



# **BOARD OF HEALTH MEETING**

**Wednesday, October 4, 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, October 4, 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, September 6, 2023

Schedule 7.1

**8. BUSINESS ARISING FROM THE MINUTES**

**9. DEPUTATIONS - None**

**10. COMMITTEE REPORTS**

10.1 Finance Committee

10.1.1 January to August Revenues and Expenses

Schedule 10.1.1

10.1.2 Status of GIC Investment

Schedule 10.1.2

10.1.3 2024 Budget Update

Schedule 10.1.3

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

Schedule 11.0

**12. STAFF REPORTS**

12.1 Healthy Schools Program Update

Schedule 12.1

**13. CORRESPONDENCE AND COMMUNICATIONS - None**

**14. NEW BUSINESS**

14.1 Strengthening Public Health – Ministry of Health

Schedule 14.1

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

Schedule 15.0

**16. DATE OF NEXT MEETING** – Wednesday, December 6, 2023 at 9:30 a.m.

**17. ADJOURNMENT**



## **BOARD OF HEALTH MEETING MINUTES**

Wednesday, September 6, 2023

Hastings Prince Edward Public Health (HPEPH)

**Present:** Mr. Michael Kotsovos, Councillor, City of Quinte West, Vice Chair  
Dr. Jeffrey Allin, Provincial Representative  
Ms. Kimberly Carson, Mayor, Limerick Township, Hastings County  
Dr. Craig Ervine, Provincial Representative  
Mr. John Hirsch, Councillor, Prince Edward County  
Mr. Sean Kelly, Councillor, City of Belleville  
Ms. Kate MacNaughton, Councillor, Prince Edward County  
Mr. David McCue, Councillor, City of Quinte West  
Mr. Garnet Thompson, Councillor, City of Belleville

**Regrets:** Ms. Jan O'Neill, Mayor, Municipality of Marmora & Lake, County of Hastings, Chair

**Also Present:** Dr. Ethan Toumishey, 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**

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

**2. LAND ACKNOWLEDGMENT** - Spoken by Vice Chair Kotsovos.

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

None

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

THAT the agenda for the Board of Health (Board) meeting on Wednesday, September 6, 2023 be approved as circulated.

#### **MOTION:**

Moved by: Kim

Seconded by: Dave

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,

(d) labour relations or employee negotiations.

**MOTION:**

Moved by: Kim

Seconded by: Dave

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: Garnet

Seconded by: Kim

CARRIED

Moved back into open session at 10:20 a.m.

**7. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING – June 7, 2023**

THAT the minutes of the regular meeting of the Board held on June 7, 2023 be approved as circulated.

**MOTION:**

Moved by: Kim

Seconded by: David

CARRIED

**8. BUSINESS ARISING FROM MINUTES - None****9. DEPUTATIONS – None****10. COMMITTEE REPORTS - None****11. REPORT OF THE MEDICAL OFFICER OF HEALTH**

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

**MOTION**

Moved by: Kim

Seconded by: Sean

CARRIED

- ♦ Dr. Toumishey provided an update on respiratory infects. According to Public Health Ontario, the number of COVID and influenza cases provincially and locally are currently low.

- ♦ HPE Public Health is continuing to monitor recent increasing trends for COVID and anticipates increased respiratory infections as we enter the fall. We anticipate provincial guidance will encourage individuals aged five years and older get their COVID booster and influenza vaccine later this fall to maximize protection against respiratory illness.
- ♦ There was further discussion amongst the Board.

## 12. STAFF REPORTS

### 12.1 ***Canada's Guidance on Alcohol and Health – Hamzah Abid, Health Promoter***

THAT the Board approve the letter to Senator Patrick Brazeau in support of Bill S-254 to amend the Food and Drugs Act as circulated.

#### **MOTION**

Moved by: Sean

Seconded by: David

CARRIED

- ♦ This new guidance was released earlier this year and replaces the previous low-risk alcohol drinking guidelines from 2011. The new guidance aims to increase public awareness about harms related to alcohol consumption. Awareness of this guidance is important for Hastings and Prince Edward Counties, as the percentage of binge drinker in the region is above the provincial average. A key takeaway from the new guidance is that any reduction in alcohol consumption is beneficial for one's health.
- ♦ Discussion followed the presentation.

### 12.2 ***Violence Prevention Evidence Review – Roberto Almeida, Program Manager***

- ♦ HPE Public Health staff have conducted an evidence review of violence prevention, as it was added to the Ontario Public Health Standards in 2018. Exposure to violence can have long-term health implications; it has been linked to increased risk of substance use, mental health issues, and chronic and infectious diseases.
- ♦ There was further discussion following the presentation.

### 12.3 ***Emerging Tick Vector-borne Diseases – Aptie Sookoo, Public Health Inspector***

- ♦ Along with Lyme Disease, three more diseases transmitted by infected deer or groundhog ticks have been added to Ontario's reportable diseases of public health significance: anaplasmosis, babesiosis, and Powassan virus. In most cases infected ticks must be attached and feeding for at least 24 hours to transmit a vector-borne disease. However, with the Powassan virus, the tick only needs to be attached for 15 minutes.
- ♦ Discussion followed the presentation.

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

**MOTION**

Moved by: David

Seconded by: Jeff

CARRIED

Vice Chair Kotsovos thanked staff for their work in putting together these presentations.

**13. CORRESPONDENCE AND COMMUNICATIONS** - None

**14. NEW BUSINESS** - None

**15. INFORMATION ITEMS**

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

**MOTION**

Moved by: Garnet

Seconded by: David

CARRIED

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

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

**17. ADJOURNMENT**

THAT this meeting of the Board be adjourned at 11:21 a.m.

**MOTION:**

Moved by: Sean

Seconded by: Garnet

CARRIED

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Michael Kotsovos, Vice Chair



## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	David Johnston, Director of Corporate Services
<b>Reviewed by:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, October 4, 2023
<b>Subject:</b>	<b>January to August Revenues &amp; Expenses September to December Expectations</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 <input type="checkbox"/> Framework Compliance with Program Standards
<b>Action Required:</b>	Review of revenues and expenses and expectations for 2023. MOTION: Approve receipt of this report.
<b>Notes regarding Revenues &amp; Expenses</b>	<p>The following notes are provided to assist in the review of the attached Summary of Revenues &amp; Expenses for the period of January 1 – August 31, 2023.</p> <ul style="list-style-type: none"> <li>• Within the Accountability Agreement reporting, we have separated costs to provide information related to ongoing Mandatory Programs and the Ontario Seniors Dental Program.</li> <li>• Overall, as of August 31 we are on target for revenues, largely due to Federal grants and Expenditure recoveries.</li> <li>• The variance in Ministry of Health Annual and one-time grants relates to the flow of funds, timing related to approvals from the Ministry.</li> <li>• Salaries and Benefits are impacted by outstanding union settlements.</li> <li>• Staff Training costs include events that are scheduled for fall 2023.</li> <li>• Travel Expenses are well under expectation. Our approach to service delivery for some programs is the rationale for this variance.</li> <li>• Office Expenses, Printing, Postage are within reasonable levels consistent with operations.</li> <li>• 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 Ontario Seniors Dental Program demand.</li> <li>• The variance in Information Technology reflects service agreement costs that were paid in full for the year, in addition to the cost of software purchased in the spring.</li> </ul>



	<ul style="list-style-type: none"> <li>• Overall Mandatory Programs are under-budget as of September 30. However, this is anticipated to balance by the end of the fiscal year.</li> <li>• The Ontario Seniors Dental Program has a small balance left as of August 31. We expect to receive the dental vehicles this fall. The Ministry is committed to funding this important initiative and we anticipate additional funding opportunities for this program will be provided.</li> <li>• The column labelled 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, and the remaining cost of the mobile dental clinics. <ul style="list-style-type: none"> <li>• The School-Focused Nursing funding, expired June 30. All of these funds were spent.</li> <li>• Both mobile dental clinics are nearing completion. The full \$550,000 for the mobile clinics will be spent by the end of March 31, 2024 as per the contract.</li> <li>• The MOH compensation grant application has been submitted and we are awaiting approval.</li> <li>• Extraordinary funding to support COVID-19 work will be approved for public health units based on need, after submission of the Q3 and Q4 reports.</li> </ul> </li> <li>• The Healthy Babies Healthy Children program has a surplus at August 31. However, this is expected to balance by March, which is the fiscal year end for this program.</li> <li>• The Federal Grants have provided 100% of their revenues. This results in a surplus balance of \$24,554 to be utilized by March 2024. This is the fiscal year end for the Children's Oral Health Initiative.</li> </ul>
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## Schedule 10.1.1

**HASTINGS PRINCE EDWARD PUBLIC HEALTH****Summary of Revenues & Expenses for the period January 1 - August 31, 2023***For Board of Health Review - October 4, 2023*

	Ministry of Health Accountability Agreement			Other Grants and Contracts			Totals and Budget Analysis			
	Mandatory Programs inc. COVID	100% Seniors Dental Program	TOTAL Ministry of Health Programs	Ministry of Health Annual and one time Grants	MCCSS HBHC (April-March)	Federal Grants (April-March)	YEAR TO DATE TOTAL	ANNUAL BUDGET	YTD Budget Variance	YTD Actuals as % of budget (8/12 = 67%)
<b>REVENUES</b>										
Ministry of Health Mandatory and 100% Programs	6,197,861	786,797	6,984,658				6,984,658	10,743,452	3,758,794	65%
Ministry of Health Annual and one time grants			0	490,908			490,908	790,000	299,092	62%
Ministry of Health Mitigation Funding	746,670		746,670				746,670	1,120,000	373,330	67%
Municipal Levies	2,724,108		2,724,108				2,724,108	3,630,108	906,000	75%
Ministry of Children, Community & Social Services			0		746,561		746,561	1,160,543	413,982	64%
Federal Grants			0			50,516	50,516	39,000	(11,516)	130%
Expenditure Recoveries	108,905	4,825	113,730				113,730	122,700	8,970	93%
Transfer from Reserves			0				0	0	0	
<b>Total Revenues</b>	<b>9,777,544</b>	<b>791,622</b>	<b>10,569,166</b>	<b>490,908</b>	<b>746,561</b>	<b>50,516</b>	<b>11,857,151</b>	<b>17,605,803</b>	<b>5,748,652</b>	<b>67%</b>
<b>EXPENSES</b>										
Salaries and Wages	5,674,391	160,026	5,834,417	345,485	500,124	20,621	6,700,648	10,628,983	3,928,335	63%
Staff Benefits	1,759,943	37,063	1,797,007	75,339	100,516	4,962	1,977,824	3,006,560	1,028,736	66%
Staff Training	82,651	324	82,975		1,059		84,035	200,400	116,365	42%
Travel Expenses	80,807	62	80,869	2,816	16,606		100,291	171,000	70,709	59%
Building Occupancy	725,403	17,900	743,303		11,250		754,553	1,052,000	297,447	72%
Office Expenses, Printing, Postage	38,800		38,800	7,148	570		46,517	65,000	18,483	72%
Materials, Supplies	187,084	45,609	232,694		7,906	378	240,978	420,860	179,882	57%
Professional & Purchased Services	241,870	452,274	694,144				694,144	1,092,000	397,856	64%
Communications Costs	77,193	2,350	79,543		2,750		82,293	129,000	46,707	64%
Information Technology	520,438	34,731	555,168		8,452		563,620	550,000	(13,620)	102%
Capital Expenditures	0		0				0	30,000	30,000	0%
Transfer to Capital/Operating Reserves	173,333		173,333				173,333	260,000	86,667	67%
<b>Total Expenses</b>	<b>9,561,913</b>	<b>750,340</b>	<b>10,312,253</b>	<b>430,788</b>	<b>649,233</b>	<b>25,962</b>	<b>11,418,236</b>	<b>17,605,803</b>	<b>6,187,567</b>	<b>65%</b>
<b>VARIANCE</b>	<b>215,631</b>	<b>41,282</b>	<b>256,912</b>	<b>60,120</b>	<b>97,329</b>	<b>24,554</b>	<b>438,915</b>	<b>0</b>	<b>438,915</b>	

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Amy Rankin, Finance Manager
<b>Reviewed by:</b>	David Johnston, Director of Corporate Services
<b>Date:</b>	Wednesday, October 4, 2023
<b>Subject:</b>	<b>Status of GIC Investment</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>Background:</b>	<p>In July of 2023, Hastings Prince Edward Public Health (HPEPH) invested the Capital Reserve into a 1-year GIC at a return rate of 5.8%. In addition, the Operating Reserve invested in September 2022, was redeemed from a 1-year flexible GIC.</p> <p>The following is an excerpt from HPEPH Accounting Practices Policy:</p> <p><u>Operating Fund Reserve</u></p> <p>The Operating Fund Reserve shall account for retainable surplus funds generated through operations. The Operating Fund will be restricted for unforeseen operating expenses, catastrophic expenses and contingencies. Expenditures from the Operating Fund Reserve shall be approved by the Medical Officer of Health and/or Board Signatories in accordance with signing authority limits established in the <i>By-law to govern the banking, financial activities and duties of the Auditor of the Board of Health</i>.</p> <p>The Operating Fund Reserve should be maintained at all times at the greater of one month's regular operating expenses or \$1.5 million unless an exceptional situation is reviewed and approved by the Board of Health. Regular operating expenses refer to typical transfer payment amounts from municipal, provincial and federal sources and exclude one-time project funds or extraordinary funding as well as expenditure recoveries or any transfers from reserves.</p> <p><u>Capital Fund Reserve</u></p> <p>The Capital Fund Reserve shall be restricted to building renovations, major repairs, leasehold improvements and other capital investments or cost-shared one-time capital funding requests as approved by the Board of Health.</p> <p>The amount of the Capital Fund Reserve will be reviewed annually in relation to the Capital Funding Plan policy however a minimum of \$2.0 million shall be maintained in the Reserve at all times unless an exceptional situation is reviewed and approved by the Board of Health.</p>

**Board of Health Briefing Note**

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	David Johnston, Director of Corporate Services
<b>Approved by:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, October 4, 2023
<b>Subject:</b>	<b>2024 Budget Update</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input checked="" type="checkbox"/> <b>Strategic Discussion</b> <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>	Board of Health to review and discuss request for operating reserve allocation to offset projected 2024 budget deficit.  MOTION: THAT the Board approve the allocation of up to \$300,000 from operating reserves to the 2024 budget as committed revenues.
<b>Background:</b>	<p>The Ministry of Health has confirmed grant funding levels for 2024. Key items include a return to the previous cost-shared formula of 75/25, and 1% growth funding. Unfortunately, with increased costs across all areas, the 2024 draft budget shows a significant deficit balance.</p> <p>Hastings Prince Edward Public Health (HPEPH) will finalize plans over the coming weeks to balance the budget, and present to the Finance Committee for review in November.</p> <p>For planning purposes, the request is being made to allocate up to \$300,000 from the operating reserves of the Board of Health to the 2024 budget as committed revenues. Operating reserves on December 31, 2022 were \$2,262,853.</p> <p>The balance of the deficit will be made up through not filling staff positions, a staff vacancy factor (e.g. Leaves of Absence, attrition, etc.) as well as continued work on cost savings in discretionary budget items.</p>

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Dr. Ethan Toumishey, Medical Officer of Health
<b>Date:</b>	Wednesday, October 4, 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
	<p><b>Strike Update</b></p> <ul style="list-style-type: none"> <li>As the current strike by HPEPH staff represented by the Ontario Nurses' Association (ONA) and Canadian Union of Public Employees (CUPE) continues, I would like to reinforce HPEPH's commitment to the delivery of public health services and to the safety of our community.</li> <li>While the current work stoppages means some HPEPH services have been temporarily disrupted or are being offered in an alternate manner, the community can be reassured that <b>we are continuing to provide core critical services to protect the safety of the community.</b> <ul style="list-style-type: none"> <li>The <u>Service Disruption Notice</u> is posted on our website.</li> </ul> </li> <li>Non-union staff are working diligently to maintain core public health services during the labour disruption, and services are being prioritized based on need and potential impact to the community.</li> <li>We are committed to continuing negotiations with ONA and CUPE professionally and respectfully, and are working diligently to address the requests of both unions within our current budget and mandate.</li> <li>As emphasized throughout the negotiation process, the work of HPEPH's unionized staff is extremely important to keep the community healthy and safe; however, we have a responsibility to provide our programs and services with the budget provided.</li> <li>I remain optimistic that productive negotiations will continue, and we will come to agreements with both unions so we can resume provision of regular services.</li> <li>Until that time, I would like to thank community partners, clients, and the broader community for their patience.</li> </ul>
	<p><b>Respiratory virus update</b></p> <ul style="list-style-type: none"> <li>As we enter the fall, I encourage everyone to familiarize themselves with the Public Health <u>Ontario Respiratory Virus Tool</u>, which provides comprehensive epidemiological information of respiratory virus activity in Ontario, including COVID-19, influenza and other respiratory viruses.             <ul style="list-style-type: none"> <li>The tool is updated Fridays at 11:30 a.m.</li> </ul> </li> </ul>


## Schedule 11.0

	<ul style="list-style-type: none"><li>♦ Beginning in the fall of 2023 for those previously vaccinated against COVID-19, the National Advisory Committee on Immunization recommends a dose of the XBB.1.5-containing formulation of COVID-19 vaccine for individuals in the authorized age group if it has been at least six months from the previous COVID-19 vaccine dose or known SARS-CoV-2 infection (whichever is later).</li><li>♦ It is also recommended that all individuals ages 6 months or older who live, work or attend school in Ontario receive the influenza vaccine.</li><li>♦ <b>Early doses of both vaccines are prioritized for high-risk individuals.</b></li></ul>
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## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Sheryl Farrar, Program Manager, Healthy Schools Program
<b>Approved by:</b>	Shelly Brown, Director of Community Programs
<b>Date:</b>	Wednesday, October 4 2023
<b>Subject:</b>	<b>Healthy Schools Program Update</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 (<a href="#">School Health Standard</a>) p.52</b>
<b>Action Required:</b>	No action required
<b>Background:</b>	<p>The <a href="#">Healthy Schools program</a> was implemented in Fall 2020. The school year 2022-2023 was the first year that health promotion activities have been implemented due to prior focus on COVID-19 prevention and management in schools.</p> <p>The Healthy Schools multidisciplinary team supported comprehensive school health in secondary and elementary schools, provided information to families at school events, worked with educators to deliver health-related curricula focused on substance use prevention and healthy relationships. Public health nurses continued to provide school-based public health clinics which offered clinical services to a youth priority population in both large school boards in HPE.</p> <p>This evidence-based program has a robust evaluation and monitoring plan which demonstrates effectiveness of the interventions implemented by the Healthy Schools team.</p>
<b>Reviewed By:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO

Schedule 12.1




# Healthy Schools Program Update

Sheryl Farrar, Program Manager

Board of Health  
October 4, 2023

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

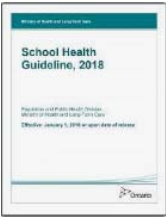
1



School Health Standard

*To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.*


- Health promotion
  - Implementation of health-related curricula and health needs in schools
  - 14 topics (not limiting)
- Oral health
- Vision
- Immunization



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

2





## Healthy Schools Program

Improving the overall health and well-being of school-aged children and youth in Hastings Prince Edward

The Healthy Schools Program is an evidence-informed program which promotes and supports student health and well-being. This program is designed to work with key decision makers to ensure the health and well-being of children and youth is considered across our communities.

Students

Parental Leaders

Health Care Professionals

Physicians

School Boards

School Administrators

School Staff & Educators

Public Health Nurses and Health Promoters work as a team with school communities

The Health Promoter works primarily with elementary school communities

The Public Health Nurse works primarily with secondary school communities

As part of the Healthy Schools Program, all schools will have access to:

Resource-based Action Guides

The Healthy Schools Toolkit

Clinical Services (e.g. oral health screening, immunizations)

Newcomer Health and Social Media Messaging

Educational Resources for Curriculum Support

These resources are designed to support the 6 pillars that contribute to a healthy school:

1 Curriculum, Teaching & Learning

2 School & Classroom Learning

3 Student Engagement

4 Social & Physical Environments

5 Home, School & Community Partnerships

6 Health & Well-being

Next Steps:

1 Connect with Public Health

2 Form a Healthy Schools Action Team

3 Identify strengths and needs

4 Develop and carry out the action plan

5 Evaluate and celebrate achievements

Check out the Healthy Schools Program at [hpepublichealth.ca/healthyschools](https://hpepublichealth.ca/healthyschools)

**Hastings Prince Edward Public Health**


For more information or to request this document in an alternate format, call 416-866-5888 or visit [hpepublichealth.ca](https://hpepublichealth.ca)

## Healthy Schools Program

- Evidence-informed
- Developed in partnership
- Multi-disciplinary
- Addresses individual and population needs
- Assigned to families of schools
- Robust evaluation and monitoring plan

[hpePublicHealth.ca](https://hpePublicHealth.ca)

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## 2022-2023 School Year

- Infectious diseases including COVID-19
  - Absence reporting tool available but not mandatory
  - School screening tool available but not mandatory
  - Masks recommended but not mandatory
  - Schools continued enhanced cleaning, ventilation
- Return to regular activities for students (*in-person learning, sports, clubs, field trips*)
- Public health services in schools:
  - School-based immunization, oral health screening
  - IPAC support from HPEPH if requested
  - Increased health promotion activities

[hpePublicHealth.ca](https://hpePublicHealth.ca)


## 2022-2023 School Year

- Infectious diseases including COVID-19
  - Absence reporting tool available but not mandatory
  - School screening tool available but not mandatory
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  - Schools continued enhanced cleaning, ventilation
- Return to regular activities for students (*in-person learning, sports, clubs, field trips*)
- Public health services in schools:
  - School-based immunization, oral health screening
  - IPAC support from HPEPH if requested
  - Increased health promotion activities

[hpePublicHealth.ca](https://hpePublicHealth.ca)

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Schedule 12.1




### What is Comprehensive School Health?

*An internationally recognized approach to supporting improvements in student educational outcomes while addressing school health in a planned, integrated and holistic way.*

*Jt Consortium for School Health*

#### Components





#### Process

Step One: Form a Healthy School Committee.

Step Two: Identify strengths and needs.

Step Three: Develop and carry out the Action Plan.


Step Four: Evaluate and Celebrate achievements.



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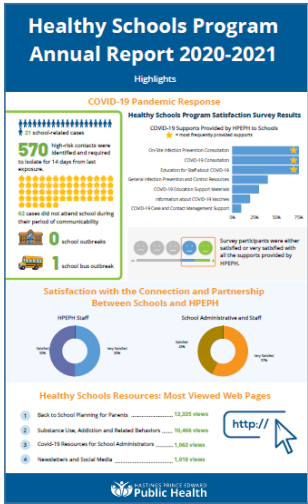
[hpePublicHealth.ca](http://hpePublicHealth.ca)

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### Monitoring and Evaluation

- Annual report for school year
- Performance measures:
  - surveys to school and HPEPH staff,
  - clinical data
  - health promotion activities
- Population measures to be developed and monitored in partnership with school boards



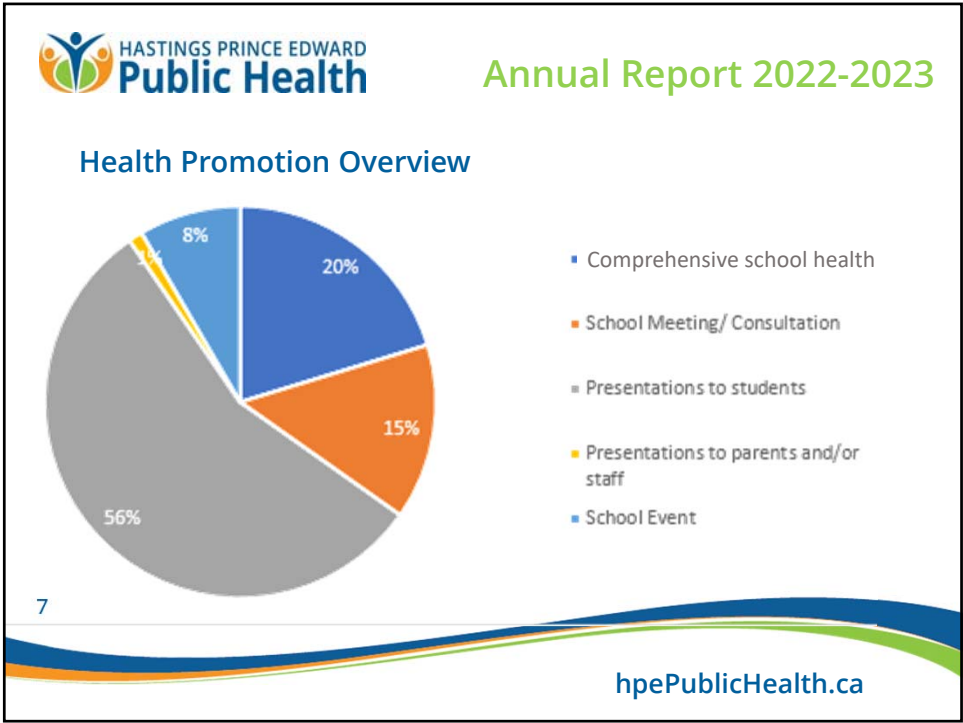
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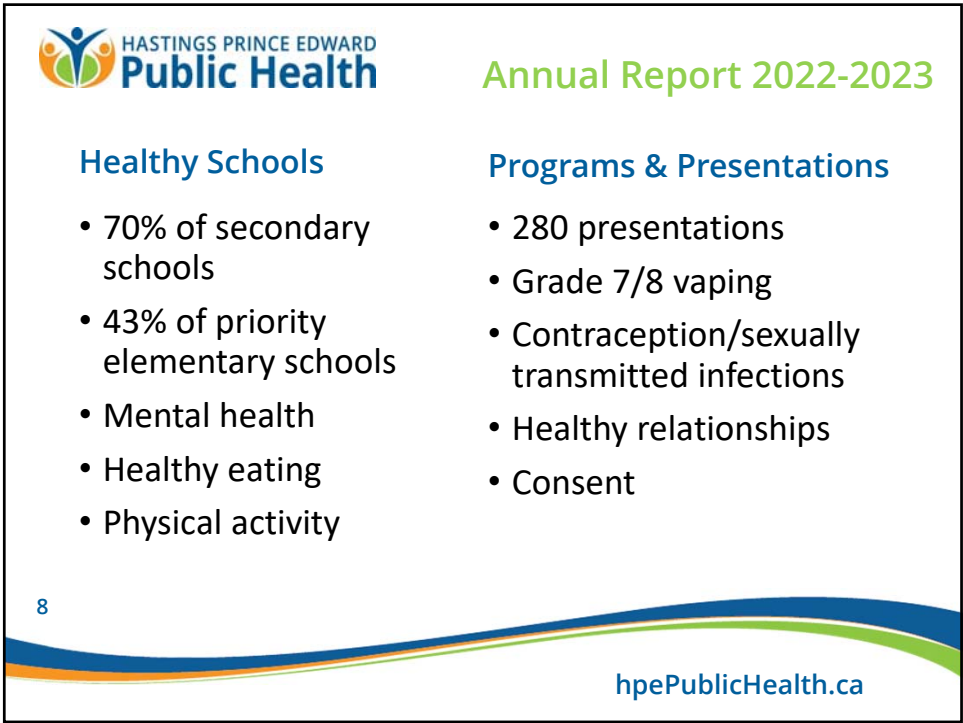
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Healthy Schools Program Update

3




7



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Schedule 12.1




### School-based public health clinics

- Smoking/vaping prevention and cessation
- Mental health and substance use referrals
- Sexual health - birth control, STI prevention and treatment
- Health education – stress, healthy eating, physical activity, sleep, tech usage, navigation
- Vaccination

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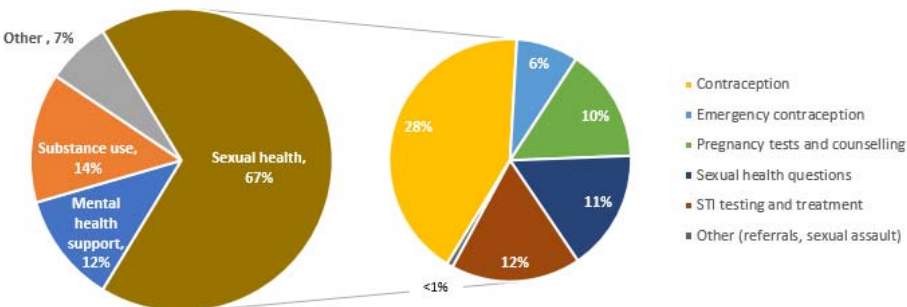
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### Annual Report 2022-2023

#### Clinic Visits by Health Issue 2022-2023 (N = 2032)




Health Issue	Percentage
Sexual health	67%
Substance use	14%
Mental health support	12%
Other	7%
Contraception	28%
Emergency contraception	6%
Pregnancy tests and counselling	10%
Sexual health questions	11%
STI testing and treatment	12%
Other (referrals, sexual assault)	<1%

**97%** of school staff **very satisfied** or **satisfied** with clinic services

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Annual Report 2022-2023

Website Section: Partners and Professionals - Educators




Over **5000** total pageviews.

***“Substance Use, Addiction and Related Behaviours”*** page was the most viewed webpage viewed **1820** times; over **35%** of views.

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Violence Prevention

- Adverse Childhood Experiences
  - HPEPH is part of a CoP for Adverse Childhood Events (ACES)
  - Internal committee in future
- Evidence review – violence and bullying prevention in schools
  - Promote healthy relationships
  - Promote positive school climate through a comprehensive approach (SDOH if possible)
  - Address mental health – social-emotional learning

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Healthy Schools Program Update

6

Schedule 12.1



### Next Steps

- 2023-2024 School Year
  - Vaping prevention strategy including cessation
    - Grade 4 tobacco/vaping curriculum support resource
    - Grade 6 My Brain My Choice
    - Grade 7 vaping
    - Parent/guardian communication
    - Decision tool for school administrators
  - School-based clinics in all secondary schools
  - HPE Planning Table for Children and Youth
  - Population measures for student health and well-being

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## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, October 4, 2023
<b>Subject:</b>	<b>Strengthening Public Health</b>
<b>Nature of Board Engagement</b>	<input type="checkbox"/> For Information <input checked="" type="checkbox"/> <b>Strategic Discussion</b> <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>	THAT the Board of Health endorses the exploration of potential voluntary merger opportunities, in accordance with parameters from the Ministry of Health, with the goal of optimizing capacity, stability, and sustainability of Public Health.
<b>Background:</b>	<p>On August 22, 2023, the <a href="#">Ministry of Health announced</a> an intent to work with partners to clarify the role of local public health agencies, and reduce overlap of services. This announcement also indicated one time funding, resources, and supports will be offered to public health agencies that voluntarily merge.</p> <p>Additional information is now available regarding Ministry efforts to clarify the role of public health and potential for voluntary mergers. This initiative recognizes there are many challenges within the public health sector in Ontario related to capacity and sustainability. There is an identified need for better alignment with other health and social services, and recognition of the benefit of collaboration across the health care system. This initiative aims to improve connections to and collaboration with key stakeholders, improve consistency in prioritization, decision making, and communications across local public health agencies, increase capacity for core public health services, and improve frontline programs and services. The following key activities are planned:</p> <ul style="list-style-type: none"> <li>• To clarify the role of public health, the Ministry is planning to conduct a review of the Ontario Public Health Standards (OPHS), while working with partners to identify roles and responsibilities that can be refined, stopped, or relocated regionally/provincially.</li> <li>• To optimize capacity, the Ministry is encouraging voluntary mergers of local public health agencies, and will provide time limited funding supports to facilitate approved mergers.</li> <li>• In addition to the funding adjustment announced on August 22, the Ministry intends to review the current funding methodology for public health.</li> </ul> <p>The Ministry aims to complete this work as follows:</p> <ul style="list-style-type: none"> <li>• December 2023             <ul style="list-style-type: none"> <li>○ Initial scoping of OPHS review</li> <li>○ Engage key partners to inform voluntary mergers</li> <li>○ Begin identifying merger candidates</li> </ul> </li> <li>• Winter 2024             <ul style="list-style-type: none"> <li>○ Launch merger process including stabilization funding</li> </ul> </li> </ul>

## Schedule 14.1

	<ul style="list-style-type: none"><li>• Summer 2024<ul style="list-style-type: none"><li>○ Engage partners in review of OPHS</li><li>○ Approve revised OPHS</li></ul></li><li>• Fall 2024<ul style="list-style-type: none"><li>○ Release revised OPHS</li><li>○ Continue to support merger process</li></ul></li><li>• Winter 2025<ul style="list-style-type: none"><li>○ Implement revised OPHS</li><li>○ Initiation of voluntary mergers completed</li><li>○ Ongoing support for mergers</li></ul></li><li>• Spring 2025<ul style="list-style-type: none"><li>○ Share new funding approach</li></ul></li><li>• Winter 2026<ul style="list-style-type: none"><li>○ Implement new funding approach</li></ul></li></ul> <p>It is anticipated that additional information will be forthcoming regarding engagement opportunities for local public health agencies and community partners, to inform this initiative.</p>
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# Strengthening Public Health

August 2023

Ontario 

## Context

There are **long-standing challenges** within the public health **sector in Ontario related to capacity, stability and sustainability** (along with implications for **inequitable health outcomes** for Ontarians) that have been identified through **multiple reports over the past 20 years**.



- Since the SARS pandemic in 2003, there have been a series of reports that have consistently called for strengthening public health to address critical challenges such as a **lack of capacity** and **critical mass**, structural **governance challenges** and skills gaps in boards of health, **misalignment of public health** with other health and social services, as well as challenges with the public health **workforce**, including with recruitment, retention and leadership.
- The **COVID-19 pandemic** reinforced the critical importance of a robust public health sector. Key lessons from the pandemic included: the importance of Local Public Health Agencies (LPHAs, often referred to as PHUs) having **sufficient capacity** to respond in a crisis, the **benefit of collaboration** across the health care system, the need for **stability and sustainability** to allow for LPHAs to plan for and be able to respond to ongoing and future crises and challenges.





# What we want to achieve

## Goal

To **optimize capacity, stability and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians:

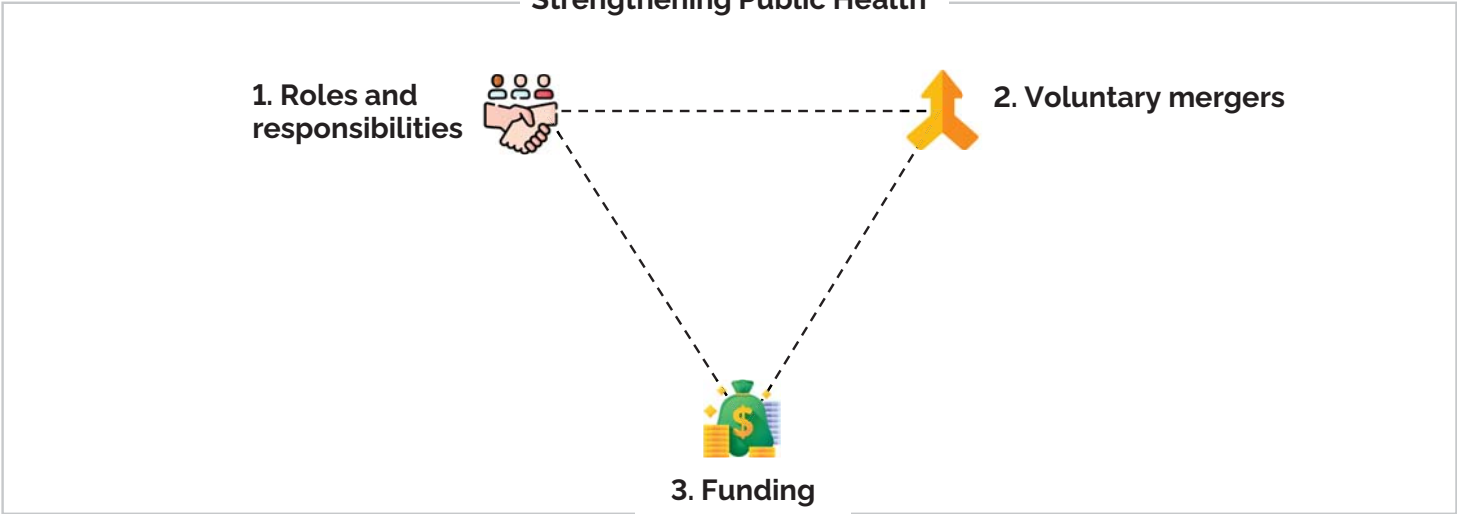
## Desired Outcomes

- 1. Clarified and refined **public health roles and responsibilities** that result in:
  - o Stronger connections to and relationships with key health system stakeholders (e.g., OHTs, primary care).
  - o Core public health functions being performed either locally, regionally, or provincially, informed by a prioritization framework.
  - o Reduced variability in prioritization and decision-making and public communications (especially during crises) while remaining responsive to local needs.
- 2. A system that has **fewer LPHAs but with greater capacity** to deliver **core public health services** and **better alignment** with broader health system structures.
- 3. Stability for the sector and **sustainability in funding for the longer term** to support program planning and consistent, more equitable program and service delivery.
- 4. Improved **frontline programs and services** to Ontarians at the local level.



# Strategy

The Ministry of Health is proceeding with a **three-pronged, sector-driven strategy** to optimize **capacity, stability, and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians



## #1 | Roles and responsibilities

Clarify and strengthen the role of LPHAs by **refining, refocusing and re-leveling roles and responsibilities**



- Conduct a routine, sector-driven review of the **Ontario Public Health Standards (OPHS)**, against a **prioritization framework**.
- Work with partners to identify roles and responsibilities that can be refined or stopped, and/or 're-leveled' to a regional or provincial level.
- Implement the full revised **OPHS beginning in January 1, 2025**.

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## #2 | Voluntary Mergers

Optimize capacity by encouraging mergers between LPHAs through a **time-limited voluntary, sector-driven process**



- Re-engage with LPHAs that have **identified interest in mergers** and work with sector partners to identify other merger candidates.
- Leverage sector relationships (e.g., alPHA, AMO) to co-develop a **voluntary merger approach**, including objectives, parameters, and accountability mechanisms with time-limited funding supports to facilitate the merger process.
- Mergers to take effect January 1, 2025.

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## #3 | Funding

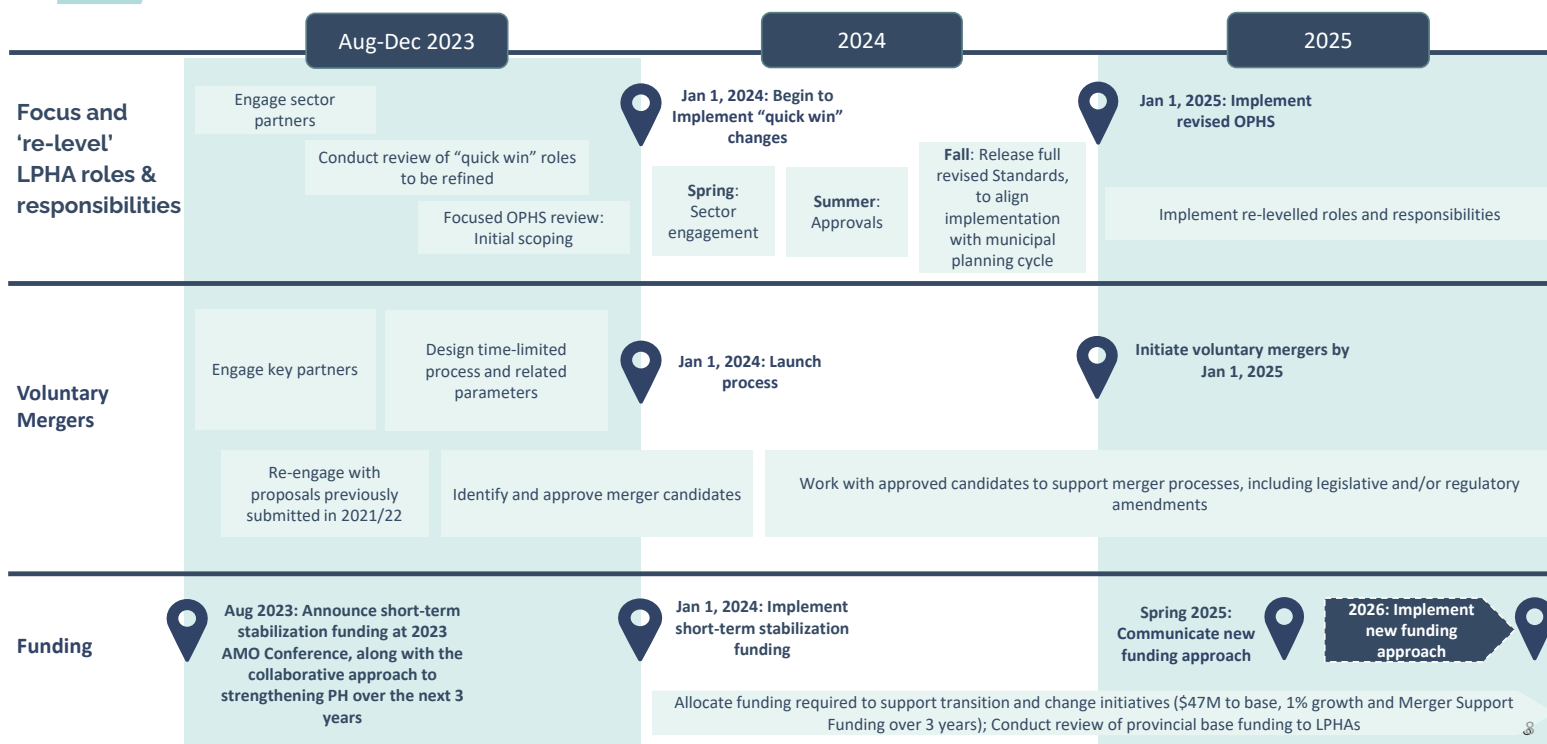
Provide **3-year funding** to LPHAs that addresses the urgent need for stabilization while change processes are underway, support voluntary mergers by providing one-time transition and stabilization costs; and review longer-term base funding needs



- **Restore provincial base funding** to the level provided under the 2020 cost-share formula (\$46.81M), effective January 1, 2024.
- Provide **growth base funding** of 1% for each of the next 3 calendar years (2024 – 2026).
- Establish a dedicated, three-year Merger Support Fund to **support change**.
- Undertake a review of the ministry's **funding methodology** for public health.

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## Implementation Timeline





## Working together on next steps

We are committed to working in partnership to **maximize opportunities for local improvement and system impact**

- We will be working closely with our partners to support design and implementation of this strategy. Your expertise and insights will be invaluable as we move through this process.
- Initial ministry engagement with sector partners, including AMO, alPHa, MOHs & CEOs, Business Administrators, etc., will occur in late August / early September.
- We will follow up on next steps regarding how we will collectively work together in the coming months once we have finished these consultations.

**Listing of Information Items  
Board of Health Meeting – October 4, 2023**

1. Simcoe Muskoka District Health Unit – Letter to Sylvia Jones re Bill 103, Smoke-Free Ontario Amendment Act (vaping is not for kids), 2023 dated September 7, 2023
2. Peterborough Public Health – Letter to Sylvia Jones re Section 50 Agreements dated September 26, 2023
3. Windsor-Essex County Health Unit – Letter to Chrystia Freeland et al re Investing in a sustainable federal school food policy dated September 21, 2023
4. Association of Local Public Health Agencies – Notice of 2023 Fall Symposium for November 22 – 24, 2023
5. Health Promotion Ontario – Infographic – The Value of Local Health Promotion in Ontario, September 2023
6. Health Promotion Ontario – White Paper on the Value of Local Health Promotion in Ontario, September 2023
7. Timiskaming Health Unit – Letter to Sylvia Jones re Universal, no-cost coverage of all prescription contraceptive options for all Ontarians dated September 15, 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).*