



BOARD OF HEALTH MEETING

Wednesday, November 2, 2022
9:30 a.m. – 11:30 a.m.
In-Person

PLEASE NOTE:
There will be a Closed Session at the
beginning of the meeting.

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 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**



**Health
Promotion**



BOARD OF HEALTH MEETING AGENDA

Wednesday, November 2, 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 reside 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, October 5, 2022

[Schedule 7.1](#)

8. BUSINESS ARISING FROM THE MINUTES

9. DEPUTATIONS - None

10. COMMITTEE REPORTS

10.1 - Finance Committee Report - Bill

10.1.1 Third Quarter YTD Financial results

[Schedule 10.1.1](#)

10.1.2 Investment Update

[Schedule 10.1.2](#)

10.1.3 2023 Budget Approval

[Schedule 10.1.3](#)

10.2 - Governance Committee Report - Jan

10.2.1 Risk Management Report

[Schedule 10.2.1](#)

10.2.2 2022-23 Strategic Plan and Progress Report

[Schedule 10.2.2](#)

10.2.3 Self-Evaluation Survey Summary Report

[Schedule 10.2.3](#)

11. REPORT OF THE MEDICAL OFFICER OF HEALTH

12. STAFF REPORTS

12.1 Harm Reduction and Decriminalization - Stephanie McFaul

[Schedule 12.1](#)

13. CORRESPONDENCE AND COMMUNICATIONS - None

14. NEW BUSINESS

14.1 Nomination of Temporary Chair

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

[Schedule 15.0](#)

16. DATE OF NEXT MEETING – Wednesday, February 1, 2023 at 9:30 a.m.

17. ADJOURNMENT



BOARD OF HEALTH MEETING MINUTES

Wednesday, October 5, 2022

Hastings Prince Edward Public Health (HPEPH)

Present: Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings, Chair
Dr. Jeffrey Allin, Provincial Appointee
Mr. Stewart Bailey, Councillor, County of Prince Edward
Mr. Terry Cassidy, Councillor, City of Quinte West
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: Mr. Andreas Bolik, Councillor, County of Prince Edward

Also Present: Dr. Ethan Toumishey, Acting Medical Officer of Health
Ms. Shelly Brown, Director of Community Programs
Mr. David Johnston, Director of Corporate Services
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, October 5, 2022 be approved as circulated.

MOTION:

Moved by: Jan
Seconded by: Terry

CARRIED

5. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING

5.1 Meeting minutes of Wednesday, September 7, 2022

THAT the minutes of the regular meeting of the Board held on September 7, 2022 be approved as circulated.

MOTION:

Moved by: Stewart

Seconded by: Craig

CARRIED

6. BUSINESS ARISING FROM MINUTES - None

7. DEPUTATIONS – None

8. COMMITTEE REPORTS – None

9. REPORT OF THE MEDICAL OFFICER OF HEALTH

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

MOTION

Moved by: Craig

Seconded by: Jan

CARRIED

- ♦ COVID-19 and other respiratory viruses will continue to circulate this fall and winter. Scientific projections indicate an increased volume in acute respiratory illness and burden on the health care system. People are encouraged to stay home when sick for at least 24 hours after symptoms are improving, wear a mask indoors, wash hands frequently, stay up-to-date with vaccinations and get your flu shot.
- ♦ There has been an increase in suspected drug poisoning deaths reported in Hastings and Prince Edward Counties (HPEC). There were approximately 5 deaths in one week in September which are suspected to be drug related. There was much discussion around this topic. It was suggested that our Harm Reduction team report on this topic at the November Board meeting.
- ♦ The Health Unit continues to hold weekly vaccination catch-up clinics for children, youth, and adults in the community.
- ♦ The Health Unit will be implementing the Nurse-Family Partnership (NFP), an evidence-based home-visiting program. Eligibility criteria are: first pregnancy or first-time parenting; 24 years of age or younger; limited support and resources; and enrollment by the end of the 28th week of pregnancy. Those that are not eligible for this program will be offered the Healthy Babies Healthy Children program.
- ♦ Housing is a key social determinant of health affecting our residents. Next week the Health Unit will be publishing media releases, sharing messages on social media,

presenting to stakeholder groups and publishing local information on the role of housing and health with an aim to build public support for affordable housing and increase understanding about how housing, or lack thereof can influence health.

- ♦ The Ministry of Health will fund an extension of the School-Focused Nurses Initiative for the remainder of the 2022-2023 school year. The Health Unit has been funded for 8 of these nurses. They provide sexual health support, vaping and tobacco cessation and substance use and mental health referrals, and school-based immunizations.

10. STAFF REPORTS

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

MOTION

Moved by: Sean

Seconded by: Stewart

CARRIED

10.1 Municipal Liaison / Healthy Communities Update - Sheryl Farrar, Program Manager

- ♦ The Municipal Liaison program was put in place as part of the Health Unit's Community Engagement Strategy and works in conjunction with other Health Unit programs in order to engage key stakeholder groups.
- ♦ Our catchment area has been divided into regions, with a liaison linked to each region. They will work directly with municipalities and their communities to support promoting health in their communities.
- ♦ These liaisons use the Healthy Communities Theory of Change and its three (3) guiding principles:
 1. *Enhancing internal resources and training* - internal learning for this new team contributes to the ability to influence policy and build community capacity;
 2. *Activities related to advocacy and policy change* - these help to improve population health outcomes related to certain topic areas; and
 3. *Engagement and capacity building* - developing relationships, engaging communities and enabling communities to address collective priorities.

This group of Municipal Liaisons will publish a quarterly Municipal Bulletin with expanded healthy community topics, the first edition of which is now available on the Health Unit's website. You may go to the website and subscribe to receive the Bulletin's as they are published. <https://www.hpepublichealth.ca/municipal-updates/>

10.2 Respiratory Virus Update - Lindsey Bearnes, Program Manager

- ♦ Common causative agents of Acute Respiratory Illness (ARI) are SARS-CoV-2; influenza A, influenza B, respiratory syncytial virus (RSV), entero/rhinovirus, seasonal coronaviruses, parainfluenza and metapneumovirus and adenovirus.

- ♦ Of 100 outbreaks seen in the 2021-2022 respiratory season (September to May annually), 87 of those were attributed to COVID-19. There was a notable decrease in outbreaks in 2020-2021 due to precautions taken for COVID-19.
- ♦ *Why is there a respiratory season?* Respiratory viruses circulate throughout the year, however, in the fall and winter months, people are indoors more often, allowing viruses to pass more easily from one person to another.

11. CORRESPONDENCE AND COMMUNICATIONS - None

12. NEW BUSINESS

Councillor Kelly brought forward *The Real Cost of Eating Well 2018* noting that the cost of groceries is up by 10 to 12 per cent, as well as increased costs for fuel and housing. The program manager, Sheryl Farrar, was on hand and explained that this study is actively completed every two years but because of the pandemic in 2020 and 2022 it had been put on hold. It is planned to be updated in May 2023. Further discussion ensued.

13. INFORMATION ITEMS

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

MOTION

Moved by: Terry

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.

14. DATE OF NEXT MEETING – Wednesday, November 2, 2022

15. ADJOURNMENT

MOTION:

Moved by: Stewart

Seconded by: Michael

CARRIED

THAT this meeting of the Board be adjourned at 10:46 a.m.

Jo-Anne Albert, Board Chair

Board of Health Briefing Note

| | |
|--|---|
| To: | Hastings Prince Edward Board of Health |
| Prepared by: | David Johnston, Acting Director of Corporate Services |
| Reviewed by: | Dr. Ethan Toumishey, Medical Officer of Health and CEO |
| Date: | Wednesday, November 2, 2022 |
| Subject: | Third Quarter Revenues and Expenses |
| Nature of Board Engagement | <input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards |
| Action Required: | THAT the Board of Health review and approve the third quarter revenues and expenses report. |
| Notes regarding Revenues & Expenses | <p>The following notes are provided to assist in the review of the attached Summary of Revenues & Expenses for the period of January 1 – September 30, 2022.</p> <ul style="list-style-type: none"> • 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 September 30 we are within budget for revenues. • The variance in Ministry of Health Annual and one-time grants relates to the flow of funds for Temporary Retention Incentive for Nurses (TRIN), funds for the mobile dental vehicles and the extension of School-Focused Nurses. • 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 in addition to 2022 funding. • Staff departures, vacancies and recruitment challenges have resulted in a 5% variance in Salaries and Wages as of September 30, plus associated savings in Staff Benefits. • Staff Training costs include contracted services for leadership development training scheduled this fall. Some of the anticipated staff trainings have not yet materialized. Some training initiatives will shift into 2023. • Travel Expenses are well under expectation. Staff redeployment to COVID-19 tasks, remote work and changes in to our approach to service delivery for some programs are the rationale for this variance. • Office Expenses, Printing, Postage continue to be low and reflect different expense levels resulting from changes in program work (e.g. fewer mailings, promotional materials and handouts, etc.) |

(continued)

- Professional and Purchased Services include 100% of insurance costs for the year, and further represents an increase in purchased dental services due to significant growth in Seniors Dental program demand.
- The variance in Information Technology reflects service agreement costs that were paid in full for the year in addition to the cost of replacement equipment purchased in the spring.
- Overall Mandatory Programs are over budget as of September 30. However, this cost centre is anticipated to balance by the end of the fiscal year.
- The Ontario Seniors Dental Program has a small balance left as of September 30. We continue to receive dental invoices from service providers in October which will utilize the balance. Although funding increases were received for the dental program, demand for the service is extremely high. The Ministry is committed to funding this important initiative and we anticipate additional funding opportunities for this program will be provided.
- The row labeled Ministry of Health Annual and one-time grants account for the costs of the 8 School-Focused Nursing positions, the MOH Compensation Grant, extraordinary costs related to COVID-19, the TRIN and the remaining cost of the mobile dental clinics.
 - We expect to spend all of the School-Focused Nursing funding.
 - As previously shared, one mobile clinic is currently under construction and the second one is now scheduled for production. The full \$550,000 for the mobile clinics will be spent by the end of March 31, 2023 as per the contract.
 - The MOH compensation grant application has been submitted and we are awaiting approval.
 - Extraordinary funding is approved for public health units to offset COVID-19 general and vaccine costs. HPEPH received \$860,000.
- Healthy Babies Healthy Children has a deficit at September 30. However, this is expected to balance by March, which is the fiscal year end for this program.
- The Federal Grants have provided 100% of their revenues which results in the surplus balance of \$79,957 to be utilized by March 2023, fiscal year end for the Children's Oral Health Initiative and Canadian Prenatal Nutrition Program.

HASTINGS PRINCE EDWARD PUBLIC HEALTH

Summary of Revenues & Expenses for the period January 1 - September 30, 2022

For Board of Health Review - November 2, 2022

| | Ministry of Health Accountability Agreement | | | Other Grants and Contracts | | | Totals and Budget Analysis | | | |
|---|--|--------------------------------|--|--|-----------------------|---------------------------------|----------------------------|-------------------|------------------------|---|
| | Mandatory Programs | 100% Seniors Dental Program | TOTAL Ministry of Health Programs | Ministry of Health Annual and one time Grants | HBHC (April-March) | Federal Grants (April-March) | YEAR TO DATE TOTAL | ANNUAL BUDGET | YTD Budget Variance | YTD Actuals as % of budget (9/12 = 75%) |
| REVENUES | | | | | | | | | | |
| Ministry of Health Mandatory and 100% Programs | 6,952,287 | 822,925 | 7,775,212 | | | | 7,775,212 | 10,136,000 | 2,360,788 | 77% |
| Ministry of Health Annual and one time grants | | | 0 | 2,116,085 | | | 2,116,085 | 2,143,400 | 27,315 | 99% |
| Ministry of Health Mitigation Funding | 826,000 | | 826,000 | | | | 826,000 | 1,120,000 | 294,000 | 74% |
| Municipal Levies | 2,618,385 | | 2,618,385 | | | | 2,618,385 | 3,491,385 | 873,000 | 75% |
| Ministry of Children, Community & Social Services | | | 0 | | 846,002 | | 846,002 | 1,160,543 | 314,541 | 73% |
| Federal Grants | | | 0 | | | 185,676 | 185,676 | 128,988 | (56,688) | 144% |
| Expenditure Recoveries | 71,752 | 109 | 71,861 | | | | 71,861 | 138,700 | 66,839 | 52% |
| Transfer from Reserves | | | 0 | | | | 0 | 300,000 | 300,000 | 0% |
| Total Revenues | 10,468,424 | 823,034 | 11,291,458 | 2,116,085 | 846,002 | 185,676 | 14,439,221 | 18,619,016 | 4,179,795 | 78% |
| EXPENSES | | | | | | | | | | |
| Salaries and Wages | 6,413,615 | 198,378 | 6,611,993 | 976,903 | 620,600 | 88,204 | 8,297,700 | 11,895,016 | 3,597,316 | 70% |
| Staff Benefits | 1,853,429 | 58,581 | 1,912,009 | 168,294 | 141,704 | 12,068 | 2,234,076 | 3,210,000 | 975,924 | 70% |
| Staff Training | 108,839 | 121 | 108,960 | | 182 | | 109,142 | 159,000 | 49,858 | 69% |
| Travel Expenses | 73,014 | | 73,014 | 4,088 | 9,159 | 641 | 86,903 | 178,000 | 91,097 | 49% |
| Building Occupancy | 741,864 | 24,683 | 766,547 | 10,840 | 56,250 | | 833,637 | 1,041,000 | 207,363 | 80% |
| Office Expenses, Printing, Postage | 24,881 | | 24,881 | 12,593 | 1,055 | | 38,529 | 75,000 | 36,471 | 51% |
| Materials, Supplies | 234,340 | 44,123 | 278,462 | | 1,052 | 4,806 | 284,321 | 442,000 | 157,679 | 64% |
| Professional & Purchased Services | 200,250 | 439,028 | 639,279 | | 2,200 | | 641,479 | 771,000 | 129,521 | 83% |
| Communications Costs | 89,849 | 2,625 | 92,474 | | 8,000 | | 100,474 | 139,000 | 38,526 | 72% |
| Information Technology | 319,663 | 23,535 | 343,199 | | 19,350 | | 362,549 | 374,000 | 11,451 | 97% |
| Capital Expenditures | 420,570 | | 420,570 | | | | 420,570 | 335,000 | (85,570) | 0% |
| Total Expenses | 10,480,314 | 791,074 | 11,271,388 | 1,172,719 | 859,551 | 105,719 | 13,409,378 | 18,619,016 | 5,209,638 | 72% |
| VARIANCE | (11,890) | 31,960 | 20,070 | 943,366 | (13,549) | 79,957 | 1,029,844 | 0 | 1,029,844 | |

Board of Health Briefing Note

| | |
|-----------------------------------|--|
| To: | Hastings Prince Edward Board of Health |
| Prepared by: | Amy Rankin, Finance Manager |
| Reviewed by: | David Johnston, Acting Director of Corporate Services |
| Date: | Wednesday, November 2, 2022 |
| Subject: | Status of GIC Investments |
| Nature of Board Engagement | <input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards |
| Action Required: | No action required. |
| Background: | <p>In June of 2022, Hastings Prince Edward Public Health (HPEPH) invested \$2,307,481 of the Capital Reserve into a 1-year GIC at a return rate of 4.3%. In addition, \$1,783,536 of the Operating Reserve was invested into a 1-year flexible GIC at a rate of 2.7%. The flexible GIC has a lower rate of return, however allows us the opportunity to liquidate the flexible GIC after 30 days if required for operations or, to reinvest and take advantage of higher interest rates.</p> <p>In September of 2022 as interest rates increased, the Operating Reserve GIC was redeemed and reinvested into a flexible GIC. The combined principal and interest of \$1,796,202 was reinvested into a 1-year flexible variable rate GIC. Again, this approach enables us to quickly take advantage of rising interest rates.</p> |
| Approved by: | Dr. Ethan Toumishey, Medical Officer of Health and CEO |

Board of Health Briefing Note

| | |
|-----------------------------------|---|
| To: | Hastings Prince Edward Board of Health |
| Prepared by: | David Johnston, Acting Director of Corporate Services |
| Approved by: | Dr. Toumishey, Medical Officer of Health and CEO |
| Date: | Wednesday, November 2, 2022 |
| Subject: | 2023 Budget |
| Nature of Board Engagement | <input type="checkbox"/> For Information <input checked="" type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards |
| Action Required: | <p>THAT the Board of Health review and approve the Budget presented for 2023. AND</p> <p>THAT the Board of Health continue strong advocacy to the Ministries of Health and Education and school boards for continued funding for the school-focused nursing initiative.</p> |
| Background: | <p>The 2023 budget package represents an intentional focus on improvements to program delivery and ongoing community support.</p> <p>Revenues from the provincial Ministries and federal agencies remains consistent with the levels of funding received in 2022. These include mitigation funding in the amount of 1.1M, extended contract funding for eight School-Focused Nurses (ending June 30, 2023), opportunities to request additional support for COVID-19 related expenses and prioritized Ministerial funding for the Seniors Dental Program.</p> <p>Key investments in technology and staff training will result in improvements to organizational efficiency, Cyber security and the modernization of service delivery for clients.</p> <p>As Ministry guidance evolves to address the gradual shift of COVID-19 from pandemic to endemic, Hastings Prince Edward Public Health has updated it's staffing model to address evolving needs. Staffing levels will be reduced through the expiration of COVID-19 specific employment contracts at the end of 2022. A reduction of 16 FTEs in total (which also includes several retirements), will reduce the total number of FTEs to 131.</p> <p>The Executive Summary in the budget package provides additional highlights of the budget presented. In addition, explanatory notes are provided to offer details on revenues and expenses and explain significant variances.</p> |



HASTINGS PRINCE EDWARD
Public Health

2023 BUDGET PACKAGE

For Board Approval November 2, 2022

HASTINGS PRINCE EDWARD PUBLIC HEALTH

2023 BUDGET- Executive Summary

For Board Approval November 2, 2022

The 2023 budget was influenced by several factors including key strategic initiatives, the ongoing recovery of services and updates to our technology infrastructure.

Strategic Direction – We’re entering the final year of our Strategic Plan. Although Hastings Prince Edward Public Health (HPEPH) has accomplished much since its initiation in 2019, we remain focused on the accomplishment of its objectives. Ongoing efforts in 2023 include program recovery, rebuilding and re-imagining of public health programs, the optimal use of human and financial resources and the continued development of comprehensive information technology and communication strategies.

Recovery of Services – As the demand for COVID-19 support has gradually decreased and Ministry of Health guidance has evolved, HPEPH is in the position to refocus attention on the programs and community supports paused during the height of the pandemic. The 2023 budget considers a reduced need for short-term COVID-19 support and is instead focused on embedding long-term support for our community. Immunization programs still have plenty of work ahead as they push towards a full “catch up” of outstanding immunizations for school-aged children and babies that were not completed due to the pandemic.

Technology – With an increased emphasis on cyber security, distributed work and the growing necessity to work more collaboratively with external partners, HPEPH is making key investments in its technological infrastructure. The 2023 budget addresses the replacement of equipment, the transition to Microsoft Office 365 as our default collaboration software and the implementation of strong cyber security solutions. Increased efficiency for staff, greater cyber security protections and the ability to work seamlessly with stakeholders are the goals of these investments.

Key Revenue Highlights and Assumptions:

- Revenues from the provincial Ministries and federal agencies are anticipated to be consistent with the level of funding received in 2022. It is important to note that mitigation funding from the Ministry of Health continues in 2023 in the amount of \$1.1M.
- Contract funding for the eight School-Focused Nurses that work in our Healthy Schools Program continues until June 30, 2023. These nursing positions have been invaluable in meeting our COVID-19 demands in local schools. In addition, this program offers health promotion support including health education and skill building, clinical services for students including, but not limited to, sexual health support, vaping and tobacco cessation, mental health and substance use, screening referrals and routine immunization.

- Funding for COVID-19 extraordinary costs in 2023 are anticipated to continue. Assumptions for this funding include the ongoing need for staff dedicated to respond to COVID-19 cases and provide case and contact management work for high-risk settings. This funding will also support the work of nurses engaged in ongoing COVID-19 immunizations throughout the community.
- HPEPH is requesting a levy increase of 1.5% from Municipalities for the 2023 budget year. The increase will ensure that staffing levels are maintained, and recovery plans can be implemented.

Key Expenditure Highlights and Assumptions:

- The 2023 budget represents a reset of expectations for expenses associated with the delivery of public health services. Without the unpredictable fluctuations in staffing and programming resulting from COVID-19, the budget assumes a “new normal” and more predictable approach to future budgeting.
- Significant staffing changes were implemented during the 2022 year to address ongoing COVID-19 demands. However, many of the contract positions needed to support COVID-19 are set to expire in 2023. The budget recognizes a reduction of 16 full time equivalents (FTEs) and reduces our 2023 FTE count to 131. The reduction of FTEs is accomplished through expiring employment contracts and the attrition of staff through retirements.
- Employee benefits have decreased due to a reduction in FTEs. However, these decreases were offset by an overall increase in group benefit costs for health and dental of 6.6 per cent.
- Staff training has been increased to reflect the implementation of new programming initiatives including the Nurse-Family Partnership program. The 2023 budget will also address the need for continued professional development of staff as we return to traditional public health services. The return of in-person conferences for public health also requires consideration for the cost of travel and accommodation.
- The Transfer to Capital/Operating Funds represents the annual transfer of funds to the building reserve for future maintenance and development.

Throughout 2023 we will continue to work closely with the Board of Health to accomplish the objectives of our Strategic Plan as we focus our attention on meeting the public health needs of our community.

HASTINGS PRINCE EDWARD PUBLIC HEALTH
2022 Actuals & 2023 Proposed BUDGET
For Board Approval November 2, 2022

| | 2022 Forecast Actuals | 2022 Board of Health Approved Budget | 2022 Variance Budget vs Actual | 2023 Proposed Budget | Variance (2023 Proposed Budget vs 2022 Approved Budget) | % Variance |
|---|-----------------------------|--|---|----------------------------|---|--------------|
| REVENUES | | | | | | |
| 1 Ministry of Health | | | | | | |
| a) Mandatory Programs - Cost shared | 9,273,775 | 9,204,700 | 69,075 | 9,436,252 | 231,552 | 3% |
| b) 100% Programs - Seniors Dental Program | 1,117,975 | 931,300 | 186,675 | 1,307,200 | 375,900 | 40% |
| c) Annual Grants and one-time grants | 1,017,900 | 623,400 | 394,500 | 500,000 | (123,400) | -20% |
| d) Mitigation Funding | 1,120,000 | 1,120,000 | - | 1,120,000 | - | 0% |
| e) COVID-19 Extraordinary Funding | 860,000 | 1,520,000 | (660,000) | 290,000 | (1,230,000) | -81% |
| 2 Municipal Levy | 3,491,385 | 3,491,385 | - | 4,304,108 | 812,723 | 23.3% |
| a) Municipal Levy Mitigation Funding | - | - | - | (674,000) | (674,000) | |
| 3 Ministry of Children, Community & Social Services | 1,160,543 | 1,160,543 | - | 1,160,543 | - | 0.0% |
| 4 Public Health Agency of Canada | 89,988 | 89,988 | - | 89,988 | - | 0% |
| 5 Health Canada | 39,000 | 39,000 | - | 39,000 | - | 0% |
| 6 Expenditure Recoveries | 102,000 | 138,700 | (36,700) | 122,700 | (16,000) | -12% |
| 7 Transfer from Municipal Reserves | - | 300,000 | (300,000) | - | (300,000) | 0% |
| TOTAL REVENUES | 18,272,566 | 18,619,016 | (346,450) | 17,695,790 | (923,226) | -5.0% |
| EXPENSES | | | | | | |
| 1 Salaries & Wages | 11,129,872 | 11,895,016 | (765,144) | 10,686,791 | (1,208,225) | -10.2% |
| 2 Employee Benefits | 3,037,000 | 3,210,000 | (173,000) | 3,014,000 | (196,000) | -6.1% |
| 3 Staff Training | 131,010 | 159,000 | (27,990) | 202,000 | 43,000 | 27.0% |
| 4 Travel Expenses | 123,800 | 178,000 | (54,200) | 178,000 | - | 0.0% |
| 5 Building Occupancy | 1,074,395 | 1,041,000 | 33,395 | 1,052,000 | 11,000 | 1.1% |
| 6 Office Expenses, Printing, Postage | 40,300 | 75,000 | (34,700) | 65,000 | (10,000) | -13.3% |
| 7 Program Materials, Supplies | 406,000 | 442,000 | (36,000) | 437,000 | (5,000) | -1.1% |
| 8 Professional & Purchased Services | 959,500 | 771,000 | 188,500 | 1,092,000 | 321,000 | 41.6% |
| 9 Communication Costs | 131,052 | 139,000 | (7,948) | 129,000 | (10,000) | -7.2% |
| 10 Information Technology | 386,811 | 374,000 | 12,811 | 550,000 | 176,000 | 47.1% |
| 11 Capital Expenditures | 223,826 | 75,000 | 148,826 | 30,000 | (45,000) | |
| 12 Transfer to Capital/Operating Funds | 260,000 | 260,000 | - | 260,000 | - | |
| TOTAL EXPENSES | 17,903,566 | 18,619,016 | (715,450) | 17,695,790 | (923,226) | -5.0% |
| SURPLUS/DEFICIT | 369,000 | - | 369,000 | 0 | 0 | |
| ANALYSIS OF SURPLUS BALANCE | | | | | | |
| MOH Grant Funds | 20,000 | | | | | |
| COVID-19 Extraordinary Funding | 303,000 | | | | | |
| Federal Programs Deferrals to March | 46,000 | | | | | |
| | <u>369,000</u> | | | | | |

HASTINGS PRINCE EDWARD PUBLIC HEALTH
Budgeted Revenues - For the period January 1, 2023 to December 31, 2023
For Board Approval November 2, 2022

| Revenue Source | Ministry of Health | | TOTAL Ministry of Health Programs | Other Grants & Contracts | | | TOTAL Other Grants & Contracts | Consolidated Budget |
|---|-----------------------|--------------------------------|---|--------------------------|---------------------------------------|----------------|--------------------------------------|------------------------|
| | Mandatory Programs | 100% Seniors Dental Program | | Ministry of Health | Healthy Babies Healthy Children | Federal Grants | | |
| PROVINCIAL & MUNICIPAL FUNDING | | | | | | | | |
| Ministry of Health | | | | | | | | |
| Mandatory and 100% Programs | 9,436,252 | 1,307,200 | 10,743,452 | | | | - | 10,743,452 |
| Annual and one-time grants | | | - | 500,000 | | | 500,000 | 500,000 |
| Mitigation Funding | 1,120,000 | | 1,120,000 | | | | - | 1,120,000 |
| COVID-19 Extraordinary Funding | 290,000 | | 290,000 | | | | - | 290,000 |
| Municipal Levy | 4,304,108 | | 4,304,108 | | | | - | 4,304,108 |
| Municipal Levy Mitigation Funding | (674,000) | | (674,000) | | | | - | (674,000) |
| Transfer from Municipal Reserves | | | - | | | | - | - |
| Ministry of Children, Community & Social Services | | | - | | 1,160,543 | | 1,160,543 | 1,160,543 |
| TOTAL PROVINCIAL & MUNICIPAL GRANTS | 14,476,359 | 1,307,200 | 15,783,559 | 500,000 | 1,160,543 | - | 1,660,543 | 17,444,102 |
| FEDERAL FUNDING | | | | | | | | - |
| Public Health Agency of Canada | | | | | | 89,988 | 89,988 | 89,988 |
| Health Canada | | | | | | 39,000 | 39,000 | 39,000 |
| EXPENDITURE RECOVERIES | | | | | | | | |
| Contraceptive Sales | 5,600 | | 5,600 | | | | - | 5,600 |
| OHIP Payments | 5,400 | | 5,400 | | | | - | 5,400 |
| Food Handler Course Registrations | 14,000 | | 14,000 | | | | - | 14,000 |
| Menactra Vaccine | 23,500 | | 23,500 | | | | - | 23,500 |
| Human Papilloma Virus (HPV) Vaccine | 16,500 | | 16,500 | | | | - | 16,500 |
| Flu Vaccine | 5,000 | | 5,000 | | | | - | 5,000 |
| Seniors Dental Program | 11,000 | | 11,000 | | | | - | 11,000 |
| Interest/Other | 41,700 | | 41,700 | | | | - | 41,700 |
| | 122,700 | - | 122,700 | - | - | 128,988 | 128,988 | 251,688 |
| TOTAL REVENUES | 14,599,059 | 1,307,200 | 15,906,259 | 500,000 | 1,160,543 | 128,988 | 1,789,531 | 17,695,790 |

HASTINGS PRINCE EDWARD PUBLIC HEALTH
2023 BUDGET - Explanatory Notes and Variance Analysis - REVENUES
For Board Approval November 2, 2022

| | Approved Budget MoH/Board 2022 | Budget 2023 | Variance 2023 vs 2022 |
|---|---|----------------------|--------------------------|
| 1. MINISTRY OF HEALTH | | | |
| a) <u>Mandatory Programs - Cost shared</u> | \$ 9,296,800 | \$ 9,436,252 | \$ 139,452 |
| The Ministry of Health (MoH) issues an accountability agreement each year outlining the terms of transfer payments to public health. In 2022, MoH increased Public Health funding by 1%. The following program areas are covered by cost shared funding: | | | |
| Foundational Standards | | | |
| Population Health Assessment | | | |
| Health Equity | | | |
| Effective Public Health Practice | | | |
| Emergency Management | | | |
| Program Standards | | | |
| Chronic Disease Prevention and Well-being | | | |
| Food Safety | | | |
| Healthy Environments | | | |
| Healthy Growth and Development | | | |
| Immunization | | | |
| Infectious and Communicable Diseases Prevention and Control | | | |
| Safe Water | | | |
| School Health | | | |
| Substance Use and Injury Prevention | | | |
| b) <u>100% Programs - Seniors Dental Program</u> | 1,180,200 | 1,307,200 | 127,000 |
| Total Ministry of Health Accountability Agreement | \$ 10,477,000 | \$ 10,743,452 | \$ 266,452 |
| c) <u>Annual Grants and one-time grants</u> | | | |
| <i>A Compensation Grant is provided on an annual basis to offset the total compensation of the Medical Officer of Health. Funding will be requested for two students to complete their PHI Practicum at HPEPH over the summer of 2023. The School-Focused Nurses Initiative grant has been extended to June 30, 2023.</i> | | | |
| MOH Compensation Grant | 85,500 | 64,000 | (21,500) |
| Public Health Inspector Practicum Student | 36,000 | 36,000 | - |
| Purpose Built Vaccine Fridge | 10,000 | - | (10,000) |
| Needle Exchange Program | 19,000 | - | (19,000) |
| COVID-19 School-Focused Nurses Initiative | 597,400 | 400,000 | (197,400) |
| Total Annual and one-time funding Ministry of Health Grants | 747,900 | 500,000 | (247,900) |
| d) Mitigation Funding | 1,120,000 | 1,120,000 | - |
| <i>One time funding to offset the increased costs of municipalities as a result of the 70% (provincial) and 30% (municipal) cost-sharing change for mandatory programs. Discontinued at December 31, 2023.</i> | | | |
| e) COVID-19 Extraordinary Funding | 860,000 | 290,000 | (570,000) |
| <i>One-time funding to offset extraordinary costs associated with COVID-19.</i> | | | |

2. MUNICIPAL LEVY

Municipal levies have been increased in the 2023 budget by 1.5 per cent.

| | | | |
|----------------------|-----------|-----------|---------|
| City of Belleville | 1,116,068 | 1,403,259 | 287,191 |
| City of Quinte West | 958,889 | 1,186,391 | 227,502 |
| Hastings County | 872,037 | 1,059,496 | 187,459 |
| Prince Edward County | 544,391 | 654,961 | 110,570 |
| | 3,491,385 | 4,304,108 | 812,723 |

a) MUNICIPAL LEVY MITIGATION FUNDING ADJUSTMENT

Provincial funding distribution of mitigation funds.

| | | | |
|----------------------|---|-----------|-----------|
| City of Belleville | - | (219,743) | (219,743) |
| City of Quinte West | - | (185,782) | (185,782) |
| Hastings County | - | (165,911) | (165,911) |
| Prince Edward County | - | (102,563) | (102,563) |
| | - | (674,000) | (674,000) |

3. MINISTRY OF CHILDREN, COMMUNITY & SOCIAL SERVICES

1,160,543 1,160,543 -

MCCSS funds the Healthy Babies, Healthy Children program; no increase is anticipated for this contract. The HBHC contract is based on a March 31st fiscal year.

4. PUBLIC HEALTH AGENCY OF CANADA (PHAC)

89,988 89,988 -

PHAC funds the Canada Prenatal Nutrition Program (CPNP); no increase is anticipated for this contract. This program has a March 31st fiscal year. This contribution assists in meeting the Ontario Public Health Standards for vulnerable populations.

5. HEALTH CANADA

39,000 39,000 -

Health Canada funds the Children's Oral Health Program (COHP); no increase is anticipated for this contract. The program has a March 31st fiscal year.

6. EXPENDITURE RECOVERIES

138,700 122,700 (16,000)

Expenditure recoveries include OHIP reimbursements, vaccine recoveries, food handler course registrations, contraceptives and interest earnings on transfer payments. Recoveries were reduced in 2022 as programs began offering services, however program delivery changes will have an ongoing impact to recoveries.

7. TRANSFER FROM RESERVES

200,000 - (200,000)

TOTAL BUDGETED REVENUES

\$ 18,324,516 \$ 18,369,791 \$ 45,275

HASTINGS PRINCE EDWARD PUBLIC HEALTH**Budgeted Expenses - For the period January 1, 2023 to December 31, 2023*****For Board Approval November 2, 2022***

| Expense Item | Ministry of Health | Other Grants & Contracts | | | TOTAL Other Grants & Contracts | Consolidated Budget |
|-------------------------------------|--------------------------------------|-----------------------------------|---------------------------------|----------------|-----------------------------------|---------------------|
| | Mandatory, Related and 100% Programs | Annual Grants and one-time grants | Healthy Babies Healthy Children | Federal Grants | | |
| Salaries & Wages | 9,676,687 | 121,252 | 802,035 | 86,818 | 1,010,105 | 10,686,791 |
| Employee Benefits | 2,758,954 | 4,608 | 235,008 | 15,429 | 255,045 | 3,014,000 |
| Staff Training | 195,400 | - | 5,000 | 1,600 | 6,600 | 202,000 |
| Travel Expenses | 149,000 | - | 21,000 | 8,000 | 29,000 | 178,000 |
| Building Occupancy | 1,012,000 | - | 40,000 | - | 40,000 | 1,052,000 |
| Office Expenses, Printing, Postage | 63,000 | - | 2,000 | - | 2,000 | 65,000 |
| Program Materials, Supplies | 409,860 | - | 10,000 | 17,140 | 27,140 | 437,000 |
| Professional & Purchased Services | 1,090,500 | - | 1,500 | - | 1,500 | 1,092,000 |
| Communication Costs | 119,000 | - | 10,000 | - | 10,000 | 129,000 |
| Information Technology | 516,000 | - | 34,000 | - | 34,000 | 550,000 |
| Capital Expenditures | - | - | - | - | - | - |
| Transfer to Capital/Operating Funds | 290,000 | - | - | - | - | 290,000 |
| TOTAL EXPENDITURES | 16,280,400 | 125,860 | 1,160,543 | 128,987 | 1,415,390 | 17,695,790 |

**HASTINGS PRINCE EDWARD PUBLIC HEALTH
2023 BUDGET - Explanatory Notes and Variance Analysis - EXPENSES
For Board Approval November 2, 2022**

1. SALARIES & WAGES

The 2023 budget is prepared with an expectation HPEPH will return to pre-Covid staffing levels. We continue to align staff with our program priorities, and redeploy internally when possible.

This budget represents 131 full-time equivalent (FTE) positions, which is a reduction of 16 FTEs from 2022. The reduction of FTEs is accomplished through expiring employment contracts and the attrition of staff through retirements. The majority of these positions were directly supporting Covid efforts. There are no anticipated overtime expenses included.

2. EMPLOYEE BENEFITS

Employee benefits are lower in 2023 due to the decreased number of staff positions, but were offset by an increase of 6.6 per cent for the cost of group benefits.

Overall, benefits amount to 28 per cent of salaries. This includes statutory benefits (CPP, EI, EHT and WSIB), OMERS pension plan contributions, group health, dental and life insurance and a per cent in lieu for part-time and contract staff.

3. STAFF TRAINING

Staff are eager to participate in training in the coming year. The budget for 2023 reflects a strategic direction to invest significantly in the training and development of our staff and new executive group.

4. TRAVEL EXPENSES

Travel expenses account for staff travel throughout Hastings and Prince Edward Counties to deliver services including the inspection of food and water premises, immunization and dental clinics in the community and home visits. Although services have resumed, the use of virtual services is predicted to continue, resulting in a steady rate of travel expense. The expected receipt of two mobile dental clinics is also anticipated to increase the travel expense budget in 2023.

5. BUILDING OCCUPANCY

Building occupancy expenses include the building loan, leases, maintenance costs, cleaning services and supplies for all locations of the organization. Inflationary increases are forecasted to all ongoing maintenance costs.

6. OFFICE EXPENSES, PRINTING, POSTAGE

Office expenses have been reduced for 2023 to reflect the rate of current expenditures in this expense area. We anticipate increases to our postage expenses as we catch up on school immunizations.

7. PROGRAM MATERIALS, SUPPLIES

Program materials and supplies budget has decreased based on individual program plans and expectations for 2023.

8. PROFESSIONAL & PURCHASED SERVICES

Similar to 2022, the majority of budget for professional and purchased services reflects dental, denturist and lab fees in the Seniors Dental program. Insurance costs are included in this area and are expected to increase by 20 per cent.

9. COMMUNICATION COSTS

Savings in this area have been achieved through a change in communication providers.

10. INFORMATION TECHNOLOGY

Significant inflationary increases to service agreements, necessary enhancements to Cyber security and the transition to Office 365 have resulted to increases to this area.

11. CAPITAL EXPENDITURES

Significant capital expenditures in 2022 have resulted in a reduced need for similar expenses in 2023. Notwithstanding planned communication upgrades in 2023, the overall budget in this area will see a decrease in 2023.

12. TRANSFER TO CAPITAL/OPERATING FUNDS

Transfers represent retainable funds that will be held for future building and/or critical service requirements as per the Accounting Practices policy. Ongoing investment in these funds helps ensure continuity of service and availability of funds for future capital costs.

Board of Health Briefing Note

| | |
|-----------------------------------|---|
| To: | Hastings Prince Edward Board of Health |
| Prepared by: | David Johnston, Acting Director of Corporate Services |
| Reviewed by: | Dr. Ethan Toumishey, Medical Officer of Health and CEO |
| Date: | Wednesday, November 2, 2022 |
| Subject: | Risk Management Progress Report |
| Nature of Board Engagement | <input checked="" type="checkbox"/> For Information <input checked="" type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> Compliance with Program Standards |
| Action Required: | THAT the Board of Health accept and approve the Risk Management Progress Report for the period ending October 19, 2022 for submission to the Ministry of Health. |
| Background: | <p><i>As per the Public Health Accountability Framework, Boards of Health shall have a formal risk management framework in place that identifies, assesses and addresses risks". The rationale for this requirement "Ensures Boards of Health are aware of and are taking action to mitigate known issues that may be creating a risk to the public's health or to the stability or competency of the organization."</i></p> <p>Hastings Prince Edward Public Health (HPEPH) has a comprehensive risk management policy and procedure, most recently approved by the Board of Health in December 2021.</p> <p>The Risk Management Committee has identified 14 key risks for the organization, all requiring strategic mitigation action plans. The progress report attached reflects our most recent assessment of organizational risks and lists the relevant activities to mitigate. Reports on the progress or resolution for these risks listed will be provided at future meetings.</p> |

**HPEPH - RISK MANAGEMENT REPORT
For the Period March 2022 - October 2022**

| Item # | Risk | Category | Likelihood | Impact | Risk Rating | | Mitigation | Lead | Report Dates |
|--------|---|--------------------------------------|------------|--------|-------------|----------------------|--|---------------------------------|--------------------------------|
| 1 | Potential increases to wait times for Seniors Dental clients. | Service Delivery, Political | 3 | 3 | 9 | Moderate Risk | 1.Additional partnerships with the Dental providers in Belleville 2.Sharing space at Private Dental offices depending on availability of contract /casual dentist(s) 3.Partner/collaborate with CHCs to provide major dental work including emergencies (Gateway) 4.Use/create an index to determine patients in need (in progress) 5.Explore potential partnerships with dental colleges to do externships at the PHU 6.Hire new dentist (dentists working 5 days a week at the Belleville office) 7.Increase advocacy for funding (completed, effective) | Manager, Oral Health and Vision | Progress report to BOH in 2023 |
| 2 | Difficulty recruiting dentists for program delivery. | Human Resources, Service Delivery | 4 | 4 | 16 | High Risk | 1.Explore ways to hire new dentist (Hired) 2.Develop casual pool of available dentists - Offer short term contracts- weekly/bi-weekly 3.Potential partnerships with the Dental providers in Belleville 4.Sharing space at Private Dental offices depending on availability of contract/ casual dentist(s) 5.Partner/collaborate with CHCs to provide major dental work including emergencies | Manager, Oral Health and Vision | Progress report to BOH in 2023 |

**HPEPH - RISK MANAGEMENT REPORT
For the Period March 2022 - October 2022**

| Item # | Risk | Category | Likelihood | Impact | Risk Rating | | Mitigation | Lead | Report Dates |
|--------|--|---|------------|--------|-------------|----------------------|---|--|--------------------------------|
| 3 | Loss of Technology because of Man Made or Natural Disaster impacting 179 North Park Computer Server availability (human error, loss of generator, fire, flood, etc.) | Governance, Organizational, Strategic, IT | 2 | 5 | 10 | Moderately-High Risk | 1. Technology – DR/BC plan redesigned in 2016 to add 3rd party vendor with IAAS. 2. Workloads can be hosted remotely by IAAS vendor. Daily workload replications achieve established RPO and RTO objectives. Completed 2016. 3. Process – Workload replications tested monthly. IT DR/BC procedures testing biannually. Ongoing. 4. Program services status – Unknown, as no significant technology outage to HPEPH programs has never occurred. Recommend program level operational readiness assessment, plans, & annual tabletop exercise/testing. Ongoing. | IT Manager, Director of Corporate Services | Progress report to BOH in 2023 |

HPEPH - RISK MANAGEMENT REPORT
For the Period March 2022 - October 2022

| Item # | Risk | Category | Likelihood | Impact | Risk Rating | | Mitigation | Lead | Report Dates |
|--------|----------------|--|------------|--------|-------------|-----------------------------|---|--|--------------------------------|
| 4 | Cyber Incident | Information, Knowledge, Governance, IT | 2 | 5 | 10 | Moderately-High Risk | 1. People – Delivery of staff awareness campaigns. Development & delivery of training curriculum. Completed 2. Creation & delivery of targeted phishing campaigns. Completed 3. Process – Administrative safeguards/policies & checks for purchasing. Completed 4. Administrative safeguards/policies for safeguard fair use of signing authorities' digital signatures. Completed. 5. Onboarding & offboarding identity management, collection of assets. Completed 6. Remediation for staff falling below phishing campaign testing baseline (email Class of Service change). Completed 7. Technology – legacy technologies provisioned at relevant layers of stack (Gateway - SPAM, IPS, Web, WAF). Endpoint (client AV). Complete 8. ATP with cloud layer (sandboxing) added 2020. Complete 9. SIEM, machine learning/AI added 2021. Complete 10. Immutable layer for remote BC workload backup/replication added 2021. Completed. 11. New switching topology/w further micro segmentation adding 2022. To be completed early Sept. 2022. | IT Manager, Director of Corporate Services | Progress report to BOH in 2023 |

**HPEPH - RISK MANAGEMENT REPORT
For the Period March 2022 - October 2022**

| Item # | Risk | Category | Likelihood | Impact | Risk Rating | Mitigation | Lead | Report Dates |
|--------|--|---|------------|--------|-------------|-----------------------------|---|---|
| 5 | Unexpected staff leave (AA/EA) | Human Resources, Service Delivery | 3 | 4 | 12 | Moderately-High Risk | 1. Cross training for all AAs/EA 2. Regular AA/EA meetings; job info sharing 3. Review of tasks/processes to find efficiencies-streamline 4. Job shadowing during slower times 5. Procedural manual for all positions | Director of Corporate Services, AA's & EA Progress report to BOH in 2023 |
| 6 | Unplanned staffing changes due to lack of a multi-year forecasted budget | Financial, Human Resources, Information, Political, Public Perception | 5 | 4 | 20 | High Risk | 1. Clarify internal budget cycle dates 2. Apply a projected increase to all budget areas 3. Notify executive and management of draft implications and increase education with management | Finance Manager, Director of Corporate Services Progress report to BOH in 2023 |
| 7 | Lack of detailed fixed asset register/general asset list | Financial, Governance, Public Perception | 5 | 4 | 20 | High Risk | 1.Create easy to follow spreadsheet including asset, location and replacement cost, create procedure to report asset purchase, create videos/photos as back up to spreadsheet. | Finance Manager, Director of Corporate Services Progress report to BOH in 2023 |
| 8 | Increase in privacy breaches but lack of reporting due to staff fatigue, gap in training, decrease in staff compliance with PHIPA. | Public Perception, Privacy | 4 | 2 | 8 | Moderate Risk | 1.Need to update Privacy related policies and procedures. Fall/Winter 2022. 2.Need updated Privacy Training Platform – Spring 2023 | Privacy Officer, MOH, Program Managers, Staff Progress report to BOH in 2023 |
| 9 | Increased staff attrition/turnover/contracts will lead to continued program disruption. | Human Resources, Operations, Service Delivery | 4 | 4 | 16 | High Risk | 1. Continue to monitor for potential retirements/maternity, personal and STD leaves. 2. Continue to review staff vacancies/ requests for replacing staff and consider skills, priorities and program needs. 3. Monitor for positions that are delivered by a single individual and consider cross training opportunities. | Manager of HR, Director of Corporate Services, Program Managers Progress report to BOH in 2023 |

**HPEPH - RISK MANAGEMENT REPORT
For the Period March 2022 - October 2022**

| Item # | Risk | Category | Likelihood | Impact | Risk Rating | | Mitigation | Lead | Report Dates |
|--------|---|---|------------|--------|-------------|----------------------|--|---|--------------------------------|
| 10 | Staff redeployments to address future Covid surges may negatively impact client services and increase the risk of unintended client outcomes. | Public Perception, Operational, Service Delivery, Human Resources | 5 | 4 | 20 | High Risk | 1. Managers to review Business Continuity Plan 2. Director to meet with Managers to determine minimum # of staff required for essential services 3. Director to meet with IMS Lead 4. Wave 7 plan adjusted | IMS Lead, Program Managers | Progress report to BOH in 2023 |
| 11 | Labour Relations Breakdown (Strike) | Financial, Governance, Public Perception, Legal Compliance, Political, Security | 2 | 5 | 10 | Moderately-High Risk | 1. Educate the Board of Health regarding impact of risk when considering the bargaining mandate. 2. Educate managers on the impact of a strike for each union on their programs and service delivery. 3. Work with relevant Union representatives prior to strike to identify opportunities to reduce the likelihood of strike. 4. Identify potential alternate service providers for affected services | Manager of HR, Director of Corporate Services | Progress report to BOH in 2023 |
| 12 | Insufficient Training and Development | Governance, Organizational, Strategic, Political, Legal Compliance, Security, Public Perception | 4 | 4 | 16 | High Risk | 1. Create an organization wide training and development plan that addresses current program needs and operational/ organizational needs. 2. Consider training requirements at the development stage of any new programs/ services. 3. Evaluate organization specific knowledge (e.g. how to use FileHold, OSCAR or Dayforce) and ensure those skills are added to onboarding programs to minimize new employee knowledge gaps. | Manager of HR, Director of Corporate Services | Progress report to BOH in 2023 |

HPEPH - RISK MANAGEMENT REPORT
For the Period March 2022 - October 2022

| Item # | Risk | Category | Likelihood | Impact | Risk Rating | | Mitigation | Lead | Report Dates |
|--------|--|--|------------|--------|-------------|-----------|--|--|--------------------------------|
| 13 | Extraordinary/Unplanned Costs to Maintain Facilities | Financial, Governance, Operational, Service Delivery | 4 | 4 | 16 | High Risk | 1. Complete a Two-year Budget Forecast 2. Coordinate completion of a new Facilities assessment (2025) 3. Explore replacement of end of life equipment with "right sized"/smaller equipment 4. Explore opportunities to share space/share facility costs | Finance Manager, Manager of Office Services | Progress report to BOH in 2023 |
| 14 | Availability of Skilled/Experienced Program Assistants | Human Resources, Knowledge, Service Delivery, Security, Public Perception | 5 | 4 | 20 | High Risk | 1. Set internal training standards/minimums (customer service as well as computer) 2. Build training completion into contracts 3. Mentor mandatory/scheduled training 4. Explore local community college placement opportunities 5. Explore separate category for "Receptionist" | Manager of Office Services, Manager of HR | Progress report to BOH in 2023 |

Board of Health Briefing Note

| | |
|-----------------------------------|--|
| To: | Hastings Prince Edward Board of Health |
| Prepared by: | Dr. Ethan Toumishey, Medical Officer of Health and CEO |
| Approved by: | NA |
| Date: | Wednesday, November 2, 2022 |
| Subject: | 2021-2022 Strategic Plan Progress Report and 2022-2023 Strategic Plan |
| Nature of Board Engagement | <input checked="" type="checkbox"/> For Information <input checked="" type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards |
| Action Required: | That the Board of Health review and approve each of the 2021-2022 Strategic Plan Progress Report and updated 2022-2023 Strategic Plan. |
| Background: | <p>In preparation of the Strategic Plan Progress Report and updated 2022-23 Strategic Plan Hastings Prince Edward Public Health (HPEPH) Champions group was reconvened.</p> <p>The Strategic priorities for recovery were considered in the preparation of the progress report and updated plan. It is recommended by the group to consider the strategic priorities reported and completed with the prepared documents.</p> <p>The decision was made to maintain the initial term for the current strategic plan (2019-2023). With the impending completion of the term of the current strategic plan, HPEPH will begin planning the next strategic plan in 2023 with planned completion in 2024.</p> |

Community Engagement

Schools

- ♦ Liaised with school board partners to ensure smooth transition to in-person learning in September 2021 and provided support for COVID-19 response including school-based COVID-19 immunization throughout the school year.

Municipalities

- ♦ Provided support for development of community safety and well-being plans in Quinte West and Prince Edward County.
- ♦ Liaised with municipalities, and other community partners including, Hastings Quinte Paramedic Services, local police services, and by-law enforcement related to COVID-19 response throughout the course of the pandemic.



Population Health Assessment and Surveillance

Improve data access, organization, management and storage

- ♦ Completed standard procedures and schedules for data collection and organization for numerous topic areas. Data collection, cleaning and analysis schedules for local opioid surveillance and mental health reporting are currently in development.
- ♦ Continuing data migration into the organizational data warehouse. Application of the internal framework for evaluating and improving the Hastings Prince Edward Public Health (HPEPH) COVID-19 emergency response system is ongoing. Evaluation of enforcement activities, assessment of partnerships with municipal decision makers, and evaluation of the Healthy Schools Program related to COVID-19 are complete. Surveying primary care practitioners regarding COVID-19 vaccine administration is underway using the planning cycle toolkit to improve on both efficiency and effectiveness in program delivery.
- ♦ Development of an organizational data source inventory is underway to reduce barriers associated with accessing and leveraging data for program planning and delivery.



Incorporate a health equity approach in the collection and analysis of data

- ♦ Implemented collection of sociodemographic data from COVID-19 vaccine recipients to facilitate health equity action as a foundational component of the vaccination strategy. Preliminary data analysis from Fall 2021 confirmed that targeted vaccination efforts to reach priority populations, including people experiencing homelessness, people living with serious mental illnesses, temporary foreign workers, and people living on a low income were effective. This affirmed our early action to support an equity approach to COVID-19 immunizations.
- ♦ Organizational guidelines for identifying priority populations with population health assessment and surveillance data is underway for consistent use of health equity data.

Focus on assessing, interpreting and using data products

- ♦ Development, application, and continual revision of surveillance of COVID-19. Created three (3) COVID-19 dashboards based on sensitivity of data and audience.

Enhance population health assessment and surveillance knowledge exchange.

- ♦ Continued participation in Community Data Consortium with key community partners.

- ♦ Public dashboards for diseases of public health significance and COVID-19 continue to be updated regularly with high-quality data.
- ♦ Began work with community partners to share opioid-related data and collaboratively develop an Opioid Monitoring Dashboard.
- ♦ Development of an information products catalogue is in progress to list existing and planned data products including a description, audience, vehicle of delivery, frequency of updates and relevant privacy information.

Program Standards

- Public health operational plans were refreshed for 2022 based on staffing capacity and with a focus on priority areas for recovery, catch up and ensuring capacity to meet essential programs and services.



Schools

- ♦ Created permanent public health nurse positions for school health to provide stability for program area.
- ♦ Launched public health clinics in Algonquin Lakeshore Catholic District School Board secondary schools with emphasis on vaping cessation.
- ♦ Updated Mental Health and Substance Use procedure in school clinics to include universal screening for substance use.
- ♦ Developed and promoted video resource to support parent engagement in child transition to kindergarten with a focus on child mental health in partnership with school boards and KFL&A Public Health.

Health Equity and Quality Assurance

- ♦ The Planning Cycle supports a health equity approach in operational planning. Use of the Planning Cycle also ensures quality assurance within programs and services.
- ♦ Continued collaboration with external partners to support health equity among priority populations in our community through organizations such as Bridge Street United Church and through municipal community safety and well-being plans.

Policy Advocacy Framework

- ♦ Developed and promoted inaugural municipal election primer for HPE with focus on priority topics of mental health, opioids, alcohol and poverty.

Healthy Environments

- ♦ Virtual rabies investigations, isolations and releases implemented resulting in efficiencies in financial savings, decreased safety concerns, increased client satisfaction, and use of staff time.
- ♦ Continuation of phone support for smoking cessation clinics.

Clinical Services

- ♦ Review and reorientation of Sexual Health programs and services.
- ♦ Ongoing COVID -19 response with dedicated CCM manager extended until December 2023.
- ♦ Finalized the Immunization Manager as a permanent position and recruited a dedicated Oral Health Manager.

Health Promotion

- Finalized indicators for health protection standards review to assist with prioritization.
- Held joint operational planning workshops with Healthy Families and Healthy Communities for 2022 and 2023 operational plan development.





**Strategic Priorities for Recovery Planning
OCTOBER, 2021- DECEMBER, 2023**

PRIORITY ONE

To identify a framework and implementation plan for the prioritization and recovery of programs and services throughout Hastings & Prince Edward Counties.

Objectives:

- Continue with critical service delivery and COVID-19 activities as required
- Clearly identify program priorities for recovery and reopening of services with focus on flexibility and responsiveness and prioritization of Ministry of Health program standards
- Begin transition of immunization efforts to community channels (primary health care, pharmacies, etc.)
- Ensure effective planning and change management in opening of all programs and services
- Ensure health inequities and hard to reach populations are considered in all aspects of recovery planning
- Continue to develop strong community partnerships to leverage and improve public health outcomes; explore opportunities for system integration

PRIORITY TWO

To develop a comprehensive human resources strategy that focuses on the optimal use of resources and staff development and training.

Objectives:

Talent Management

- Create a succession plan with emphasis on senior level roles to address retirements and ensure smooth transitions
- Review compensation package for non-union staff to ensure an appropriate and competitive financial package
- Appoint HR staff to be trained and implement plans for Diversity, Equity and Inclusion

Training and Development

- Identify and implement leadership development training needs
- Identify and implement program specific training to address recovery priorities and community needs
- Ensure human resources related policies and procedures reflect current and optimal practices

- Review organizational training needs with focus on compliance, risk management and information technology
- Continue to invest in staff development and training with a focus on evidence-based practices and outcome measurement

Performance Management

- Review and assess current performance management system with goal of moving to an improved contemporary performance management system

PRIORITY THREE

To continue to review allocation of organizational resources to optimize financial and human resources.

Objectives:

Innovative Service Delivery

- Embrace changes from COVID experience to offer innovative service offerings
- Continue to strengthen relationships with partners, school boards, municipalities and businesses to leverage resources
- Explore increased collaboration with other public health units and Ontario Health Team to eliminate duplications and maximize service delivery
- Identify and implement process improvements

Financial Sustainability

- Review HPEPH budget approval process and reserve policy and procedures
- Advocate for increased investment in public health
- Continue to evaluate branch office/service hub models
- Ensure finance related policies and procedures reflect current and optimal practices
- Develop and implement internal audit process for increased financial oversight and accountability

PRIORITY FOUR

To develop a comprehensive information technology strategy to ensure that the IT infrastructure meets program delivery needs and work demands.

Objectives:

Infrastructure Sustainability

- Continue to provide industry leading infrastructure for server and virtual desktop infrastructure (VDI)
- Develop equipment replacement policy to address implications of potential post-pandemic “remote work” requests

- Explore increased use of cloud infrastructure, Microsoft email and collaboration products and virtual platforms to meet post-pandemic organizational needs
- Review financing options for future acquisitions (leasing vs purchase) to ensure sustainable long-term asset model

Computer/Cyber Security

- Enhance cyber security with industry leading technical safeguards
- Review and enhance data management and patching strategies
- Implement third party security audit process to meet cyber insurance requirements
- Enhance orientation and training for staff

Computer applications

- Continue to evaluate application portfolio to align with staff requirements and security provisions
- Consolidate clinical applications where practical
- Replace paper driven workflows to electronic based on organizational priorities
- Ensure information technology related policies and procedures reflect current and optimal practices

PRIORITY FIVE

To review internal and external communication needs and foundational standards considerations to meet staff and community priorities.

Objectives:

Internal Communications

- Enhance internal communication tools to support employee engagement including implementation of organizational intranet
- Ensure communication related policies and procedures reflect current and optimal practices

External Communications

- Capitalize on the increased digital engagement during the pandemic by reviewing achievements and analytics and updating the website and social media strategy
- Develop a communications plan to guide stakeholder and public relations throughout the reopening and recovery of programs and services in HPEPH
- Reorient stakeholder bulletins to support program and recovery needs and increase

Recovery Planning

- Coordinate the development of a comprehensive contact management system
- Prioritize the advancement of the Population Health and Surveillance Strategy and updated population health assessment to support recovery planning
- Encourage staff to complete the online Planning Cycle training modules
- Continue to enhance knowledge and awareness of health equity and health equity assessment tools and related local health inequities and opportunities; revise Health Equity Strategy as required
- Continue to increase awareness of the role of public health; revise HPEPH Community Engagement Action Plan as required

Healthy Communities, Healthy People.

2022 - 2023 Strategic Plan

2022-2023 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

We work together as a team with our communities, colleagues and clients to build effective partnerships.



Advocacy

We are a voice to influence public policy and take action to improve health.



Respect

We treat others with dignity, respect and integrity.



Excellence

We strive for excellence through effective public health practice and promote a culture of innovation and learning.

Our Strategic Priorities



COMMUNITY ENGAGEMENT

We will be a collaborative partner within our communities to protect and optimize the health of our citizens.

TO ACHIEVE THIS WE WILL

- Facilitate community involvement.
- Nurture meaningful relationships that lead to successful partnerships and outcomes.
- Increase awareness of the role of public health and our programs and services.
- Be a resource and partner to our local health care providers.
- Serve as a voice of advocacy to champion the best possible health for all.



STAFF ENGAGEMENT AND CULTURE

We will build a culture of engagement, inclusiveness and open communications.

TO ACHIEVE THIS WE WILL

- Invest in the training and development of our staff to cultivate a skilled, diverse and responsive workforce.
- Foster an engaging work environment of collaboration, respect and accountability.
- Enhance our internal communications strategy and increase opportunities for employee feedback.
- Identify and adopt initiatives to improve physical and mental well-being in the workplace.
- Consider opportunities to increase diversity across our workforce.



PROGRAM STANDARDS

We will implement the new program and organizational standards using a coordinated and accountable approach.

TO ACHIEVE THIS WE WILL

- Focus on continuous quality improvement for our programs and services.
- Establish processes to improve efficiencies and long-term sustainability.
- Optimize the allocation of resources.



Our Strategic Priorities



POPULATION HEALTH ASSESSMENT AND SURVEILLANCE

We will develop the organizational capacity needed for population health assessment, surveillance and evaluation.

TO ACHIEVE THIS WE WILL

- Ensure population health issues are identified, reported and addressed.
- Continually review and evaluate our programs and services.
- Make evidence-informed decisions to ensure effective public health practice.



HEALTH PROMOTION

We will develop a comprehensive health promotion approach to address local health issues.


TO ACHIEVE THIS WE WILL


- Continue to identify local health and well-being priorities.
- Focus our health promotion efforts to ensure the greatest impact in our communities.




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 Hastings Prince Edward Public Health

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HASTINGS PRINCE EDWARD **Public Health**

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

Board of Health Briefing Note

| | |
|-----------------------------------|--|
| To: | Hastings Prince Edward Board of Health |
| Prepared by: | Catherine Lovell, Executive Assistant |
| Approved by: | Dr. Ethan Toumishey, Medical Officer of Health and CEO |
| Date: | Wednesday, November 2, 2022 |
| Subject: | Board of Health Self-Evaluation Survey Summary of Results |
| Nature of Board Engagement | <input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards |
| Action Required: | THAT the Board of Health review and approve receipt of the Self-Evaluation Summary Report. |
| Background: | <p><i>As part of the Board of Health Governance Package 2022, the Board of Health Self-Evaluation Process policy states: that the Board shall complete an internal evaluation of its governance practices every two years; and the evaluation results will be reviewed by the Board and a list of recommendations for improvement in Board effectiveness will be developed as required.</i></p> <p>The survey was emailed out to Board members on June 21, 2022 and were given until August 31, 2022 to complete it. The survey was completed by all 10 members of the Board.</p> <p>Some feedback of note:</p> <ol style="list-style-type: none"> 1. Regular updates on programs and services are important to the Board. 2. Management to continue to share information with the Board in a timely manner. 3. It is important for Board members to attend meetings. 4. Keep the orientation binder as a physical entity rather than electronic. 5. Apply the agency's core values to strategic priorities to enable and sustain consistency across each area. 6. There seems to be continued confusion between what public health does and what other community partners do, such as QHC. |



Board of Health

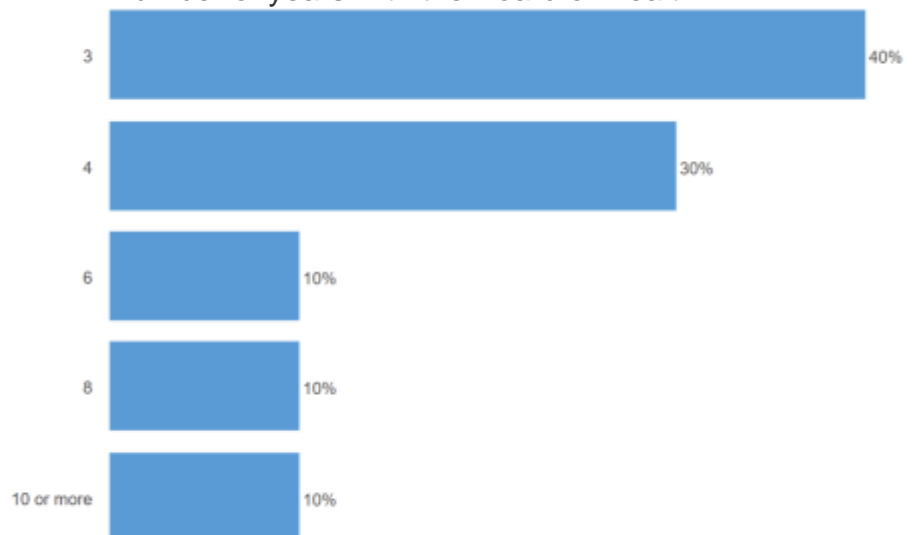
2022 Self-Evaluation Survey

Summary of Results

Respondents



Number of years with the Board of Health





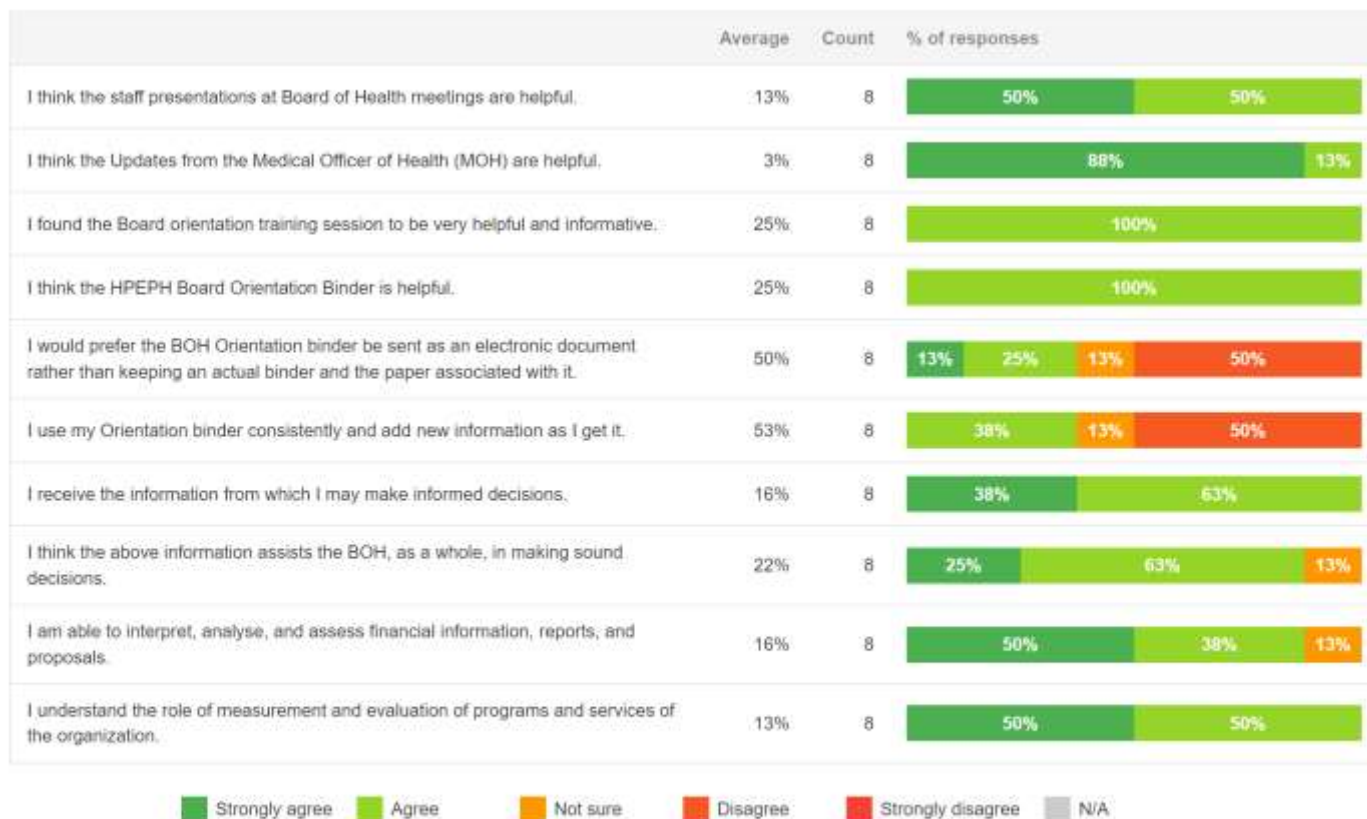
N 8

What suggestions would you make to clarify the roles and responsibilities of BOH members?

| |
|---|
| What suggestions would you make to clarify the roles and responsibilities of BOH members? |
| No suggestions at this time. |
| None |
| Regular updates on programs and services especially in schools |
| Re: budget, there appears to be a disconnect between timely communication from the Province, and what HPEPH has to work with. |

N 4

2. BOARD OF HEALTH INFORMATION SHARING AND RESOURCES



N 8

What suggestions might you have to improve the process of information sharing?

What suggestions might you have to improve the process of information sharing?

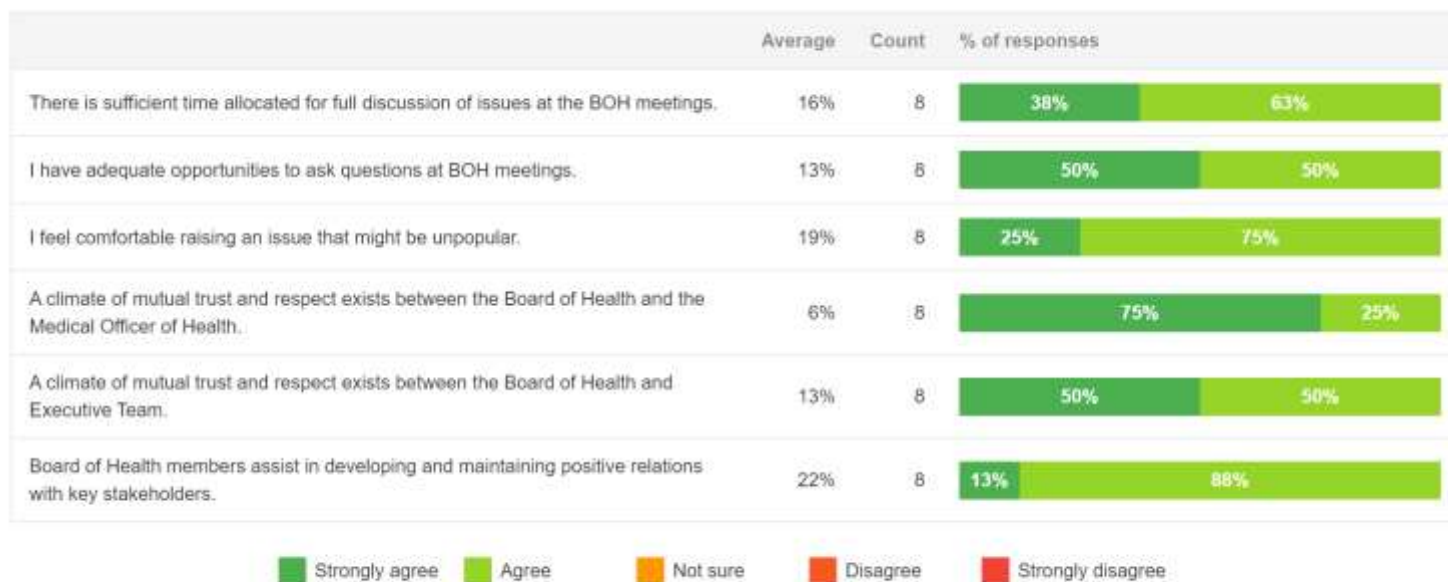
Accessing a Board portal for documents and information is desirable.

None

The information sharing is good. As vice chair we meet with MOH prior to meetings. Very helpful.

N 3

3. BOARD RELATIONS



N 8

Are there any areas for improvement in Board of Health relations?

Are there any areas for improvement in Board of Health relations?

| Are there any areas for improvement in Board of Health relations? |
|--|
| No suggestions at this time. |
| No |
| Members need to advise of attendance at meetings to ensure quorum. |

N 3

4. BOARD OF HEALTH PLANNING AND PRIORITIES

| | Average | Count | % of responses | |
|---|---------|-------|----------------|-----|
| I am familiar with the Board of Health's annual priorities and responsibilities. | 19% | 8 | 25% | 75% |
| I am familiar with the organization's Strategic Plan. | 19% | 8 | 25% | 75% |
| I am familiar with the organization's annual budget planning process. | 16% | 8 | 38% | 63% |
| I am clear of my role within the annual budget planning process. | 19% | 8 | 25% | 75% |
| I have a good understanding of how the organization spends its financial resources. | 25% | 8 | 25% | 75% |

■ Strongly agree
 ■ Agree
 ■ Not sure
 ■ Disagree
 ■ Strongly disagree

N 8

Do you have any other comments or suggestions that will help the Board of Health increase its effectiveness?

Do you have any other comments or suggestions that will help the Board of Health increase its effectiveness?

| |
|--|
| Do you have any other comments or suggestions that will help the Board of Health increase its effectiveness? |
| No suggestions at this time. |
| No |
| Possibly shared services re modernization |

N 3

5. ORGANIZATION MISSION, VALUES AND STRATEGIC PLAN

| | Average | Count | % of responses | |
|--|---------|-------|----------------|---------|
| I know the organization's vision and understand my role in ensuring this vision is realized. | 19% | 8 | 25% | 75% |
| I know the organization's mission and understand my role in ensuring this mission is realized. | 19% | 8 | 25% | 75% |
| I know the four values of the organization. | 25% | 8 | 25% | 63% 13% |
| I feel the Board of Health exemplifies the four values of the organization. | 16% | 8 | 38% | 63% |
| I know the organization's five strategic priorities. | 22% | 8 | 13% | 88% |
| I have a clear understanding of how the organization is going to achieve the five strategic priorities. | 22% | 8 | 13% | 88% |
| I have a clear understanding of how the organization measures success. | 25% | 8 | 100% | |
| I am confident the organization identifies areas of improvement and continually works to make improvements. | 19% | 8 | 25% | 75% |
| I enjoy being on the Board of Health, and feel I have had the opportunity and skills to contribute to the success of the organization. | 13% | 8 | 50% | 50% |

Strongly agree
Agree
Not sure
Disagree
Strongly disagree

N 8

Achieving our Strategic Plan is vitally important to the organization. How can we improve this process?

| |
|---|
| Achieving our Strategic Plan is vitally important to the organization. How can we improve this process? |
| Continue to apply the CARE values to the strategic priorities to enable and sustain consistency across each area. |
| I think that it functions very well as it is currently. |
| Retaining qualified staff |

N 3

6. COMMUNITY ENGAGEMENT



N 8

Are there any areas of improvement for the organization to engage with our communities and key stakeholders?

Are there any areas of improvement for the organization to engage with our communities and key stakeholders?

Nothing specific comes to mind.

No

Resources are limited both human and financial. Physical presence if more resources were available.

Re: first question. There is confusion within the community between this board and the hospital board. Community engagement was great during the vaccine roll-out.

N 4

Throughout the COVID-19 pandemic the organization worked well with community partners to protect the residents in our communities.



Is there anything you think the organization could do better if there is another pandemic?

Is there anything you think the organization could do better if there is another pandemic?

Integrate the lessons learned into new or existing policies and procedures.

There should be a robust and frequently updated supply of PPE and other necessary supplies. These were woefully and incredibly unavailable at the onset of the SARS-CoV-2 pandemic.

Lessons learned Implemented.

N 3

7. PERSONAL COMPETENCIES

| | Average | Count | % of responses | |
|--|---------|-------|----------------|------------|
| I know why I am investing my time on the Board of Health. | 6% | 8 | 75% | 25% |
| I am aware of what skills I bring to the Board of Health and utilize them effectively. | 9% | 8 | 63% | 38% |
| I feel the Board of Health works as a team. | 16% | 8 | 38% | 63% |
| I feel comfortable asking questions when I don't fully understand an issue. | 13% | 8 | 50% | 50% |
| I am able to identify my personal training needs for the role of a Board of Health member. | 22% | 8 | 25% | 63% 13% |
| I support the programs and services of the organization in a meaningful way. | 9% | 8 | 63% | 38% |

■ Strongly agree
 ■ Agree
 ■ Not sure
 ■ Disagree
 ■ Strongly disagree

N 8

Keeping in mind your answer to the above question, how do you provide this support to the programs and services?

| |
|--|
| Keeping in mind your answer to the above question, how do you provide this support to the programs and services? |
| By sharing information about the programs and services in the community. |
| No change. |
| Human Resources experience and municipal leadership |
| Communicating with stakeholders and getting feedback |

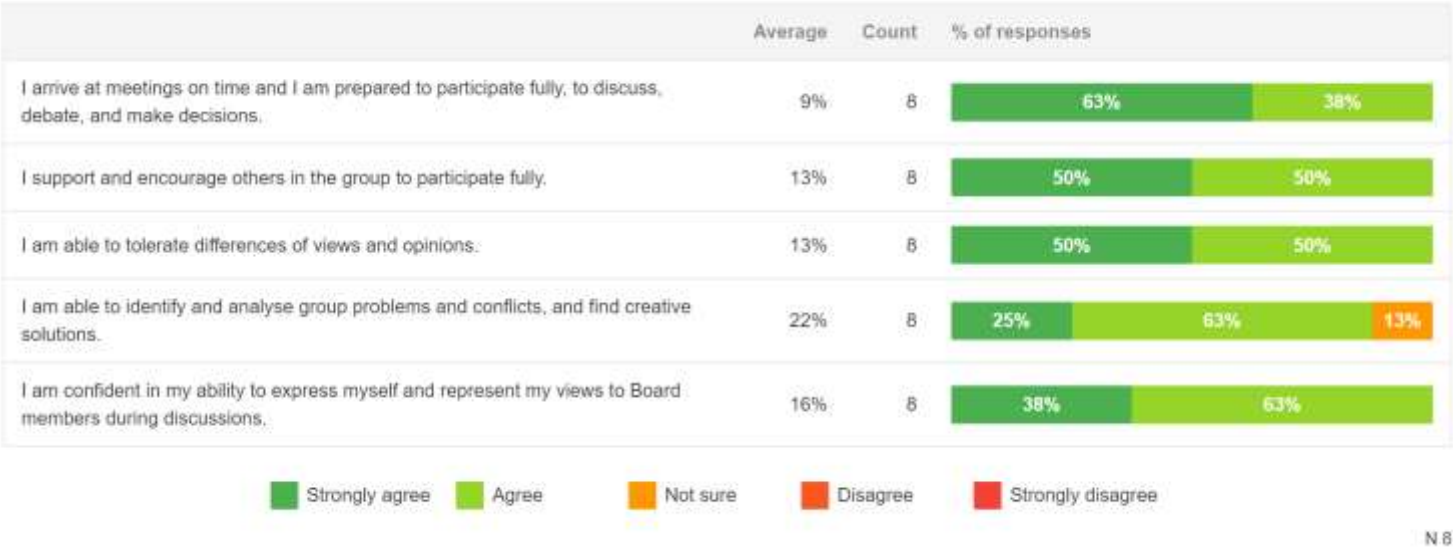
N 4

I enjoy being on the Board of Health, and feel I have had the opportunity and skills to contribute to the success of the organization.



■ Strongly agree
 ■ Agree
 ■ Not sure
 ■ Disagree
 ■ Strongly disagree

N 8



Improvements I would like to suggest for the Board of Health.



Improvements I would like to suggest for the organization.



Board of Health Briefing Note

| | |
|-----------------------------------|---|
| To: | Hastings Prince Edward Board of Health |
| Prepared by: | Jeremy Owens, Public Health Nurse; Rachel Wong, Foundational Standards Specialist and Stephanie McFaul, Program Manager |
| Approved by: | Shelly Brown, Director of Community Programs |
| Date: | Wednesday November 2, 2022 |
| Subject: | Harm Reduction and Decriminalization |
| Nature of Board Engagement | <input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards |
| Action Required: | THAT the Board of Health approve submission of the attached letter to the federal Minister of Health requesting the federal government decriminalize the possession of all drugs for personal use as part of a comprehensive drug strategy. |
| Background: | <p>The Controlled Drugs and Substances Act (CDSA) administered by Health Canada, prohibits the possession, distribution, and sale of certain drugs without authorization. These drug laws have significant health, social, and economic harms on individuals who use drugs.</p> <p>Statistics on the harms related to the criminalization of drug use within the Counties of Hastings and Prince Edward (HPEC) include the following:</p> <ul style="list-style-type: none"> • Last year in 2021, over 40 people died in suspected drug-related deaths in HPE.¹ • The majority (68%, n=28) of drug-related deaths last year (2021) have involved opioids.² • Over the past 7 years from 2014 to 2021, the rate of opioid-related Emergency Department (ED) visits has increased by 251% (rate per 100,000 in 2014 was 32.4 and 113.8 in 2021).² • Over the past 7 years from 2014 to 2021, the rate of opioid-related deaths has increased by 293% (rate per 100,000 in 2014 was 4.3 and 16.9 in 2021).² <p>Evidence suggests that policies intended to prohibit drug use contribute directly and indirectly to risks for deaths due to overdose or drug toxicity.^{3, 4}</p> <p>Decriminalization as part of a greater harm reduction strategy may improve social and health outcomes for residents who use drugs, both across the country and within HPEC.</p> <p>Therefore, the Board of Health (BOH) has a role to:</p> <ul style="list-style-type: none"> • Advocate to the federal government to decriminalize the possession of all drugs for personal use as part of a comprehensive drug strategy • Support the re-invigoration of the local Harm Reduction Alliance to bring community partners together to work collaboratively around strategies to decrease the harms associated with drug use |

| | |
|---------------------|--|
| | |
| Reviewed By: | Dr. Ethan Toumishey, Medical Officer of Health and CEO |

References:

1. Suspect drug-related deaths: Office of the Chief Coroner for Ontario [2019-2022 data], Monthly Suspect Drug-related Deaths Summary Table, data effective Oct 7, 2022. [cited 2022 Oct 20].
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive opioid tool [Internet]. [Downloaded 2022 Oct 7]. Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>.
3. Csete J, Kamarulzaman A, Kazatchkine M, Altice F, Balicki M, Buxton J, et al. Public health and international drug policy. Lancet. 2016 Apr 2;387(10026):1427-80. Available from: [https://doi.org/10.1016/S0140-6736\(16\)00619-X](https://doi.org/10.1016/S0140-6736(16)00619-X)
4. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Scan of evidence and jurisdictional approaches to the decriminalization of drugs. Toronto, ON: King's Printer for Ontario; 2022. [Available here](#).



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November 2, 2022

The Honourable Jean-Yves Duclos
 Minister of Health
 House of Commons
 Ottawa, ON K1A 0A6

Via email: jean-yves.duclos@parl.gc.ca

Dear Minister Duclos:

Re: Decriminalization of Personal Possession of Illicit Drugs

On November 2, 2022 the Hastings Prince Edward Board of Health received a report from staff regarding substance use and the associated harms. This report outlined the alarming increase in drug-related deaths both locally and across the country. The report highlighted harms of current Canadian drug policies on people who use drugs, including how current drug laws contribute to the occurrence of organized crime and illegal, unregulated drug markets. These unregulated markets lead to community violence and result in toxic drug supplies, which is driving the current opioid crisis. The current laws also criminalize and further stigmatize people with addictions, disincentivizing them to seek out supports and treatment. It is recognized that decriminalization is a critical component of a larger comprehensive strategy to improve the health and social services that are available to people who use drugs.

Hastings Prince Edward Board of Health calls on the federal government to put forward a Canada-wide exemption for the decriminalization of drugs for personal use (similar to that of British Columbia) and to increase the amount of support and resources needed to scale-up prevention, harm reduction, and mental health and addictions treatment services in all regions of Canada.

Hastings Prince Edward Public Health thanks you for your consideration.

Sincerely yours,

Jo-Anne Albert
 Hastings Prince Edward Board Chair

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cc Sylvia Jones, Deputy Minister and Minister of Health, Ontario
Doug Ford, Premier of Ontario
John Fraser, Ontario Liberal Party
Peter Tabuns, Ontario New Democratic Party
Dr. Keiran Moore, Chief Medical of Health for Ontario
Shelby Kramp-Neuman, MP Hastings-Lennox and Addington
Ryan Williams, MP Bay of Quinte
Todd Smith, MPP Bay of Quinte
Ric Bresee, MPP Hastings-Lennox and Addington



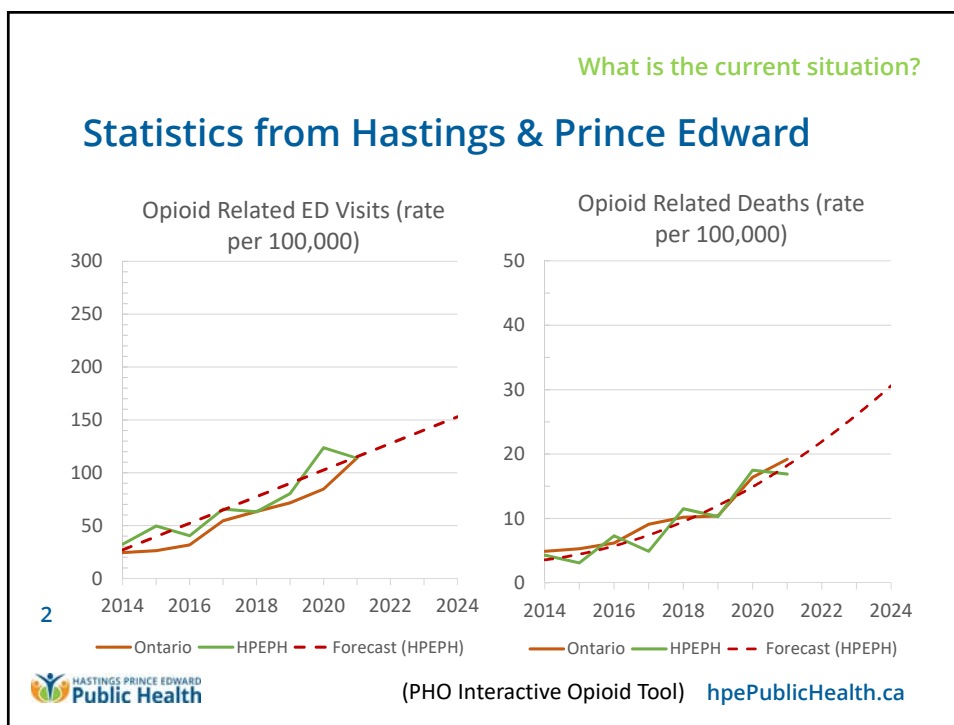
**HASTINGS PRINCE EDWARD
Public Health**

Harm Reduction and Decriminalization

Board of Health
November 2, 2022

Jeremy Owens – Public Health Nurse
Stephanie McFaul – Clinical Services Manager

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What's the current situation?

Canadian Drug Laws

The Controlled Drugs and Substances Act (CDSA) administered by Health Canada, prohibits the possession, distribution, and sale of certain drugs without authorization.

Results of these drug laws include:

- Organized Crime & Illegal, Unregulated Markets
- A toxic drug supply
- Criminalization
- 3 • Community Violence

(Canadian Drug Policy Coalition, 2022)



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What are the health impacts of drug use and drug policy laws?

Health Consequences

| | | |
|---|-------------------------------|---|
| 4 | Individual | <ul style="list-style-type: none"> • Death • Exposure to and acquisition of infectious diseases (e.g. hepatitis C, HIV) • Sexually Transmitted Infections and/or unplanned pregnancy • Poor oral health • Poor mental health • Injury/victimization |
| | Inter-personal | <ul style="list-style-type: none"> • Relationships |
| | Social Determinants of Health | <ul style="list-style-type: none"> • Unstable housing and homelessness • Financial insecurity and poverty • Social exclusion |



(Bergeron et al., 2019) hpePublicHealth.ca

What is decriminalization?

Decriminalization

“Decriminalization is only one part of the strategy. It’s not fair to say that it was just decriminalization that led us to the results we have today... in my view, it’s the result of the complete strategy.”

- Dr. João Goulão, Portugal’s National Drug Coordinator and the Chief Architect of their Drug Decriminalization Policy

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Does decriminalization work?

Decriminalization – Evidence from Portugal

There was a **reduction** in new diagnoses of HIV among people who use drugs from 2000 to 2013

There was a **reduction** in overdose deaths from 2000 to 2016

There was a **reduction** in the number of criminal drug offences from 2000 to after decriminalization

91%

91%

60%

6



(Eastwood, Fox, and Rosmarin, 2016; EMCDDA, 2019) hpePublicHealth.ca

What is harm reduction?

Harm Reduction

Harm reduction is an approach to prevent, reduce and mitigate the harms of substance use for individuals and communities.

| | |
|------------------|---|
| Individual | <ul style="list-style-type: none"> • Addressing Trauma/Mental Health • Crisis Intervention |
| Community | <ul style="list-style-type: none"> • System navigators • Availability of Safe Consumption Sites • Availability of Opioid Substitution Programs (ie. Methadone/Suboxone Clinics) • Provision of safer drug use supplies, naloxone and education (e.g. clean needles) |
| Systems/Policies | <ul style="list-style-type: none"> • Decriminalization • Eliminating zoning policies that prevent services from operating where people need them • Adopting a “nothing about us without us” philosophy |

7

(Ball, 2007) [hpePublicHealth.ca](https://hpepublichealth.ca)

What is Harm Reduction?

Harm Reduction - Evidence

- Decrease in HIV and Hepatitis infections
- Reduces overdose deaths
- Reduces the sharing of drug use supplies
- Reduces crime
- Connects people to education resources related to health and social services
- Increases employment among people who use substances
- Increases referrals to health care, including treatment programs

8

(British Columbia Centre for Disease Control, n.d.; Ontario Public Health, 2022) [hpePublicHealth.ca](https://hpepublichealth.ca)

Summary of Recommendations

- BOH approve submission of the attached letter requesting the federal government decriminalize the possession of all drugs for personal use as part of a comprehensive drug strategy
- Support the re-vitalization of the local Harm Reduction Alliance to bring community partners together to work collaboratively around strategies to decrease the harms associated with drug use

9

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References

Ball AL. HIV, injecting drug use and harm reduction: a public health response. *Addiction*. 2007; 102(5):684-690.

Bergeron V, Cheyne B, Schultz K, Vance S, DeWit Y, Montgomery V, Reeve C, Ronan J, Sebastian S, & Verch J. The Impact of Opioids and Other Drugs in Hastings and Prince Edward Counties: A Situational Assessment. Belleville, ON: Hastings Prince Edward Public Health; 2019.

Canadian Drug Policy Coalition. Case for Reform [Internet]. Burnaby, BC: Canadian Drug Policy Coalition; 2022 [cited 2022 Oct 21]. [Available here](#).

Eastwood N, Fox E, Rosmarin A. A quiet revolution: decriminalisation across the globe [Internet]. London, UK: Release Legal Emergency & Drugs Services Ltd; 2016 [cited 2022 Oct 14]. [Available here](#).

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Ontario Agency for Health Protection and Promotion (Public Health Ontario). Scan of evidence and jurisdictional approaches to safer supply. Toronto, ON: King's Printer for Ontario; 2022. [Available here](#).

European Monitoring Centre for Drugs and Drug Addiction. Portugal Country Drug Report 2019. Lisbon, PT: European Monitoring Centre for Drugs and Drug Addiction; 2019 [cited 2022 Oct 20]. [Available here](#).

- 10 British Columbia Centre for Disease Control. Do Harm Reduction Efforts Save Lives in B.C.? [Internet] Vancouver, BC; [cited 2022 Oct 21]. [Available here](#)

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**Listing of Information Items
Board of Health Meeting – November 2, 2022**

1. Peterborough Public Health - Letter to Sylvia Jones, Monte McNaughton and Victor Fedeli re Niagara Region Public Health - Paid Sick Leave dated October 4, 2022
2. Peterborough Public Health - Letter to Sylvia Jones re AMO submission - strengthening public health in Ontario: now and for the future dated October 4, 2022
3. Timiskaming Health Unit - Letter to Merrilee Fullerton re funding for the Healthy Babies, Healthy Children Program dated October 7, 2022
4. Ontario Nurses' Association - Letter re 50th Anniversary Celebration

The above information items can be found on the Hastings Prince Edward Public Health's website through the link in the Agenda Package or by going to our website at hpePublicHealth.ca.