable populations.
- Dec. 31 HPEPH prepares to deliver a fourth dose of mRNA vaccines to residents of long-term care homes, retirement homes, elder care lodges and other congregate care settings.
- Dec. 31 HPEC has the highest number of active COVID-19 cases with 1,216 active cases. 325,725 COVID-19 vaccines have been administered to residents in HPEC

Land Acknowledgment

s situated and provides services on the ongoing. We are committed to reducing traditional territory of the Anishinaabe, friends and neighbours and recognizes these inequities, and through our work Nation to our north. We recognize that Manito Madaouskarini Algonquin First created a legacy of inequities that are sustaining optimal health, and we vow to build relationships with Indigenous this region. This acknowledgment is a Hastings Prince Edward Public Health first step in our ongoing commitment recognize the importance of the land Huron-Wendat and Haudenosaunee adjacent to the Tyendinaga Mohawk Territory to our east, and the Kijicho when settlers came to this land they and environment in establishing and to respect this land as we undertake provided and continue to provide to people. The land that we preside on strive to improve health equity. We our work. Our organization pledges today lies on unceded Indigenous territory. Our catchment area is the rich contributions they have to reconciliation.

schools

STEC TEL SETS

administered to residents







3,482 local cases of covid-19



contacts

followed by case and contact management

2.7 million

10,074

inquiries to the COVID-19 information line (calls, texts, emails)

HPEPH COVID-19 Dashboard

pageviews of the



assessments and control prevention infection









postpartum/breastfeeding least one contact for clients received at support

breastfeeding consultations

were completed in 2021













5.5 million pageviews



on the HPEPH website



41 inspections

Smoke-Free Ontario Act

under the

svstems incontinution

setting inspections personal services

TOT recreational water

(e.g. hair salons, tattoo parlours) . (e.g. wading pools, swimming pools)

620 rabies investigations 🐇

595 home visits (including virtual)

12.2K Facebook followers

completed by Healthy Babies Healthy Children nurses

4.2K Twitter Followers



supported

families

media releases

issued

Healthy Children Program

by the Healthy Babies

Naloxone kits community partners distributed in conjunction with

7 charges and

resulting in

14 warnings

sexually transmitted cases of reportable infections

followed-up to ensure appropriate treatment and contact notification

HASTINGS PRINCE EDWARD

Belleville | North Hastings | Prince Edward County | Quinte West hpePublicHealth.ca | 1-800-267-2803 | 613-966-5500



Main Office - Belleville

179 North Park Street, Belleville, ON K8P 4P1

T: 613-966-5500 | 1-800-267-2803 | F: 613-966-9418

TTY: 711 or 1-800-267-6511

hpePublicHealth.ca

June 6, 2022

Honourable Minister Jean-Yves Duclos Federal Minister of Health 600 Charest Blvd East, Suite 201 Quebec, QC G1K 3J4 Honourable Minister of Health Ontario Ministry of Health 777 Bay Street, 5th Floor Toronto, ON M7A 1N3

Dear Minister:

Re: Smoking and Vaping Amongst Youth

At its meeting on June 1, 2022, the Hastings Prince Edward Board of Health (BOH) received a staff update on smoking and vaping amongst youth, and the general Canadian population.

Based on the update, the BOH is writing to both Provincial and Federal ministers of health to request additional regulatory controls over vaping products in Ontario and across Canada.

Vaping amongst youth has increased significantly since the passage of the federal Tobacco Vaping Products Act in 2018. In the latest national nicotine use survey vaping in the last 30 days amongst the 15 to 19 year old group has surpassed smoking by a wide margin (13% vs 3%).

This is a very concerning trend that needs to be addressed by stricter legislation that builds on the Province's July 2020 amendments that, amongst other things, substantially limited flavours in corner stores and gas stations (but not in specialty vape shops).

More specifically the BOH is requesting the following be enacted:

- that Ontario increase the minimum purchase age for vaping and tobacco products to 21 years of age under the Smoke-Free Ontario Act, 2017,
- that Ontario limit the types of flavoured vaping products in specialty vape shops, corner stores and gas stations to tobacco flavour only. Currently tobacco, mint and menthol are permitted at corner stores and a wide variety of exotic flavours are allowed in specialty vape shops, and

. . . /2

3. that Ontario and the Federal government work together to introduce dedicated sales taxes for vapour products, much like tobacco taxes. Currently only the HST applies to vapour product sales. Provincial tobacco taxes and federal excise taxes has deterred youth tobacco use, and similar measures is likely to have the same effect with youth vaping. To date, British Columbia, Saskatchewan, Nova Scotia and Newfoundland and Labrador have already implemented a vapour products tax on their own.

The Hastings Prince Edward Board of Health looks forward to working with you and the federal government to see these important changes being implemented in order to further protect youth from the dangers of tobacco use and vaping.

Sincerely,

Jo-Anne Albert Board Chair

Hastings Prince Edward Board of Health

Ethan Toumishey, MD, MPH, CCFP, FRCPC

Acting Medical Officer of Health

Hastings Prince Edward Public Health

cc: Dr. Kieran Moore, Chief Medical Officer of Health

Mr. Todd Smith, MPP Bay of Quinte

Mr. Ric Bresee, MPP Hastings-Lennox and Addington

Mr. Ryan Williams, MP Bay of Quinte

Ms. Shelby Kramp-Neuman, MP Hastings-Lennox and Addington

Mr. Doug Ford, Leader of the Conservative Party of Ontario

Ms. Andrea Horwath, Leader of the Ontario New Democratic Party

Leader of the Ontario Liberal Party



Main Office - Belleville

179 North Park Street, Belleville, ON K8P 4P1 T: 613-966-5500 | 1-800-267-2803 | F: 613-966-9418

> TTY: 711 or 1-800-267-6511 hpePublicHealth.ca

August 4, 2022

Honourable Sylvia Jones Minister of Health and Deputy Premier of Ontario Via email

Via Email: sylvia.jones@pc.ola.org

Dear Minister Jones:

Please let me take the opportunity to congratulate you on your appointment as Minister of Health. I look forward to working with you over the coming years as your government continues to address the many challenges being experienced in health care during this unprecedented time.

While our Board is very appreciative of the Ministry's essential financial support during the pandemic, if mitigation funding ends on December 31, 2022 as planned, Hastings Prince Edward Public Health (HPEPH) will face an insurmountable challenge to meet essential public health needs and balance budgets. Municipal contributions cannot address the gap in financial resources that are required to meet our community needs and our citizens' health will suffer from a direct lack of service.

This funding loss comes at a crucial time for public health when municipal budgets are stretched, inflation is soaring, the population is aging, chronic disease is increasing, population health needs are suffering from the impact of pandemic related service closures, and there is a back log for many critical preventive health care services. Our community needs are greater than ever.

Public health programs work behind the scenes to effectively contribute to the government's commitment to address hallway health care and improve quality of life for all Ontarians – and they do this with significant value for every dollar. Now is a time to strengthen investment in public health, to protect the health of all Ontarians, and to protect our current and future health care system from the increasing strain of preventable illness, disease, and injury.

Without the mitigation funding, our four obligated municipalities will shoulder a 22% increase for the 2023 fiscal year. Draft calculations for the 2023 budget for HPEPH show a projected deficit well in excess of \$1 Million and in order to balance the budget we will have to cut approximately 9% of our regular staff complement (12 positions) in 2023, with an additional 3 to 4 layoffs in 2024.

Our frontline services will be significantly impacted by this downsizing and as a result HPEPH will be challenged to address the required Public Health Standards.

To that end, our Board respectfully requests the Ministry continue to demonstrate support for public health by:

continuing to provide mitigation funding to those health units that currently receive this integral funding for service delivery;

- continuing to provide funding for the School-Focused Nursing Program;
- reviewing the public health funding formula to provide more 100% funded programs; and
- reviewing the public health standard.

Without the Ministry's support of these changes and an assurance of funding, our ability to provide critical frontline public health services in Hastings and Prince Edward Counties will be significantly reduced, commencing in January 2023. There is no doubt the health of our population will be impacted as a result – both immediately and into the future. We ask for your help and support to ensure we can continue to protect the health of our residents, and achieve our vision of Healthy Communities, Healthy People.

Yours sincerely,

Jo-Anne Albert

Chair, Board of Health

Hastings Prince Edward Public Health

cc Dr. Kieran Moore, Chief Medical Officer of Health Elizabeth Walker, Director, Accountability and Liaison Branch, MOH Brent Feeney, Manager, Accountability and Liaison Branch, MOH Todd Smith, MPP Bay of Quinte Ric Bresee, MPP Hastings-Lennox and Addington

Listing of Information Items Board of Health Meeting – September 7, 2022

- 1. Toronto Public Health Memo to Boards of Health in Ontario re: response to COVID-19 - April 2022 Update dated June 9, 2022
- 2. Grey Bruce Health Unit Letter to Tobacco Control Directorate, Health Canada re: support for south west tobacco control area network dated June 15, 2022
- 3. Simcoe Muskoka District Health Unit Letter to Ontario Boards of Health re 2020 and 2021 annual report dated June 21, 2022
- 4. Sudbury and Districts Public Health Letter to Ministry of Children, Community and Social Services re: Healthy Babies Healthy Children funding dated June 21, 2022
- 5. Chatham-Kent Public Health Letter to Doug Ford re support for resolution A22-4 (drug poisoning crisis in Ontario) dated June 28, 2022
- 6. Niagara Region Public Health Letter to Dominic LeBlanc re: updating Ontario Building Code and support for small businesses and local organizations dated July 5, 2022
- 7. Timiskaming Health Unit Letter to Federal Minister of Health re decriminalization of personal possession of illicit drugs dated July 15, 2022
- 8. Timiskaming Health Unit Letter to Sylvia Jones re: letter of support addressing substance use harms dated July 15, 2022
- 9. Niagara Region Public Health Letter to Sylvia Jones and Monte McNaughton re: extension of temporary paid sick days and making them permanent dated July 19, 2022
- 10. Grey Bruce Health Unit Letter to Ministry of Children, Community and Social Services re support for a local board of health dated July 20, 2022
- 11. Niagara Region Public Health Letter to Sylvia Jones re escalating opioid crisis dated July 22, 2022
- 12. Niagara Region Public Health Letter to Sylvia Jones re Addressing Public Health funding shortfalls in Niagara dated July 29, 2022
- 13. Simcoe Muskoka District Health Unit Letter to Community Partners and Stakeholders re Indirect impacts surveillance dashboard
- 14. Letter from Todd Smith re smoking and vaping among youth dated June 15, 2022