



# **BOARD OF HEALTH MEETING**

**Wednesday, September 6, 2023**

**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 to

[clovell@hpeph.ca](mailto: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, September 6, 2023

9:30 to 11:30 a.m.

**In-Person Meeting**

**1. CALL TO ORDER**

**2. LAND ACKNOWLEDGMENT** (Board Chair to speak full version)

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

**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 as it relates to Section 239(2) of the Municipal Act, and more specifically,

(d) *labour relations or employee negotiations.*

**6. MOTIONS ARISING FROM CLOSED SESSION**

**7. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING**

7.1 Meeting Minutes of Wednesday, June 7, 2023

[Schedule 7.1](#)

**8. BUSINESS ARISING FROM THE MINUTES**

**9. DEPUTATIONS** - None

**10. COMMITTEE REPORTS** - None

**11. REPORT OF THE MEDICAL OFFICER OF HEALTH**

[Schedule 11.0](#)

**12. STAFF REPORTS**

12.1 Canada's Guidance on Alcohol and Health

[Schedule 12.1](#)

12.2 Violence Prevention Evidence Review

[Schedule 12.2](#)

12.3 Emerging Tick Vector-borne Diseases

[Schedule 12.3](#)

**13. CORRESPONDENCE AND COMMUNICATIONS** - None

**14. NEW BUSINESS**

**15. INFORMATION ITEMS** (Available for viewing online at [hpePublicHealth.ca](http://hpePublicHealth.ca))

[Schedule 15.0](#)

**16. DATE OF NEXT MEETING** – Wednesday, October 4, 2023 at 9:30 a.m.

**17. ADJOURNMENT**



## **BOARD OF HEALTH MEETING MINUTES**

Wednesday, June 7, 2023

Hastings Prince Edward Public Health (HPEPH)

**Present:** Ms. Jan O'Neill, Mayor, Municipality of Marmora & Lake, County of Hastings, Chair  
Dr. Jeffrey Allin, Provincial Representative  
Ms. Kimberly Carson, Mayor, Limerick Township, Hastings County  
Mr. John Hirsch, Councillor, Prince Edward County  
Mr. Sean Kelly, Councillor, City of Belleville  
Mr. Michael Kotsovos, Councillor, City of Quinte West, Vice Chair  
Mr. David McCue, Councillor, City of Quinte West  
Mr. Garnet Thompson, Councillor, City of Belleville

**Regrets:** Ms. Kate MacNaughton, Councillor, Prince Edward County  
Dr. Craig Ervine, Provincial Representative

**Also Present:** Dr. Ian Gemmill, Acting Medical Officer of Health and CEO  
Mr. David Johnston, Director of Corporate Services  
Ms. Nancy McGeachy, Director of Clinical Programs  
Ms. Shelly Brown, Director of Community Programs  
Ms. Catherine Lovell, Executive Assistant

### **1. CALL TO ORDER**

Chair O'Neill called the meeting to order at 9:31 a.m.

### **2. LAND ACKNOWLEDGMENT** - Spoken by Chair O'Neill

### **3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**

There was no disclosure of pecuniary interest.

### **4. APPROVAL OF THE AGENDA**

THAT the agenda for the Board of Health (Board) meeting on Wednesday, June 7, 2023 be approved as circulated.

#### **MOTION:**

Moved by: David

Seconded by: Kim

CARRIED

**5. CLOSED SESSION**

THAT the Board convene in closed session for the purpose of a discussion as it relates to Section 239 (2) of the Municipal Act, and more specifically,

- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (d) labour relations or employee negotiations; and

**MOTION:**

Moved by: Kim

Seconded by: Sean

CARRIED

**6. MOTIONS ARISING FROM CLOSED SESSION**

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

**MOTION:**

Moved by: Sean

Seconded by: David

CARRIED

**7. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING - May 3, 2023**

THAT the minutes of the regular meeting of the Board held on May 3, 2023 be approved as circulated.

**MOTION:**

Moved by: David

Seconded by: Kim

CARRIED

**8. BUSINESS ARISING FROM MINUTES - None****9. DEPUTATIONS – None****10. COMMITTEE REPORTS - Governance Committee**

10.1.1 Risk Management Progress Report

10.1.2 Update for Strategic Planning 2024

10.1.3 Board Deputations Policy and Procedure

THAT the Board receive and approve the Risk Management Progress Report as circulated.

**MOTION**

Moved by: Kim

Seconded by: Jeff

CARRIED

THAT the Board receive the 2024 Strategic Planning Report as circulated.

**MOTION**

Moved by: David

Seconded by: Michael

CARRIED

THAT the Board approve the Deputation Requests Policy and Procedures as circulated.

**MOTION**

Moved by: Michael

Seconded by: David

CARRIED

## 11. REPORT OF THE MEDICAL OFFICER OF HEALTH

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

**MOTION**

Moved by: Jeff

Seconded by: Kim

CARRIED

- ♦ Air Quality has become a public concern as smoke moves to the area from the forest fires in Northern Ontario and Quebec.
- ♦ Dr. Gemmill has been in discussions with other MOH's across eastern Ontario to co-ordinate consistent messaging and approach to the air quality problem.
- ♦ Dr. Gemmill advised it is best to use the tools from the Ministry of Environment as air quality will vary, depending on wind direction, and location and time. Advice may include recommendations such as to stay indoors unless you need to go out, and that athletes should work out inside. Reduce potential exposure as much as possible, especially for the vulnerable, namely the elderly, the very young and the medically compromised. Some school boards may move outdoor activities indoors as well as have indoor recesses.
- ♦ Suggesting that school boards and those having outdoor events check the Air Quality Index and make decisions from that source. Dr. Gemmill noted that it is not the role of public health to tell agencies to cancel events. A question of masking was raised, to which Dr. Gemmill noted that surgical masks will not work but that N95 masks, meant to filter out particulate matter, would be best to protect against smoke.
- ♦ Dr. Gemmill reviewed the topics contained in the briefing note. Further discussion followed.

## 12. STAFF REPORTS

12.1 2022 Annual Report

12.2 Health Promotion Topics - Prioritization Exercise

12.3 Health Equity Review

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

**MOTION**

Moved by: David

Seconded by: Kim

CARRIED

Chair O'Neill thanked staff for their work in putting together these presentations.

**12.2 Health Promotion Priorities** – *Emily Tubbs, Manager, Communications and Foundational Standards*

- ♦ Health promotion is the process of implementing a range of social and environmental interventions that enable people and communities to increase control over and to improve their health.
- ♦ This is an essential process as all Ontario Public Health Standards (OPHS) indicate public health agencies should be developing programs based on local need.
- ♦ Emily presented a graph showing indicators by topic. Of the 13 shown, only safe water and healthy growth and development are faring better in the HPEPH region than the provincial average.
- ♦ HPEPH will continue to adjust programs and services to allocate appropriate health promotion resources in priority areas.
- ♦ Further discussion ensued.

**12.3 Health Equity Overview** – *Victoria Law, Social Determinants of Health Public Health Nurse*

Victoria discussed the requirements of the Ontario Public Health Standards for health equity.

- ♦ Requirement 1 - Assess and report on the health of local populations
- ♦ Requirement 2 - Modify and orient public health interventions to decrease health inequities
- ♦ Requirement 3 - Engage in multi-sectoral collaboration with municipalities, OHTs and other relevant stakeholders in decreasing health inequities
- ♦ Requirement 4 - Lead, support and participate with other stakeholders in health equity analysis, policy development, and advancing healthy public policies that decrease health inequities
- ♦ Health equity is important to the work of public health: prioritizing and targeting certain programs to populations who stand to benefit the most.
- ♦ There was further discussion after Victoria's report.

**13. CORRESPONDENCE AND COMMUNICATIONS** - None

## 14. NEW BUSINESS

### 14.1 *Response to Councillor Hirsch*

THAT the Board receive the report regarding Councillor Hirsch's request as distributed.

#### **MOTION**

Moved by: John

Seconded by: Kim

CARRIED

Councillor Hirsch thanked those involved for the detailed report. There was further discussion about the Nurse-Family Partnership and Healthy Babies Healthy Children.

### 14.2 *Workplace Violence & Harassment Policy Statement*

THAT the Board of Health endorse and approve the updated Workplace Violence & Harassment Policy Statement as circulated.

#### **MOTION**

Moved by: David

Seconded by: Sean

CARRIED

## 15. INFORMATION ITEMS

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

#### **MOTION**

Moved by: Garnet

Seconded by: Jeff

CARRIED

Chair O'Neill drew the Board's attention to the items listed within the agenda and found on the [Public Health website](#).

## 16. DATE OF NEXT MEETING – Wednesday, September 6, 2023

## 17. ADJOURNMENT

THAT this meeting of the Board be adjourned at 10:56 a.m.

#### **MOTION:**

Moved by: Kim

Seconded by: Michael

CARRIED

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Jan O'Neill, Chair



## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Date:</b>	Wednesday, September 6, 2023
<b>Subject:</b>	<b>Report from the Medical Officer of Health</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <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
<b>Action Required:</b>	No action required
<b>Updates:</b>	<p><b><i>Nursing Strike</i></b></p> <ul style="list-style-type: none"> <li>• HPEPH's nursing staff, who are represented by the Ontario Nurses' Association (ONA), are exercising their legal right to strike.</li> <li>• We want to reinforce that HPEPH nurses are a vital and respected part of our team and we have worked diligently to present a fair offer and avoid a work stoppage.</li> <li>• From the outset, we came to the table with our best offer and explained the limitations of our budget and mandate.</li> <li>• We remain optimistic that ONA will accept the offer presented and full regular service can resume.</li> </ul> <p><b><i>Fall Respiratory Infections</i></b></p> <ul style="list-style-type: none"> <li>• Respiratory infections continue to be monitored at low levels. The percentage of testing that is positive for coronavirus is approximately 9.9%, while the percentage of testing that is positive for influenza is 0.5%. (for week 33 – August 13 to 19, 2023). <b>Source:</b> <a href="https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/respiratory-virus-overview-ontario.pdf">https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/respiratory-virus-overview-ontario.pdf</a></li> <li>• This is the case locally as well, with the number of cases of these two respiratory infections being low.</li> <li>• We are continuing to monitor recent increasing trends for COVID and anticipate increased respiratory infections as we enter the Fall.</li> <li>• Individuals aged five years and older are encouraged to get their COVID-19 booster this fall as respiratory season commences, to maximize protection against COVID-19 outcomes when peak circulation of the virus is expected.</li> <li>• Further recommendations for fall booster doses will be available as the fall progresses.</li> <li>• The strategies that have been used successfully for the past few years to combat COVID-19 can help protect you and your loved ones from other respiratory infections as well, especially during respiratory illness season. This includes using the layers of protection that we know help keep ourselves and others healthy:             <ul style="list-style-type: none"> <li>○ staying up to date on your COVID-19 vaccines and flu shots</li> </ul> </li> </ul>

- wearing a tight-fitting, well-constructed mask in indoor public settings, especially anyone at higher risk of severe infection
- screening daily for signs of illness and staying home when you are sick
- washing your hands often
- covering your mouth when you cough or sneeze
- regularly cleaning high touch surfaces
- making sure you know if you are [eligible for COVID-19 treatments and how to get tested](#) and access treatment if you are eligible.

### ***Immunization of School Pupils Update***

- ◆ Thanks to the hard work and commitment of HPEPH staff, parents, students, and community health providers the number of students with outstanding immunization records was reduced from 7,590 in January to just 1,359 at the end of the last school year.
- ◆ The 1,359 students with outstanding immunizations/records of immunization were required to be caught up by September 15, 2023 to avoid suspension from school.
- ◆ Due to the ongoing labour disruption at HPEPH, enforcement of the suspension order has been postponed.
- ◆ While public health immunization clinics are not currently running, families are encouraged to remain up to date with immunizations through their primary care provider if possible.
- ◆ You can find information about routine immunizations on our website and residents are encouraged to check to ensure they are up to date on their immunizations.
- ◆ Maintaining high immunization coverage in the population is essential for the effective prevention and control of vaccine-preventable disease.

### ***Ministry of Health***

- ◆ On August 22, 2023, the Ministry of Health announced a restoration of \$47 million in provincial annual base funding for public health units. This announcement marks a return to the previous 75/25 public health funding ratio shared between the province and local municipalities.
- ◆ The announcement also confirmed a guaranteed increase of one per cent of the base funding in each of the next three years.
  - While this may not be sufficient to fund our mandate, it provides vital information for budget planning.
- ◆ This announcement provides stability to public health funding and reflects the importance of our role in promoting healthy communities and healthy people.

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Muhammad Hamzah Abid, Health Promoter
<b>Approved by:</b>	Shelly Brown, Director of Community Programs
<b>Date:</b>	Wednesday, September 6, 2023
<b>Subject:</b>	<b>Introduction to Canada's Guidance on Alcohol and Health (CGAH) and Bill S-254</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	<b>Recommendation:</b> BOH to endorse the attached draft letter to Senator Brazeau to show support for Bill S-254 and its recommendations.
<b>Background:</b>	<p>Earlier this year, the Canadian Centre on Substance Use and Addiction (CCSA) released new Canada's Guidance on Alcohol and Health (CGAH): Final Report (2). The new CGAH replaces the former Low-Risk Alcohol Drinking Guidelines (LRADG) document that was released in 2011. Based on recent research evidence, the range of standard alcohol drinks for low, moderate, and high risk are different from the previous LRADGs.</p> <p>As per the new CGAH:</p> <ul style="list-style-type: none"> <li>- No risk is with 0 standard drinks per week.</li> <li>- Low risk alcohol consumption is 1 to 2 standard drinks per week.</li> <li>- Moderate risk alcohol consumption is 3 to 6 standard drinks per week.</li> <li>- High risk alcohol consumption is seven or more standard drinks per week.</li> </ul> <p>The key takeaway from CGAH is <b>not to</b> limit a person to two standard drinks of alcohol per week, nor does it recommend abstinence from alcohol. This new guidance and its recommendations simply intend to increase awareness among the public about the harms of drinking so Canadians can make informed decisions about their alcohol use (2).</p> <p>Bill S-254 calls on the Federal Government to make warning labels mandatory on alcoholic beverages. The labels on alcohol may include standard drink size information and health information about the link between alcohol consumption and the development of seven types of cancers. The warning labels on alcoholic beverages are intended to increase awareness among the public related to the harms associated with alcohol consumption (1) as well as to inform Canadians about standard drink size and harms associated with drinking. This line of action is aligned with the recommendations of CCSA, Canadian Alcohol Policy Evaluation project and ongoing research.</p> <p>See attached references.</p>
<b>Reviewed By:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO

## References

1. S-254 (44-1) - LEGISinfo - Parliament of Canada [Internet]. [cited 2023 July 31st]. Available from: <https://www.parl.ca/legisinfo/en/bill/44-1/S-254>
2. Canada's Guidance on Alcohol and Health: Final Report | Canadian Centre on Substance Use and Addiction [Internet]. [cited 2023 Jul 31]. Available from: <https://www.ccsa.ca/canadas-guidance-alcohol-and-health-final-report>
3. Public Health Ontario [Internet]. [cited 2023 Jul 31]. Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario. Available from: <https://www.publichealthontario.ca/en/Health-Topics/Health-Promotion/Tobacco/Smoking-Alcohol>

**Main Office - Belleville**

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September 6, 2023

Honourable Senator Patrick Brazeau  
 The Senate of Canada  
 Parliament Hill, Ottawa  
 ON K1A 0A4

*Via email: [Patrick.Brazeau@sen.parl.gc.ca](mailto:Patrick.Brazeau@sen.parl.gc.ca)*

Dear Senator Brazeau:

**Re: Support for Bill S-254 to amend the Food and Drugs Act  
 (warning label on alcoholic beverages)**

Hastings Prince Edward Public Health (HPEPH) extends its support for [Bill S-254, An Act to amend the Food and Drugs Act \(warning label on alcoholic beverages\)](#), which advocates for the Federal Government to mandate labelling on alcoholic beverages. Once passed, [Bill S-254](#) will require alcoholic beverage labels to include standard drink information and health information about the link between alcohol consumption and the development of [seven types of cancer](#). This Bill is especially important as the majority of Canadians are unaware that alcohol is [classified as a Group 1 carcinogen by the World Health Organization \(WHO\)](#). Therefore, these labels are necessary to help increase awareness about the health risks associated with alcohol consumption among all Canadians.

In 2017, according to the [Canadian Substance Use Costs and Harms \(CSUCH\)](#) report, alcohol-related harms cost Canada approximately \$16.6 billion and there were more than [18,000 alcohol-related deaths](#) that year alone. An ongoing project by the Canadian Alcohol Policy Evaluation (CAPE) has been assessing how well provincial, territorial, and federal governments have been implementing policies to reduce harms related to alcohol use. They have recently released their [latest results](#) which identify overall poor performance regarding alcohol policies in Canada. The results are especially concerning as the Health & Safety Messaging policy domain, which includes alcohol labelling, resulted in a [federal](#) score of 10%, and in [Ontario](#), a provincial score of 13%.

Recently, the Canadian Centre on Substance Use and Addiction (CCSA) also updated [Canada's Guidance on Alcohol and Health](#). The new Guidance recommends that Health Canada should mandate labelling of all alcoholic beverages by listing standard drinks

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**Quinte West**

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per container and providing guidance on health and nutrition. Bill S-254 will support the CCSA's recommendations, as well as [CAPE's Evidence-based Recommendations for Labelling Alcohol Products in Canada](#), which highlights the importance of alcohol labelling that could potentially decrease alcohol purchasing and consumption. These recommendations also encourage messages related to impaired driving, cancer, fetal alcohol spectrum disorder, and pregnancy.

A [research study](#) conducted in the Yukon also provides evidence that alcohol labelling is associated with an increase in consumer awareness and decrease in alcohol sales. Thus, Bill S-254 is an important next step to support the health of all Canadians. As per the [Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario](#), within the years of 2015 - 2019, [HPEPH had 275 hospitalizations and 2,890 emergency department visits](#) that were attributable to alcohol. These numbers seem to be increasing over the last few years. Therefore, alcohol awareness also needs to be addressed within Hastings and Prince Edward Counties. Additionally, substance use, including alcohol, has been identified as a priority on local Community Safety and Wellbeing Plans.

Therefore, HPEPH supports the implementation of Bill S-254 to amend the Food and Drugs Act to mandate warning labels on alcoholic beverages. Bill S-254 is a beneficial next step as Canadians should have the necessary knowledge regarding their alcohol consumption to make informed decisions about their health.

Sincerely,

Jan O'Neill, Board Chair  
for the Hastings Prince Edward Board of Health




# Canada's Guidance on Alcohol and Health (CGAH)

Hamzah Abid  
Health Promoter

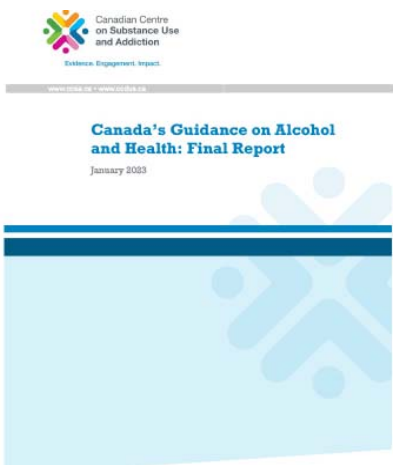
Board of Health  
Wednesday, September 6, 2023

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## Purpose of CGAH




- Replaces Canada's Low-Risk Alcohol Drinking Guidelines (2011)
- Increase public awareness related to harms related associated with alcohol consumption
- Establish new evidence-based low risk drinking recommendations

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Alcohol-related Harms

- Short-term harms include alcohol poisoning, intentional and unintentional injuries
- Long-term harms include seven types of cancers, chronic heart diseases, digestive problems, and mental health problems.
- Second-hand harms may include domestic violence, alcohol-impaired driving, and property damage.

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Canada's Guidance on Alcohol and Health

Guidance to support people in Canada to make informed decisions about alcohol and consider reducing their alcohol use

A standard drink means:

Beer

341 ml (12 oz) of beer

5% alcohol

Cooler, cider, ready-to-drink

341 ml (12 oz) of drinks

5% alcohol

Wine

142 ml (5 oz) of wine

12% alcohol

Spirits

(whisky, vodka, gin, etc.)

43 ml (1.5 oz) of spirits

40% alcohol

To reduce the risk of harm from alcohol, it is recommended that people living in Canada consider reducing their alcohol use.

Alcohol Consumption Per Week

0 drinks per week Not drinking has benefits, such as better health and better sleep.	No risk	0
1 to 2 standard drinks per week You will likely avoid alcohol-related consequences for yourself and others.	Low risk	1 2
3 to 6 standard drinks per week Your risk of developing several different types of cancer, including breast and colon cancer, increases.	Moderate risk	3 4 5 6
7 or more standard drinks per week Your risk of heart disease or stroke increases. Each additional standard drink Radically increases the risk of these alcohol-related consequences.	Increasingly high risk	7 8 9 10 11 12 ++

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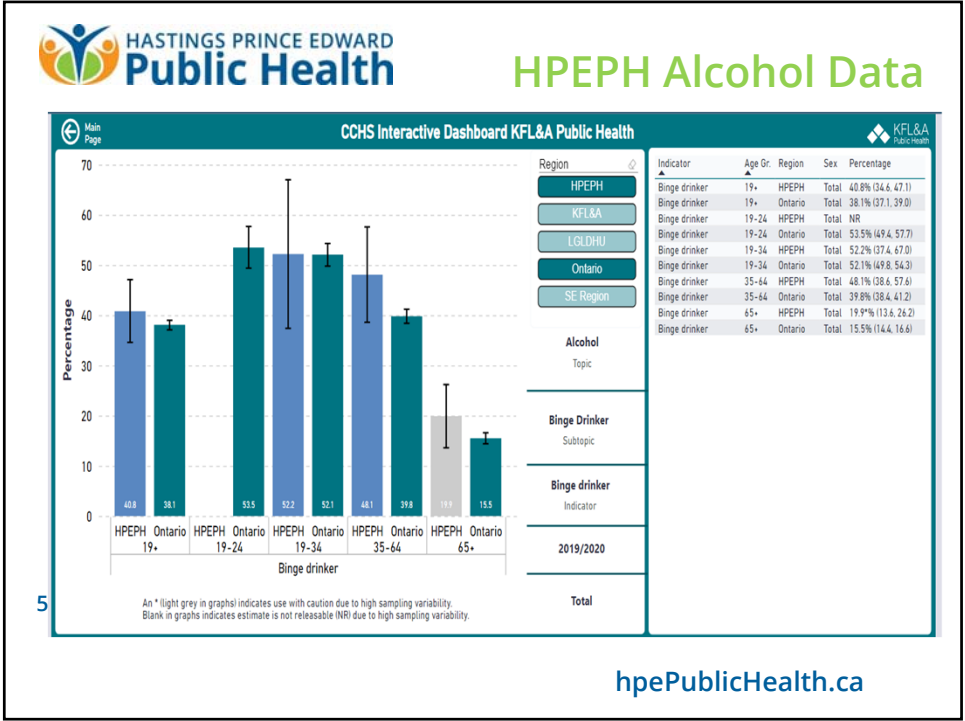
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Canada's Guidance on Alcohol and Health

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Bill S-254

- Bill in the Senate to amend Food and Drugs Act
- Mandatory labelling of alcoholic beverages with:
  - Volume of beverage makes a standard drink
  - Number of standard drinks in a package
  - Number of standard drinks not be exceeded
  - Causal link between alcohol and cancer
- Increase awareness among Canadians
- Letter to support this bill

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 **HASTINGS PRINCE EDWARD  
Public Health**

References


- Alcohol. (2023). Hastings Prince Edward Public Health. Retrieved July 31, 2023, from <https://www.hpepublichealth.ca/alcohol/>
- Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario. (2023). Public Health Ontario. Retrieved July 31, 2023, from <https://www.publichealthontario.ca/en/Health-Topics/Health-Promotion/Tobacco/Smoking-Alcohol>
- Canada's Guidance on Alcohol and Health: Final Report | Canadian Centre on Substance Use and Addiction. (2023). Retrieved July 31, 2023, from <https://www.ccsa.ca/canadas-guidance-alcohol-and-health-final-report>
- Canadian Community Health Survey 2015/2016, 2017/2018, 2019/2020, Statistic Canada, Share File, Ontario
- Inpatient Discharges [2018-2022], IntelliHEALTH ONTARIO, Ontario Ministry of Health and Long-Term Care, Date Extracted: [July 27, 2023].
- Levesque, C., Sanger, N., Edalati, H., Sohi, I., Shield, K. D., Sherk, A., Stockwell, T., Butt, P. R., & Paradis, C. (2023). A systematic review of relative risks for the relationship between chronic alcohol use and the occurrence of disease. Alcohol: Clinical and Experimental Research, 47(7), 1238–1255. <https://doi.org/10.1111/acer.15121>
- No level of alcohol consumption is safe for our health. (2023). Retrieved July 31, 2023, from <https://www.who.int/europe/news/item/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health>

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## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Lauren Lees, Health Promoter
<b>Approved by:</b>	Shelly Brown, Director of Community Programs
<b>Date:</b>	Wednesday, September 6, 2023
<b>Subject:</b>	<b>Violence Prevention Evidence Review</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> <b>Compliance with Program Standards</b>
<b>Action Required:</b>	No action required.
<b>Background:</b>	<p>Exposure to violence, especially during childhood, can have a lasting impact on one's physical, mental, and emotional health, including increasing risk of substance use, mental illness, and chronic and infectious diseases.</p> <p>In 2018, primary violence prevention was included in the Ontario Public Health Standards (OPHS) within both the School Health and Substance Use and Injury Prevention program requirements. Primary prevention focuses on trying to stop violence before it occurs through activities such as promoting healthy relationship skills, reducing risk factors for violent behaviour (e.g., substance use or poor mental health), and strengthening protective factors (e.g., positive parenting practices).</p> <p>Thus, Healthy Communities Program undertook an evidence review to gain a better understanding of the state of violence in Canada, and locally in Hastings and Prince Edward Counties (HPEC), to identify specific actions Hastings Prince Edward Public Health (HPEPH) should take to address violence in our region. We found that both federally and within our region, violent crime is becoming more prevalent.</p> <p>The attached presentation will review the evidence and recommendations for violence prevention initiatives to reduce the burden of preventable injuries and the associated impacts in our region.</p>
<b>Reviewed By:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO




# Violence Prevention Evidence Review

Roberto Almeida,  
Program Manager

Board of Health  
Wednesday, September 6, 2023

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Violence Prevention

## What is violence?

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”

(WHO, 2014)

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Violence Prevention

### Violence and Health


- Exposure to violence can have a lasting impact on a person’s physical, mental and emotional health
- Violence has been linked to an increased risk of:
  - Substance use
  - Mental health issues
  - Chronic and infectious diseases
- Primary violence prevention was added to the Ontario Public Health Standards (OPHS) in 2018

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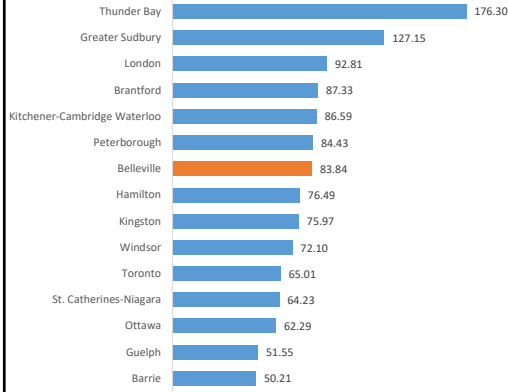
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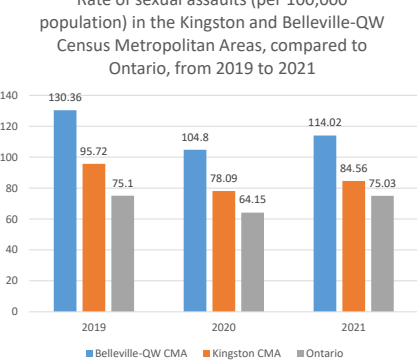
Violence Prevention

#### Violent Crime Severity Index, by selected Census Metropolitan Area, 2021




Census Metropolitan Area	Index
Thunder Bay	176.30
Greater Sudbury	127.15
London	92.81
Brantford	87.33
Kitchener-Cambridge Waterloo	86.59
Peterborough	84.43
Belleville	83.84
Hamilton	76.49
Kingston	75.97
Windsor	72.10
Toronto	65.01
St. Catharines-Niagara	64.23
Ottawa	62.29
Guelph	51.55
Barrie	50.21

#### Rate of sexual assaults (per 100,000 population) in the Kingston and Belleville-QW Census Metropolitan Areas, compared to Ontario, from 2019 to 2021



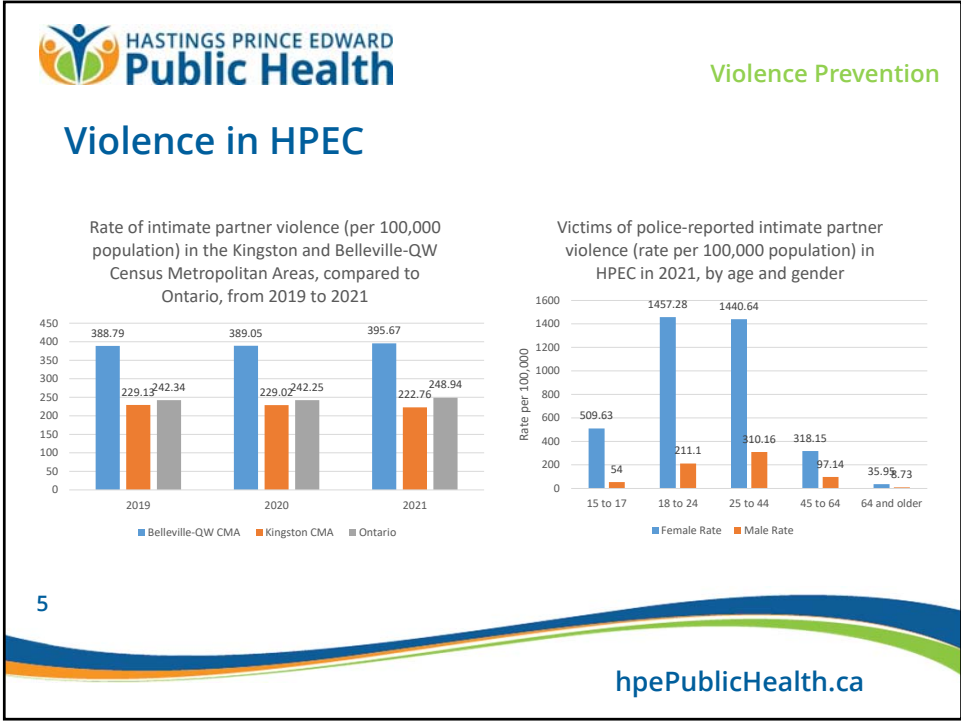
Year	Belleville-QW CMA	Kingston CMA	Ontario
2019	130.36	95.72	75.1
2020	104.8	78.09	64.15
2021	114.02	84.56	75.03

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Violence Prevention

### Recommendations

Teach healthy relationship skills	<ul style="list-style-type: none"><li>- Train Early Childhood Educators (ECEs), service providers and childcare staff on ACEs and healthy relationships</li><li>- Promote evidence-informed interventions on healthy relationships in schools</li><li>- Investigate running an awareness campaign on sexual violence and healthy relationships</li></ul>
Strengthen supports for women & families	<ul style="list-style-type: none"><li>- Indicator-based screening for IPV through the trauma and violence-informed approach</li><li>- Advocate for</li><li>- Advocate for increased resources for affordable housing, substance use services, and mental health counselling</li></ul>
Create supportive environments	<ul style="list-style-type: none"><li>- Maintain home visiting programs and improve training for nurses (IPV, ACEs, healthy relationships)</li><li>- Initiate community survey on ACEs to determine baseline data</li><li>- Advocate for increased bystander intervention and anti-human trafficking training</li></ul>


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## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Andrew Landy, Program Manager Healthy Environments
<b>Approved by:</b>	Shelly Brown, Director of Community Programs
<b>Date:</b>	Wednesday, September 6, 2023
<b>Subject:</b>	<b>Emerging Tick Vector-borne Diseases</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> <b>Compliance with Program Standards</b>
<b>Action Required:</b>	No action required.
<b>Background:</b>	<p>As per the Infectious Diseases Protocol, 2022 under the Prevention and Management of Vector-Borne Diseases:</p> <p><i>1) The board of health shall develop, implement, and review at least annually, an integrated vector-borne diseases management strategy based on local risk assessment and other scientific evidence with respect to effective and efficient prevention and control measures.</i></p> <p><i>3) The board of health shall develop an integrated vector-borne management plan comprised of: a) Vector surveillance, including surveillance of both mosquito and tick populations; b) Non-human host surveillance (when applicable); c) Human surveillance; d) Public education on personal preventive measures;</i></p> <p>We continue to see human cases of the vector-borne disease in our region and are concentrating our efforts on public education in the prevention of tick bites.</p>
<b>Reviewed By:</b>	Dr. Ethan Toumishey, Medical Officer of Health & CEO




## Emerging Tick Vector-borne Diseases

Aptie Sookoo, BASc, ASc, CPHI(C)  
Public Health Inspector

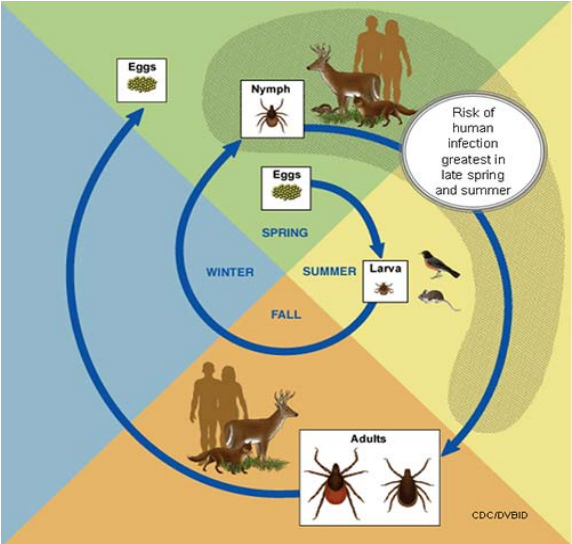
Board of Health  
Wednesday, September 6, 2023

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### Blacklegged tick lifecycle




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2






New Reportable Disease Transmitted  
by Infected Deer Ticks and Groundhog  
tick

- **Anaplasmosis** - a bacterial infection transmitted by deer ticks.
- **Babesiosis** - a protozoal infection transmitted by deer ticks.
- **Powassan virus** (lineage 2) - a flavivirus infection transmitted by deer ticks.
- **Powassan virus** (lineage 1) transmitted by infected Groundhog ticks




Reportable to the Medical Officer of Health effective July 1, 2023.

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Critical exposure periods

**Infected ticks must be attached and feeding:**


- Lyme disease at least 24 hours
- Anaplasmosis at least 24 hours but can be as short as 12 hours
- Babesiosis for 36 to 48 hours
- Powassan virus 15 minutes



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Local morbidity data 2023


- Anaplasma phagocytophilum* (first evidence in a deer tick on October 2017 from Fish and Game Club Road)
- Powassan virus* (first evidence in July 2015 in 2 deer ticks captured on Shannonville Road)
- First reported Anaplasmosis case is a 62-year-old male. Exposure - Picton on May 7, 2023
- First Babesiosis case was a 66-year-old male. Exposure - Madoc June 6, 2023

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Passive Tick Surveillance 2014-2018

Year	Total submissions	Black legged ticks	Borrelia burgdorferi positive
2014	183	169	28 (17%)
2015 *	202	177	35 (20%)
2016	122	116	25 (22%)
2017	296	266	65 (24%)
2018 **	101	97	22 (23%)


- \* Ticks acquired in PEC were not submitted as of June 2015
- \*\* As of July 7, 2018 only ticks acquired North of Hwy 7 were submitted
- As of January 1, 2020 only Lone Star ticks can be submitted to the Lab

6 Source: HPEPH 2022



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**HASTINGS PRINCE EDWARD  
Public Health**

Tick identification- eTick.ca

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

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**Listing of Information Items  
Board of Health Meeting – September 6, 2023**

1. City of Hamilton – Letter to Minister Jones re Declarations of emergency in the areas of homelessness, mental health and opioid overdoses/poisoning dated May 11, 2023
2. Sudbury & Districts Public Health – Letter to Minister Jones re public health funding dated June 23, 2023
3. Sudbury & Districts Public Health – Letter to Premier Doug Ford re Bill 103, smoke-free Ontario amendment act (vaping is not for kids) 2023 dated June 28, 2023
4. Simcoe Muskoka District Health Unit – Letter to Minister Jones re Simcoe Muskoka District Health Unit 2024 budget dated June 21, 2023
5. Haliburton, Kawartha, Pine Ridge District Health Unit – Letter to Minister Jones re funding shortfalls for 2024 dated July 3, 2023
6. Porcupine Health Unit – Letter to Minister David Piccini re request for air quality monitoring stations in the Porcupine Health Unit region dated July 5, 2023
7. Chatham-Kent Public Health – Letter to Premier Ford and Minister Jones re universal no-cost coverage for all prescription contraceptive options to all people living in Ontario dated April 25, 2023
8. Timiskaming Health Unit – Letter to Premier Ford et al re addressing household food insecurity in Ontario dated May 8, 2023
9. Sudbury & Districts Public Health – Letter to Premier Ford re Bill 93, Joshua's Law (Lifejackets for Life), 2023 dated May 16, 2023
10. Huron Perth Public Health – Letter to Minister Gould et al re Federal school food policy dated June 1, 2023
11. Huron Perth Public Health – Letter to Minister Parsa re request for immediate funding for student nutrition programs and to increase funding for future school years
12. Sudbury & Districts Public Health – Letter to Minister Duclos re Bill S-254 – An Act to amend the Food and Drugs Act (warning label on alcoholic beverages) dated June 6, 2023
13. Thunder Bay District Health Unit – Letter to Minister Jones re letter of support – physical literacy for healthy active children dated July 14, 2023
14. Timiskaming Health Unit – Letter to Minister Piccini re request for air quality monitoring station in the Timiskaming Health Unit region dated August 1, 2023
15. Middlesex-London Health Unit – Letter to Premier Ford et al re Middlesex-London Health Unit 2024 budget dated August 2, 2023
16. Memorandum from Ministry of Health re provincial strategy to strengthen public health in Ontario dated August 22, 2023

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*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](http://hpePublicHealth.ca).*

17. Sudbury & Districts Public Health – Letter to Premier Ford re Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023 dated June 28, 2023
18. Association of Local Public Health Agencies – Letter to Minister Jones re Public Health funding and capacity announcement dated August 23, 2023