



BOARD OF HEALTH MEETING

Wednesday, March 6, 2024

9:30 a.m. – 11:30 a.m.

In-Person

**There will be a Closed Session
at the beginning of the regular meeting.**

To ensure a quorum we ask that you please
RSVP 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, March 6, 2024

9:30 to 11:30 a.m.

In-Person Meeting

1. CALL TO ORDER

2. LAND ACKNOWLEDGMENT (Dr. Toumishey 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. ELECTION OF THE CHAIR AND VICE CHAIR

5. APPOINTMENT OF COMMITTEE MEMBERS AND CHAIRS

6. APPROVAL OF THE AGENDA

7. 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 (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

8. MOTIONS ARISING FROM CLOSED SESSION

9. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING

9.1 Meeting Minutes of Wednesday, December 6, 2023

Schedule 9.1

10. BUSINESS ARISING FROM THE MINUTES

11. DEPUTATIONS - None

12. COMMITTEE REPORTS

12.1 Voluntary Merger Committee Updates

Schedule 12.1

13. REPORT OF THE MEDICAL OFFICER OF HEALTH

Schedule 13.0

14. STAFF REPORTS

14.1 Enforcement Report (July to December 2023)

Schedule 14.1

14.2 Municipal Liaison Program

Schedule 14.2

14.3 The Real Cost of Eating Well

Schedule 14.3

15. CORRESPONDENCE AND COMMUNICATIONS – None

16. NEW BUSINESS

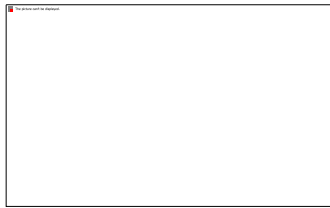
16.1	By-Law 2024-01 – Annual Borrowing By-Law	Schedule 16.1
16.2	2024 Health & Safety Policy Statement	Schedule 16.2
16.3	2024 Workplace Violence, Harassment & Abuse Policy Statement	Schedule 16.3
16.4	2023 Occupational Health & Safety Report	Schedule 16.4
16.5	2023 AODA Report	Schedule 16.5
16.6	2023 Privacy Report	Schedule 16.6

17. INFORMATION ITEMS (Available for viewing online at hpePublicHealth.ca) Schedule 17.0

18. DATE OF NEXT REGULAR MEETING – Wednesday, May 1, 2024 at 9:30 a.m.

19. SPECIAL MEETING – Wednesday, March 27, 2024 at 11:00 a.m.
This will be an in-person in-camera session.

20. ADJOURNMENT



BOARD OF HEALTH MEETING MINUTES

Wednesday, December 6, 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
Mr. Sean Kelly, Councillor, City of Belleville
Mr. Michael Kotsovos, Councillor, City of Quinte West, Vice Chair
Mr. Bill Roberts, Councillor, Prince Edward County
Mr. Garnet Thompson, Councillor, City of Belleville

Regrets: Ms. Kimberly Carson, Mayor, Limerick Township, Hastings County
Dr. Craig Ervine, Provincial Representative
Mr. David McCue, Councillor, City of Quinte West
Mr. Phil St. Jean, Councillor, Prince Edward County

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

Chair O'Neill called the meeting to order at 9:30 a.m.

The Chair welcomed Councillor Bill Roberts from Prince Edward County as this was his first Board of Health meeting.

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

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, December 6, 2023 be approved as circulated.

MOTION:

Moved by: Garnet

Seconded by: Bill

CARRIED

5. CLOSED SESSION (@ 9:35 am)

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; and*
- (i) *a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the Board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons or organization.*

MOTION:

Moved by: Sean
Seconded by: Michael

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: Michael
CARRIED

Moved back into open session at 10:17 a.m.

7. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING – October 4, 2023

THAT the minutes of the regular meeting of the Board held on October 4, 2023 be approved as circulated.

MOTION:

Moved by: Sean
Seconded by: Garnet
CARRIED

8. BUSINESS ARISING FROM MINUTES – None**9. DEPUTATIONS – None****10. COMMITTEE REPORTS – Finance Committee – Councillor Thompson**

- 10.1.1 January to October Revenues and Expenses
- 10.1.2 2024 Budget Approval

THAT the Finance report be received and approved as circulated.

MOTION:

Moved by: Sean

Seconded by: Jeff

CARRIED

THAT the Board approve the 2024 budget as circulated.

MOTION:

Moved by: Garnet

Seconded by: Sean

CARRIED

10. COMMITTEE REPORTS – Governance Committee – Councillor Kelly

10.2.1 Risk Management Report

THAT the Risk Management Report for the period October 2022 to October 2023 be received and approved as circulated.

MOTION:

Moved by: Jeff

Seconded by: Garnet

CARRIED

11. REPORT OF THE MEDICAL OFFICER OF HEALTH

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

MOTION

Moved by: Bill

Seconded by: Sean

CARRIED

- ♦ Dr. Toumishey reviewed and discussed the contents of the briefing note with some discussion and finally a wish to everyone for a happy and healthy holiday season.
- ♦ There was a question about radon test kits and where to purchase them. These are available at hardware stores and are put up in the home for a number of months. It was also noted that the age of the building does not necessarily play a part in how much radon is seeping into the home.
- ♦ Regarding drug poisonings, the City of Belleville has a program called Welcoming Streets. Councillor Kelly wondered if this was a program that HPEPH would endorse and/or work with. Dr. Toumishey noted that he would look into this and bring it back to the Board. Dr. Allin questioned why we don't treat messaging to the public around drug use the same as is done with smoking - "Just don't do it." The preferred messaging is around being understanding and compassionate.

12. STAFF REPORTS

12.1 *Enforcement Report (January to June 2023)*

THAT the Board approve receipt of the Enforcement Report as circulated.

MOTION

Moved by: Jeff

Seconded by: Garnet

CARRIED

- ♦ There were no questions or discussion around this report.

13. CORRESPONDENCE AND COMMUNICATIONS - None

14. NEW BUSINESS

14.1 Strengthening Public Health – Voluntary Mergers – Dr. Ethan Toumishey

THAT the Board of Health endorse, in principle, further investigation of the feasibility of a potential voluntary merger between Hastings Prince Edward Public Health; Kingston, Frontenac, Lennox & Addington Public Health (KFLAPH), Leeds, Grenville and Lanark District Health Unit (LGLDHU); and

THAT a Merger Committee be created, comprised of the Board Chair (Jan O'Neill), the Medical Officer of Health as a non-voting member (Dr. Toumishey), a provincial representative (Dr. Jeffrey Allin) and another Board member (Councillor Sean Kelly); and

THAT the Merger Committee investigate potential voluntary mergers, work with other Boards of Health, and report back to the HPE Board of Health with recommendations.

MOTION

Moved by: Garnet

Seconded by: Michael

CARRIED

After some discussion Chair O'Neill called for a recorded vote on the above motions, the results of which are as follows:

Jeffrey Allin	Yes	Sean Kelly	Yes
Michael Kotsovos	Yes	Jan O'Neill	Yes
Bill Roberts	Yes	Garnet Thompson	Yes

The vote was unanimously in favour of investigating the feasibility of working with KFLAPH and LGLDHU and then taking on next steps.

14.2 2024 Proposed Board of Health Meeting Schedule

THAT the Board approve the 2024 meeting schedule as circulated.

MOTION:

Moved by: Sean
Seconded by: Garnet
CARRIED

14.3 Merger Information Sheet Request

Councillor Kelly requested an Information Sheet be created and distributed to members of the Merger Committee detailing the partnerships, shared services, etc. that HPEPH has with KFLAPH and LGLDHU as well as programs, challenges and anything that will help in discussions and decision-making.

15. INFORMATION ITEMS

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

MOTION

Moved by: Sean
Seconded by: Jeff
CARRIED

Chair O'Neill 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, February 7, 2024 at 9:30 a.m.**17. ADJOURNMENT**

THAT this meeting of the Board be adjourned at 11:00 a.m.

MOTION:

Moved by: Garnet
Seconded by: Sean
CARRIED

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

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Dr. Ethan Toumishey, Medical Officer of Health and CEO
Date:	Wednesday, March 6, 2024
Subject:	Tri-Board Merger Committee Update
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:	Motion required. MOTION: THAT the Board of Health appoint Michael Kostovos, Vice Chair to the Voluntary Merger Committee.
December 21, 2023 and January 12, 2024 meeting summaries	<ol style="list-style-type: none"> 1. The Committee met on December 21, 2023 and January 12, 2024. 2. The role and function of the committee and its relation to the work of individual Boards of Health. This has been captured in the attached Terms of Reference document, which was adopted at the meeting held on January 12, 2024. 3. The committee has reviewed the projected budget for the feasibility assessment and the business case development. The three agencies jointly submitted a one-time funding request to the Ministry for conducting this pre-decision work. 4. The committee has endorsed using the data collection tool developed by Kelly Pender as well as contracting Sense and Nous to complete the feasibility assessment and to assist in development of the business case for the Ministry. 5. The committee discussed the distinction between governance and operational aspects in the business case submission. It was agreed upon that the committee would handle governance elements, while operational considerations would be overseen by the Medical Officers of Health. 6. The committee discussed the importance of communicating to partners, including but not limited to municipalities. A decision was made to strike a Communications Sub Committee that includes Sean Kelly, Toni Surko and Nathan Townend working with three Medical Officers of Health. This sub committee will be tasked with preparing joint communications and public messaging following subsequent to committee meetings. 7. The timelines for the voluntary merger process were discussed: <ul style="list-style-type: none"> ♦ April 2, 2024: Business case submission to the Ministry, which will need to be endorsed separately by all three Boards of Health by late March. ♦ The business case must provide accurate cost estimates, or alternatively, a built-in mechanism to be able to revise estimates as needed. ♦ Summer 2024: The Ministry's response to the business case. As with the response to the Annual Service Plan and Budget Submission, it could occur anytime between early to late summer.

- ♦ This process may potentially involve changes to applicable legislation and regulations.
- ♦ Municipalities will require the 2025 budget information likely by November 2024. As this is prior to the new entity, each agency will submit their own budget report. The first joint budget will likely be in 2026.
- ♦ January 1, 2025: New entity would start with a three-year transitional period for full harmonization.

8. The committee reviewed data on obligated municipal populations and contributions to the board and compared current proportions within each of the boards as well as the future merged public health entity. Discussion ensued on the approach to municipal funding and their impact on the funding of the future merged public health entity.
9. Councillor Townend presented a draft governance model for the future merged public health entity. Discussion ensued. Councillor Townend will adjust the governance structure diagrams to reflect this discussion. Updated governance model will be presented at the next committee meeting for review and further discussion before making recommendations to the respective boards.
10. The committee has brainstormed potential options for names of the new public health entity. Discussion ensued. The committee will resume this discussion at the next meeting prior to making recommendations to the respective boards.
11. Dates and locations of future meetings of the committee have been set as follows:

Location	Date	Time
LGL: Brockville Office, 458 Laurier Blvd.	Thursday, February 1	10:00 a.m. to 3:00 p.m.
HPE: Belleville Office, 179 North Park St.	Tuesday, February 13	10:00 a.m. to 3:00 p.m.
LGL: Brockville Office, 458 Laurier Blvd.	Monday, March 4	10:00 a.m. to 3:00 p.m.
KFLA: Kingston Office, 221 Portsmouth Ave.	Monday, March 18	10:00 a.m. to 3:00 p.m.

February 1, 2024 meeting summary

1. The committee met on February 1, 2024 at LGLDHU in Brockville.
2. Consultants from Sense and Nous attended the meeting and outlined their approach and scope of work:
 - ♦ The consultants will conduct a merger feasibility study that will outline resources needed and important considerations in undertaking a merger, according to the following organizational functions:
 - Governance and Legal
 - Finance
 - Human Resources
 - Programs and Communications
 - Infrastructure

Schedule 12.1

<p>February 1, 2024 meeting summary (continued)</p>	<ul style="list-style-type: none"> ♦ The consultants will submit a report that will include projected merger costs. They will not provide a recommendation on whether a merger should be undertaken, as this decision is up to each Board of Health. Should each of the three Boards of Health pass a motion committing to the next steps in the merger process, a business case will be developed using the template from the province. ♦ In this feasibility assessment phase, consultation will take place with Board Chairs, MOHs and leadership teams. External engagement would include engagement with Indigenous communities and with municipalities. ♦ Broader consultation will take place after the business case is developed, including consultation with partners and with communities. <ol style="list-style-type: none"> 3. The committee discussed the importance of meeting local needs and that service delivery is top of mind in the new structure. 4. Councillor Townend circulated an updated governance structure for review by the committee. Members agreed in principle to a proposed structure with further exploration taking place with stakeholders. An update will be provided at the next meeting. 5. The province has indicated that they intend to propose in 2025 a review of the approach to public health funding and the proportion of municipal funding. Current municipal contributions were reviewed and their impact on the funding of the future merged public health entity. 6. Dr. Moore and his team have offered to meet with health units considering mergers. Committee members embraced this offer and KFL&A will take the lead on arranging this meeting. 7. The data collection tool developed by Kelly Pender was discussed. Looking at best practices among the three health units was encouraged, along with the importance of good communication throughout the merger exploration. 8. Committee members discussed names for the new public health entity and will circulate a survey to the three Boards of Health for their input.
<p>February 13, 2024 Meeting Summary</p>	<ol style="list-style-type: none"> 1. The Committee met on Tuesday, February 13, 2024 virtually via ZOOM. 2. The Sense & Nous engagement was noted to be on pace to meet timelines. 3. The overall feeling surrounding the feasibility of merging and the process involved is very optimistic and positive. 4. A first draft of a Communications Plan was introduced and discussed but it was noted and agreed that a more in-depth plan is required. 5. Through discussion it was decided the firm, Redbrick Communications would be contacted as soon as possible for engagement of in-depth communications messaging, planning and strategizing. 6. Dr. Oglaza introduced a municipal contributions harmonization tool for the group to review and would be discussed more in-depth when the group meets in person. 7. Date of the next meeting will be Monday, March 4 and will be held at Leeds, Grenville & Lanark District Health Unit.

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Dr. Ethan Toumishey, Medical Officer of Health and CEO
Date:	Wednesday, March 6, 2024
Subject:	Report of the Medical Officer of Health
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
Respiratory Virus Update	<ul style="list-style-type: none"> Incidence of respiratory illnesses is waning, but it is still important to <ul style="list-style-type: none"> Stay up to date with your immunizations: COVID-19, influenza, and Respiratory Syncytial Virus (RSV) if you are eligible. Stay home when you are sick and keep your children home if they are sick. Wear a mask in crowded indoor spaces, and when recovering from illness. If you are recovering from illness, it is especially important to wear a mask for 10 days after your symptoms started. Wash your hands often and clean high-touch surfaces regularly. This is especially important to prevent the spread of influenza and RSV, both of which are easily spread on high touch surfaces.
Well-baby Checkups	<ul style="list-style-type: none"> I am pleased to share that Hastings Prince Edward Public Health (HPEPH), in collaboration with a local midwife, is hosting a new clinic which is providing well-baby checkups for infants in our community who do not have a primary care provider. The well-baby clinic was identified as an urgent need within our community as health care agencies previously providing well-baby checkups to unattached infants were suddenly no longer available. Public Health Nurses (PHNs) within the Healthy Families program, under the direction of Manager Michelle Yoksimovich, have been able to pivot quickly to address this gap and through the support and collaboration with local Registered Midwife, Sarah Murtha, we are excited to offer this service within our community. Each week the clinic has the capacity to see approximately 12 newborns and their parent(s). <ul style="list-style-type: none"> The infants will continue to be seen at Quinte Health for their 72-hour well-baby checkup, at which point consent will be obtained for further well-baby checkups at HPEPH. Upon receipt of a referral from Quinte Health, infants will be scheduled to see the midwife for their well baby checkup, and where necessary the PHN when concerns with infant feeding or symptoms of perinatal mood disorders are identified. Infants will be seen for their two-week, four-week and six-week well-baby checkup.

Schedule 13.0

	<ul style="list-style-type: none"> • The clinic began receiving referrals from Quinte Health as of January 12 and had their first full clinic day on January 19. Since then, the clinic has seen more than 50 babies. • While the well-baby clinic at HPEPH is addressing a much-needed service and significant gap within our community, we recognize that this clinic alone is not enough to support the numerous unattached infants within our community. For this reason, Michelle Yoksimovich, Healthy Families program manager, will continue to work with community partners and to advocate for a long-term, sustainable solution for these families.
GetaKit	<ul style="list-style-type: none"> • As a strategy to increase access to sexually transmitted infection (STI) testing, HPEPH is collaborating with GetaKit to offer free at-home HIV self-test kits, along with test requisitions for sexually transmitted infections such as chlamydia, gonorrhea, and syphilis, that are shipped directly to you to take to your local lab. • Those who test positive will be connected to services that offer treatment and support. • To access at-home testing, individuals 16 and older will need to register at www.getakit.ca and complete an online risk assessment. • There were over 425 confirmed sexually transmitted and bloodborne infections (STBBIs) in 2023. • Rates of chlamydia, gonorrhea, and syphilis continue to be pervasive locally and across the province. <ul style="list-style-type: none"> ○ Hastings and Prince Edward counties remain in syphilis outbreak, with 32 syphilis cases reported in 2023. ○ It is suspected that case rates may be higher, as many people may not be aware they are at risk of these infections and access to testing remains a barrier to some. • HPEPH also offers sexual health clinics in four communities across Hastings and Prince Edward counties. <ul style="list-style-type: none"> ○ These clinics provide services such as STI testing, access to low-cost hormonal birth control (pills, patches, vaginal ring, injection), emergency contraception (Plan B), free condoms and other barrier supplies. • To find out more about HPEPH's sexual health services visit hpePublicHealth.ca.
School Immunizations	<ul style="list-style-type: none"> • The <u>Immunization of School Pupils Act</u> (ISPA) requires students to provide proof of immunization, or a valid exemption, to public health. • Vaccines prevent diseases, save lives and reduce health care costs. • After reviewing the immunization records for local schools, HPEPH sent <i>Proof of Immunization Required</i> letters to 4,900 students with incomplete records. Parents/guardians had until February 19, 2024 to submit their updated records to HPEPH to avoid suspension on April 9, 2024. • The letter instructs parents/guardians to contact their health care provider for immunization records, or possible appointment for immunization. • Information on how to book an appointment with Public Health is available on the website at hpePublicHealth.ca/clinic/immunization-clinic/ or by calling 613-966-5500, ext. 221.

	<ul style="list-style-type: none"> • Additional information about maintenance and review of student records under ISPA is available at hpePublicHealth.ca/immunizations-in-schools/. • I want to take this opportunity to thank our health care partners for their commitment to ensuring Hastings and Prince Edward Counties students are up-to-date with their immunizations, and to thank the families in our community for updating their students' immunizations/records.
Measles	<ul style="list-style-type: none"> • In recent weeks there has been an significant increase in measles cases globally. • As of February 23, 2024, we are aware of six measles cases in Canada, some of whom have required hospitalization. Most of these cases involve unvaccinated or under-vaccinated children who travelled internationally. • Measles is a highly contagious airborne virus that can cause serious disease. Infection can lead to severe complications, including deafness and brain damage caused by inflammation of the brain, and can be fatal. • Children less than five years of age, adults older than 20 years of age, pregnant people and people who are immunocompromised are at higher risk of complications from measles. • Anyone who is not vaccinated against measles is at risk of being infected with it when travelling internationally. Currently, a travel health notice for measles is in place for all countries. It provides recommendations to Canadians on how to protect themselves from measles when travelling. • Importantly, before travelling: <ul style="list-style-type: none"> ○ Ensure children and adolescents have received both doses of a measles-containing vaccine. ○ Infants between 6 and less than 12 months of age should receive a dose of measles-containing vaccine if travelling to a high-risk area. A health care provider can advise on the best approach for your child. ○ Adults should ensure they have received two doses of a measles-containing vaccine if they were born in 1970 or later, and one dose of a measles-containing vaccine if born before 1970. • The free measles vaccine is highly effective in preventing disease transmission and is available from your health care provider

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Roberto Almeida, Program Manager and Jessica Eisnor, Public Health Inspector
Approved by:	Shelly Brown, Director of Community Programs
Date:	Wednesday, March 6, 2024
Subject:	Enforcement Report
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 checked="" type="checkbox"/> Compliance with Program Standards
Action Required:	No action required.
Background:	<p><i>The Ontario Public Health Standards requires boards of health to publicly disclose results of all inspections or information in accordance with the Consumption and Treatment Services Compliance and Enforcement Protocol, 2021 (or as current); the Food Safety Protocol, 2019 (or as current); the Health Hazard Response Protocol, 2019 (or as current); the Infection Prevention and Control Complaint Protocol, 2019 (or as current); the Infection Prevention and Control Disclosure Protocol, 2019 (or as current); the Infection Prevention and Control Protocol, 2019 (or as current); the Recreational Water Protocol, 2019 (or as current); the Safe Drinking Water and Fluoride Monitoring Protocol, 2018 (or as current); the Tanning Beds Protocol, 2019 (or as current); and the Tobacco, Vapour and Smoke Protocol, 2021 (or as current).</i></p> <p>Enforcement activities are regularly presented to the Hastings Prince Edward (HPEPH) Board of Health outlining inspections and charges.</p> <p>This report presents a summary of inspections and enforcement activity between July 1 and December 31, 2023.</p> <p>The 2023 charges list, including known resolved charges, is enclosed as Appendix A to this report.</p>
Comments:	<p>1. Tobacco Enforcement Officers completed Smoke-Free Ontario Act (SFOA) inspections, including:</p> <ul style="list-style-type: none"> • 33 compliance checks to ensure area retailers are not providing tobacco or vapour products to a person who is less than 19 years of age • 48 inspections to ensure tobacco vendors follow display and promotion restrictions • 62 inspections to ensure vapour product vendors follow display and promotion restrictions • 17 inspections to ensure all secondary schools, public places, workplaces, work vehicles, and other prescribed areas (e.g., campuses, hospital property, sporting areas, outdoor restaurant/bar patios, playgrounds) meet the following: <ul style="list-style-type: none"> • 100% smoke-free • have “no smoking/no vaping” signs posted; and • do not contain ashtrays <p>The SFOA inspections and compliance checks listed above resulted in 46 warnings and 7 charges:</p>

	<ul style="list-style-type: none"> • 9 charges for “supply vapour products to a person less than 19 years of age” • 5 charges for “offer to sell flavoured vapour product in a prohibited place” • 1 charge for “display vapour products in manner that permits viewing or handling before purchase” <p>Tobacco Enforcement Officers also dealt with 21 public complaints, enquiries, and requests for resources (no smoking/vaping signs).</p> <p>Most tobacco convictions were handled with the Early Resolution System in place at the Hastings County and Prince Edward County Provincial Offences Courts.</p> <p>The Early Resolution System affords the accused the opportunity to meet with the HPEPH prosecutor and plead guilty in return for a lesser fine, thereby reducing the need to have a trial.</p> <p>2. Public Health Inspectors working across several Healthy Environments programs completed several activities, including:</p> <ul style="list-style-type: none"> • 1,076 food premises inspections <ul style="list-style-type: none"> - 829 routine - 142 re-inspections - 40 complaints - 32 pre-operational - 33 demands • 398 rabies investigations <ul style="list-style-type: none"> - Top three animals: 271 dogs, 76 cats, 26 bats • 49 small drinking water systems inspections <ul style="list-style-type: none"> - 40 routine - 4 demands - 5 re-inspections • 136 recreational water facilities (e.g., wading pools, swimming pools) inspections <ul style="list-style-type: none"> - 102 routine - 28 re-inspections - 5 demands - 1 complaint • 108 personal services settings (e.g., hair salons, tattoo parlours) inspections <ul style="list-style-type: none"> - 90 routine - 8 re-inspections - 2 complaints - 2 demands - 6 pre-operational • 445 public complaints, enquiries, and requests for information <p>A total of 12 Community Health Protection Orders were issued to mitigate health hazards at recreational water facilities (6), restaurants (5), and a personal service setting (1).</p> <p>The progressive enforcement led to 9 charges in the food safety (6), personal service settings (2), and rabies (1) programs.</p> <p>Overall, these activities are in accordance with the Board of Health's mission statement.</p>
Reviewed By:	Dr. Ethan Toumishey, Medical Officer of Health and CEO

Appendix A - Enforcement Report

Listing of charges laid in 2023 under the Smoke-Free Ontario Act (SFOA), and Health Protection and Promotion Act (HPPA) for the period from July 1, 2023, to December 31, 2023.

* For a complete listing of charges and convictions in the last 2 years please visit www.hpepublichealth.ca/charges-convictions/

**Legal disposition listed where outcome from the provincial courts is known.

FACILITY NAME	ADDRESS	STATUTE	OFFENCE	STATUS	OFFENCE DATE	RESOLUTION DATE
SWORD MOTOR INN - POOL	146 Hastings St. N., Bancroft	HPPA	Community Health Protection Order – closure of pool until immediate health hazard is eliminated	Complied	July 4, 2023	July 10, 2023
GRAIL SPRINGS RETREAT CENTRE FOR WELLBEING	2004 Bay Lake Rd., Bancroft	HPPA	Community Health Protection Order – closure of hot tubs and cold plunge tun until immediate health hazard is eliminated	Complied	July 18, 2023	Aug 9, 2023
NORTHURSH INK	1 Fairway Blvd., Bancroft	HPPA	Personal Service Settings – fail to ensure sink not located in a room with toilet	Conviction \$385	July 28, 2023	Sept 14, 2023
GOLDEN RESTAURANT	155 Main St., Picton	HPPA	Community Health Protection Order – closure of facility until immediate health hazard is eliminated	Complied	Aug 2, 2023	Aug 9, 2023
STARBUCKS	390 N Front St., Belleville	HPPA	Community Health Protection Order – closure of facility until immediate health hazard is eliminated	Complied	Aug 15, 2023	Aug 16, 2023
EAST SHORE CAMP PARK	181 Melville Rd., Consecon	HPPA	Community Health Protection Order – closure of pool until immediate health hazard is eliminated	Pending	Aug 16, 2023	

FACILITY NAME	ADDRESS	STATUTE	OFFENCE	STATUS	OFFENCE DATE	RESOLUTION DATE
TIGER CHICKEN AND RIBS	68 Front St., Trenton	HPPA	Community Health Protection Order – closure of facility until immediate health hazard is eliminated	Complied	Aug 17, 2023	Aug 18, 2023
INDIVIDUAL	11B Tripp Ave., Belleville	HPPA	Fail to immunize dog against rabies	Conviction \$225	Sept 15, 2023	Nov 21, 2023
RAMADA TRENTON	99 Glen Miller Rd., Trenton	HPPA	Community Health Protection Order – closure of pool until immediate health hazard is eliminated	Complied	Sept 19, 2023	Nov 3, 2023
ESSO STIRLING	100 E. Front St., Stirling	SFOA	Offer to sell flavoured vapour product in a prohibited place	Conviction \$410	Sept 20, 2023	Nov 16, 2023
DAISYMART / ULTRAMAR	1560 Old Hwy 2, Belleville	SFOA	Sell vapour product to a person who is less than 19 years old	Conviction \$490	Oct 18, 2023	Dec 5, 2023
ROSSMORE STOP AT PETRO	3529 Hwy 62, PEC	SFOA	Sell vapour product to a person who is less than 19 years old	Conviction \$490	Oct 18, 2023	Nov 17, 2023
NORTHRUSH INK	1 Fairway Blvd., Bancroft	HPPA	Personal Service Settings – fail to ensure sink not located in room with toilet	Conviction \$390	Oct 30, 2023	Dec 19, 2023
ROLUF'S CAMERA	227 Front St., Belleville	SFOA	Display vapour products in manner that permits viewing or handling before purchase	Conviction \$490	Oct 30, 2023	Nov 29, 2023
ROLUF'S CAMERA	227 Front St., Belleville	SFOA	Offer to sell flavoured vapour product in a prohibited place	Conviction \$365	Oct 30, 2023	Nov 29, 2023
ROLUF'S CAMERA	227 Front St., Belleville	SFOA	Offer to sell improperly packaged tobacco	Conviction \$490	Oct 30, 2023	Nov 29, 2023
THE STINKY CANUCK	74 Main St., Picton	SFOA	Sell vapour product to a person who is less than 19 years old	Conviction \$490	Nov 1, 2023	Nov 21, 2023
GAS & COUNTRY RESTAURANT	5614 Hwy 620, Coe Hill	HPPA	Fail to provide handwashing stations with adequate supplies	Pending	Nov 9, 2023	
GAS & COUNTRY RESTAURANT	5614 Hwy 620, Coe Hill	HPPA	Fail to protect against harbouring of pests	Conviction \$585	Nov 9, 2023	Jan 23, 2024
GAS & COUNTRY RESTAURANT	5614 Hwy 620, Coe Hill	HPPA	Food premise maintained in manner adversely affecting sanitary operation	Conviction \$585	Nov 9, 2023	Jan 23, 2024

Schedule 14.1

FACILITY NAME	ADDRESS	STATUTE	OFFENCE	STATUS	OFFENCE DATE	RESOLUTION DATE
GAS & COUNTRY RESTAURANT	5614 Hwy 620, Coe Hill	HPPA	Fail to ensure completion of food handler training by food handler or supervisor	Conviction \$390	Nov 9, 2023	Jan 23, 2024
SIMPLY NAILS PLUS	43 Conley Rd., Bloomfield	HPPA	Community Health Protection Order – closure of facility until immediate health hazard is eliminated	Complied	Nov 15, 2023	Nov 24, 2023
RIVERSIDE CONVENIENCE	210 Front St., Trenton	SFOA	Sell vapour product to a person who is less than 19 years old	Conviction \$495	Nov 16, 2023	Jan 5, 2024
SMOKER'S WORLD	71 Dundas St. W., Trenton	SFOA	Sell vapour product to a person who is less than 19 years old	Conviction \$490	Nov 16, 2023	Nov 29, 2023
MARMORA AND LAKE INN BED & BREAKFAST	29 Bursthall St., Marmora	HPPA	Community Health Protection Order – closure of pool until immediate health hazard is eliminated	Complied	Nov 16, 2023	Nov 22, 2023
BAY TERRACE APARTMENTS, BUILDING 2	334 Dundas St. E., Belleville	HPPA	Community Health Protection Order – closure of pool until immediate health hazard is eliminated	Complied	Nov 23, 2023	Nov 23, 2023
PRO ONE STOP	208 North St., Stirling	SFOA	Sell vapour product to a person who is less than 19 years old	Pending	Nov 29, 2023	
PIONEER GAS STATION STORE #42510	2 Matthew St., Marmora	HPPA	Community Health Protection Order – eliminate health hazard	Complied	Dec 6, 2023	Jan 4, 2024
ULTRAMAR (MARMORA EXPRESS)	57 Matthew St, Marmora	SFOA	Supply vapour product to a person who is less than 19 years old	Conviction \$490	Dec 8, 2023	Jan 23, 2024
PIONEER GAS STATION STORE #42510	2 Matthew St., Marmora	SFOA	Supply vapour product to a person who is less than 19 years old	Pending	Dec 8, 2023	
ULTRAMAR	114 Bonjour Blvd, Madoc	SFOA	Supply vapour product to a person who is less than 19 years old	Conviction \$490	Dec 8, 2023	Dec 15, 2023
ZEHR'S BAKERY & KIM'S VARIETY	61 Hastings St. N, Bancroft	HPPA	Use shelves not of readily cleanable design	Conviction \$55	Dec 12, 2023	Jan 31, 2024

FACILITY NAME	ADDRESS	STATUTE	OFFENCE	STATUS	OFFENCE DATE	RESOLUTION DATE
ZEHR'S BAKERY & KIM'S VARIETY	61 Hastings St. N, Bancroft	HPPA	Display potentially hazardous foods at internal temperature between 4°C and 60°C	Conviction \$465	Dec 12, 2023	Jan 31, 2024
ROYAL HAVELI	366 N Front St., Belleville	HPPA	Community Health Protection Order – closure of facility until immediate health hazard is eliminated	Complied	Dec 15, 2023	Dec 27, 2023
PRICE'S VARIETY (KIM'S VARIETY)	80 Byron St, Trenton	SFOA	Offer to sell vapour product in a prohibited place	Conviction \$365	Dec 29, 2023	Jan 18, 2024
PRICE'S VARIETY (KIM'S VARIETY)	80 Byron St, Trenton	SFOA	Display vapour products in manner that permits viewing or handling before purchase	Conviction \$490	Dec 29, 2023	Jan 18, 2024

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Julie O'Shea, Health Promoter
Approved by:	Shelly Brown, Director of Community Programs
Date:	Wednesday, March 6, 2024
Subject:	Municipal Liaison Program
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 checked="" type="checkbox"/> Compliance with Program Standards
Action Required:	No action required.
Background:	<p>In 2019, Hastings Prince Edward Public Health (HPEPH) completed a Community Engagement Strategy, outlining four priority groups for engagement. Municipalities are one of these priority groups. The Municipal Liaison program aligns with the Community Engagement Strategy, as well as the Ontario Public Health Standards' (OPHS) objective to increase policies, partnerships, and practices within the Healthy Communities domain and contributes to the implementation of the following OPHS:</p> <ul style="list-style-type: none"> • Chronic Disease Prevention and Well-Being; • Healthy Environments; • Injury Prevention; • Substance Use Prevention and Harm Reduction; and • Healthy Growth and Development <p>The Municipal Liaison program was formed with the goal of applying a health lens to municipal planning. Throughout the COVID-19 Pandemic, the program was put on the back burner as our staff worked to help keep our communities safe in a time of emergency. Since then, staff have been working diligently to create a solid foundation and next steps.</p> <p>Municipalities play a role in how the community is designed, what is prioritized, and the activities that are implemented. Municipal planning decisions that are made today have a lasting impact on the community members' health in the future. It is imperative that we design communities that will promote positive health outcomes. As part of the Municipal Liaison Program, HPEPH liaisons use an upstream approach to promote health, and ultimately aims to lessen the downstream burden on primary care, hospital, and other treatment services.</p> <p>Decisions such as zoning, greenspace, active transportation routes, access to physical activity options, positive food environments, safe environments, all play a role in helping our members thrive and reach their full health potential. By promoting physical health and wellbeing, mental health, healthy communities, and access to services, we can help make the healthy choice an easier choice and help our community members have better health outcomes.</p> <p>The Municipal Liaisons are working to gather evidence on various topics of interest to municipalities, in order to provide information and support to</p>

	<p>communities when needed or requested. By working together to create plans and neighborhoods that foster community connectedness, we can all become stronger together. For example, Public Health representatives have supported the development of Community Safety and Well-Being plans, offered evidence and data, and supported the recommendations suggested, as they fit within the scope of Public Health. These plans often aim to address social determinants of health, such as housing, mental health and addictions and violence prevention, which align with the goals of public health. HPEPH topic leads and Municipal Liaisons have an opportunity to provide evidence-based feedback and support to address these issues in our communities.</p> <p>This program is continuing to evolve and is looking forward to future collaborations with municipal partners to create healthy communities for all.</p>
Reviewed By:	Dr. Ethan Toumishey, Medical Officer of Health and CEO

Schedule 14.2



Municipal Liaison Program

Board of Health
Wednesday, March 6, 2024

Julie O'Shea, MPH
Health Promoter

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Municipal Liaison Program



Community Engagement



1. Schools
2. Municipalities
3. Healthcare professionals and organizations
4. Priority populations

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Municipal Liaison Program

What do we do?

Municipal Liaisons


- Presentations, meetings
- Feedback opportunities
- Newsletters
- Collaboration
- Gather evidence



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Municipal Liaison Program

What can municipalities do?

- Municipal decisions that are made today, can impact the health of all its community members in the future.
- Impact on the social determinants of health
- Focus on upstream approach



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Schedule 14.2



HASTINGS PRINCE EDWARD
Public Health

Municipal Liaison Program

When we work together, we can create an environment to
allow everyone in our communities to thrive!



Questions?
healthycommunities@hpeph.ca

hpePublicHealth.ca

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Raghad Al Nobani, Registered Dietitian
Approved by:	Emily Tubbs, Program Manager
Date:	Wednesday March 6, 2024
Subject:	The Real Cost of Eating Well
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 checked="" type="checkbox"/> Compliance with Program Standards
Action Required:	<p>Approval of following motion and attached letter.</p> <p>MOTION:</p> <p>That the Board of Health endorse the Association of Local Public Health Agencies (aLPHa) resolution #A23-05 Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates.</p> <p>THAT the Board of Health advocate for income-based policy solutions to reduce household food insecurity such as increasing minimum wage and social assistance rates; and affordable housing initiatives.</p>
Background:	<p>Food affordability is a population health indicator that can be assessed and reported on to describe the existence and impact of health inequities. Monitoring of food affordability directly contributes to meeting requirements and expected outcomes in the Foundational Standards – Health Equity of the Ontario Public Health Standards. Monitoring food affordability is a requirement as specified in the Population Health Assessment and Surveillance Protocol 2018.</p> <p>Data from the Canadian Income Survey reveals that the prevalence of household food insecurity (2 year combined 2021-2022) for HPEC is 23 per cent, higher than the provincial estimate of 17.4 per cent. Household food insecurity is a serious public health issue, as it is tightly linked to adverse health outcomes for both children and adults. Food insecure individuals are more likely to be diagnosed with chronic (mental and physical) conditions, negatively impacting health and wellbeing and increasing healthcare utilization.</p> <p>The presentation and accompanying report, <i>The Real Cost of Eating Well in Hastings and Prince Edward Counties, 2023</i>, which is available at hpePublicHealth.ca, provides an overview of the 2023 Nutritious Food Basket food costing results and demonstrates the impact of poverty and high cost of living on one's food security, health and wellbeing.</p>
Reviewed By:	Dr. Ethan Toumishey, Medical Officer of Health and CEO

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

Schedule 14.3

Hon. Sylvia Jones
Minister of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re: alPHa Resolution A23-05 - Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, I am writing to introduce the above-named resolution, that was passed by our membership at our 2023 Annual Conference.

As you know, food security is a key determinant of health and our members are obliged under provincial mandate to monitor food affordability as part of their assessment of the health of their populations. Our members have communicated the need for income-based responses to poverty and food insecurity in the past, and we are now faced with a situation where the cost of food is rising at a far greater pace than most incomes, and this is most true of our most vulnerable citizens, those who depend on Ontario's social assistance programs.

We are therefore calling on the Ontario Government to utilize food affordability monitoring results from public health units to determine the adequacy of social assistance rates and legislate targets for reduction of food insecurity as part of Ontario's plan for poverty reduction.

We invite you to examine the additional details and rationale that are included in the attached resolution, and we would welcome an opportunity to meet with you and your staff to discuss them further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,



Dr. Charles Gardner,
President

Copy: Hon. Peter Bethlenfalvy, Minister of Finance,
Hon. Michael Parsa, Minister of Children, Community and Social Services
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health

Encl.

August 15, 2023

RESOLUTION A23-05

TITLE: **Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates**

SPONSOR: **Ontario Dietitians in Public Health**

WHEREAS the Population Health Assessment and Surveillance Protocol (2018) of the Ontario Public Health Standards require public health units (PHUs) to monitor food affordability, as well as assess and report on the health of local populations, describing the existence and impact of health inequities;

WHEREAS it is well documented that food insecurity has detrimental impacts on physical and mental health leading to increased healthcare utilization and greater healthcare costs;

WHEREAS adequate income is an important social determinant of health that greatly impacts household food security status;

WHEREAS results of monitoring food affordability in Ontario in 2022 highlight the inadequacy of both Ontario Works (OW) and the Ontario Disability Support Program (ODSP);

WHEREAS 67% of households in Ontario that rely on ODSP and OW as their main source of income experience food insecurity;

WHEREAS prices for food purchased from stores rose 10.6% from February 2022 to February 2023, the fastest pace since 1981;

WHEREAS ODSP rates were increased by 5% in 2022 and will be indexed to inflation going forward; however, current ODSP rates are not based on the costs of living. Further, OW has not been increased since 2018 and is not indexed to inflation; and

WHEREAS Previous alPHA resolutions [A05-18](#) (Adequate Nutrition for Ontario Works and Ontario Disability Support Program Participants and Low Wage Earners), [A15-04](#) (Basic Income Guarantee), and [A18-02](#) (Minimum Wage that is a Living Wage) have underscored the need for income-based responses to poverty and food insecurity.

NOW THEREFORE BE IT RESOLVED that alPHA call on the Province of Ontario to utilize food affordability monitoring results from PHUs in determining the adequacy of social assistance rates to reflect the current costs of living and to index Ontario Works rates to inflation going forward;

AND FURTHER that alPHA call on the Province of Ontario to acknowledge the impact of rising food costs, particularly for individuals living on social assistance incomes, and legislate targets for reduction of food insecurity as part of Ontario's plan for poverty reduction.

BACKGROUND: Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates

SPONSOR: Ontario Dietitians in Public Health

Food insecurity, inadequate or insecure access to food due to household financial constraints, continues to be a serious and pervasive public health problem. Physical and mental health are tightly linked to individuals' household food security status.¹ The health consequences of food insecurity are a large burden on our healthcare system and are costly for public health care budgets.¹ The most current data indicate approximately one in six households in Ontario experience some level of food insecurity.²

Social assistance recipients, including those reliant on Ontario Works (OW) and the Ontario Disability Support Program (ODSP), are at extremely high risk of food insecurity. In 2021, approximately 67% of households in Ontario receiving social assistance experienced food insecurity.² The situation has undoubtedly worsened since then with extraordinary food inflation over the past year. The price of food purchased from stores from February 2022 to February 2023 increased by 10.6%, rising at a rate not seen since the early 1980s.³

Food affordability monitoring conducted by local Public Health Units (PHUs) in May/June 2022 substantiates that individuals receiving social assistance experience extremely dire financial situations, particularly single adults without children. Table 1 illustrates that for a sample of PHUs across all Ontario regions, monthly OW rates in addition to all potential tax credits (assuming individuals file income tax returns) fall short of covering only the cost of a bachelor apartment and food by a range of **-\$132** in Chatham-Kent to **-\$752** in Toronto. Other basic costs of living (e.g., clothing, personal care, transportation, phone, etc.) are not included. These data clearly indicate the extreme inadequacy of OW rates which have been frozen since 2018.⁴

Table 1: Single Adult receiving ONTARIO WORKS (OW)

Public Health Unit	Monthly income (OW ^a + tax credits ^b)	Monthly cost of food ^c	Monthly cost of a bachelor apartment ^d	Remainder/ Shortfall
Chatham-Kent	\$863	\$381	\$614	- \$132
North Bay Parry Sound District	\$876	\$404	\$650	-\$178
Northwestern	\$876	\$466	\$602	- \$192
Ottawa	\$863	\$392	\$1059	- \$588
Peterborough	\$863	\$381	\$805	- \$323
Toronto	\$865	\$392	\$1225	- \$752
Wellington-Dufferin-Guelph	\$863	\$425	\$936	-\$498

^a includes Basic Allowance (\$343) + Maximum Shelter Allowance (\$390)

^b includes GST/HST tax credit, Ontario Trillium Benefit, and Climate Action Incentive Payment

^c cost of the Ontario Nutritious Food Basket, collected by Public Health Unit in May/June 2022

^d cost of market rental rates obtained from CMHC data tables (October 2021) or from municipal housing authorities; may or may not include utilities

Table 2 shows the monthly funds remaining or shortfall of ODSP and available tax credits after rent for a one-bedroom apartment and cost of food are deducted. Again, other basic costs of living are not included. The monthly funds remaining for ODSP recipients range from \$121 in Chatham-Kent to a shortfall of **-\$525** in Toronto. Despite an increase of 5% to ODSP in September 2022, an increase from \$200 per month to \$1000 per month on employment earning cap, and an adjustment for inflation beginning in July 2023^{4,5,6}, ODSP falls well below the actual costs of living.

Table 2: Single Adult receiving ONTARIO DISABILITY SUPPORT PROGRAM (ODSP)

Public Health Unit	Monthly income (ODSP ^a + tax credits ^b)	Monthly cost of food ^c	Monthly cost of a 1 bedroom apartment ^d	Remainder/ Shortfall
Chatham-Kent	\$1309	\$381	\$807	\$121
North Bay Parry Sound District	\$1322	\$404	\$862	\$56
Northwestern	\$1322	\$466	\$814	\$42
Ottawa	\$1309	\$392	\$1280	- \$363
Peterborough	\$1309	\$381	\$1049	-\$121
Toronto	\$1313	\$392	\$1446	-\$525
Wellington-Dufferin-Guelph	\$1309	\$425	\$1277	-\$393

^a includes Basic Allowance (\$343) + Maximum Shelter Allowance (\$390)

^b includes GST/HST tax credit, Ontario Trillium Benefit, and Climate Action Incentive Payment

^c cost of the Ontario Nutritious Food Basket, collected by Public Health Unit in May/June 2022

^d cost of market rental rates obtained from CMHC data tables (October 2021) or from municipal housing authorities; may or may not include utilities


Ontario's poverty reduction plan, [Building a Strong Foundation for Success: Reducing Poverty in Ontario \(2020-2025\)](#) includes various indicators (e.g., poverty rate, employment rate, graduation rate); however, it does not include an indicator or provincial targets for the reduction of household food insecurity (HFI). HFI is a highly sensitive measure of material deprivation that is strongly associated with health outcomes and health care utilization. Food insecurity data collected in the Canadian Community Health Survey and the Canadian Income Survey should be utilized to implement and evaluate effective policy interventions for alleviating food insecurity.⁷

References

1. PROOF (Food Insecurity Policy Research). What are the implications of food insecurity for health and health care? [webpage online]. Accessed April 18, 2023 from: <https://proof.utoronto.ca/food-insecurity/what-are-the-implications-of-food-insecurity-for-health-and-health-care/>.
2. Tarasuk V, Li T, Fafard St-Germain AA. Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). 2022. Accessed April 18, 2023 from: <https://proof.utoronto.ca/>.
3. Statistics Canada. Consumer Price Index, February 2023. Retrieved 13 April 2023 from <https://www150.statcan.gc.ca/n1/daily-quotidien/230321/dq230321a-eng.pdf>.

Schedule 14.3

4. Income Security Advocacy Centre. OW and ODSP rates and the OCB as of September 2022. 2022. Accessed April 18, 2023 from: <https://incomesecurity.org/ow-and-odsp-rates-and-the-ocb-as-of-september-2022/>.
5. Government of Ontario. News release: Ontario's plan to build supporting stronger province and economy. 2022. Accessed April 18, 2023 from: <https://news.ontario.ca/en/release/1002233/ontarios-plan-to-build-supporting-stronger-province-and-economy>.
6. Community Living Ontario News Updates. Key Changes Announced in the 2022 Ontario Fall Economic Update. 2022. Accessed April 18, 2023 from: <https://communitylivingontario.ca/key-changes-announced-in-the-2022-ontario-fall-economic-update/>.
7. Food Insecurity Policy Research (PROOF). Provincial Policy Levers to Reduce Household Food Insecurity [webpage online]. Accessed April 18, 2023 from: <https://proof.utoronto.ca/resource/provincial-policy-levers-to-reduce-household-food-insecurity/>.




The Real Cost of Eating Well

in Hastings and Prince Edward Counties 2023

Emily Tubbs
Interim Program Manager, Foundational
Standards, Communications, Healthy
Communities

Board of Health
Wednesday, March 6, 2024



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Food Insecurity

Food insecurity: the inadequate or insecure access to food due to financial constraints (PROOF, 2022)

Food insecurity as a social determinant of health

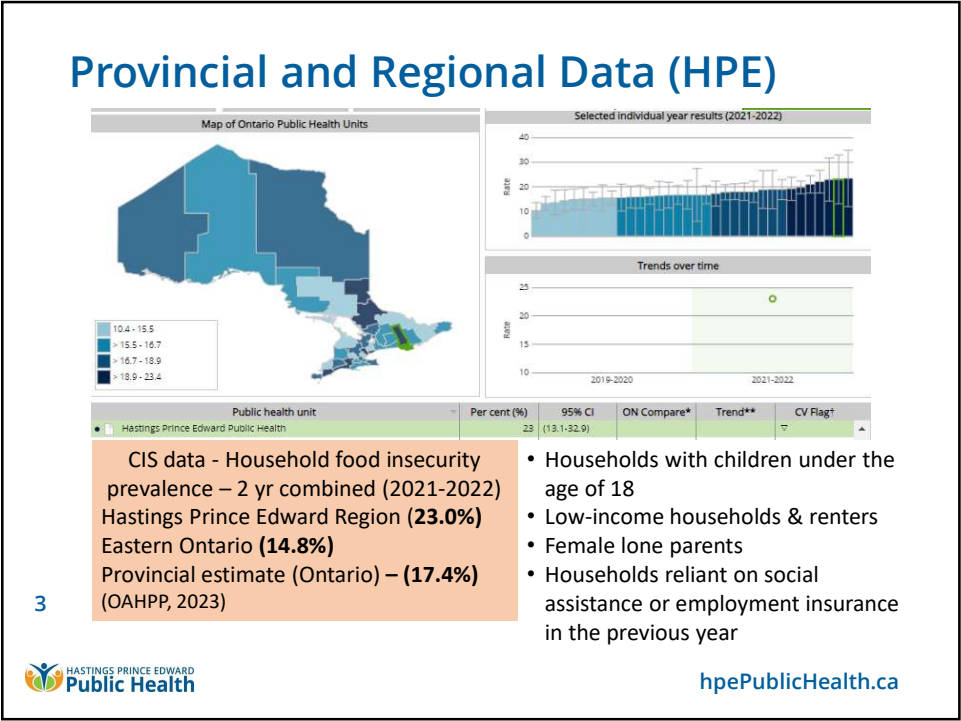
- Chronic physical and mental health problems
- Infectious and non-communicable diseases
- Health care services



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Schedule 14.3



2023 Income Scenarios					
Scenarios (Monthly)	Income (total)	Food cost in HPEC (% of income)	Rent cost (% of income) ⁶	Rent and Food Expenses (total)	Remaining income after food and rent
Scenario 1: Family of four, Ontario Works (OW)	\$2794	\$1147 (41%)	3 bedrooms = \$1580 (57%)	\$2727	\$67 (2%)
Scenario 2: Family of four, full time minimum wage earner	\$4160	\$1147 (28%)	3 bedrooms = \$1580 (38%)	\$2727	\$1433 (34%)
Scenario 3: Family of four, median income (after tax)	\$9284	\$1147 (12%)	3 bedrooms = \$1580 (17%)	\$2727	\$6557 (71%)
Scenario 5: One person household, Ontario Works (OW)	\$865	\$412(48%)	Bachelor = \$913 (106%)	\$1325	\$(-460)
Scenario 6: One person household, Ontario Disability Support Program (ODSP)	\$1369	\$412(30%)	1 Bedroom = \$1109 (81%)	\$1521	\$(-152)
Scenario 9: Single pregnant person, Ontario Disability Support Program (ODSP)	\$1409	\$392 (28%)	1 Bedroom = \$1109 (79%)	\$1501	\$(-92)


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Summary	
<ul style="list-style-type: none">• Food insecurity is an income issue• Poverty and food insecurity are serious public health problems• Almost 1 in 4 households (23 per cent) in Hastings Prince Edward experience food insecurity*	
Addressing food insecurity through income-based strategies such as: <ul style="list-style-type: none">• increasing social assistance rates to better reflect the cost of living• increasing minimum wage to better reflect the cost of living• advocating for increased access and availability of affordable housing• continued local data collection and monitoring of food affordability as an advocacy tool in Hastings Prince Edward	
6	* Interpret with caution, Canadian Income Survey (2021-2022)

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**Main Office – Belleville**

179 North Park Street, Belleville, ON K8P 4P1
T: 613-966-5500 | 1-800-267-2803 | **F:** 613-966-9418
TTY: 711 or 1-800-267-6511
hpePublicHealth.ca

March 6, 2024

Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Sent via email: doug.fordco@pc.ola.org

Dear Premier Ford,

Re: Addressing Household Food Insecurity in Ontario

The catchment area of Hastings Prince Edward Public Health (HPEPH) has substantially higher levels of household food insecurity compared to the rest of the province. Estimates from the Canadian Income Survey reveal that 23 per cent of households in Hastings and Prince Edward Counties (HPEC) are experiencing food insecurity. This is higher than the provincial estimate of 17.4 per cent for Ontario.¹ When comparing the two-year combined average (2021-2022), HPEC ranks second highest in the prevalence of household food insecurity among all 34 Ontario Public Health Units.¹

Food insecurity is defined as the inadequate or insecure access to food *due to financial constraints*.² Food insecurity is not an issue of accessibility or availability, but instead is tightly linked to income. This reinforces the need for sufficient social and income supports to address this public health issue.

On March 6, 2024, the Hastings Prince Edward Board of Health (Board) reviewed HPEPH's report, *The Real Cost of Eating Well in Hastings Prince Edward, 2023* (RCEW Report) which reinforced the severity of food insecurity in HPEC. In response, the Board is asking provincial leaders to support income-based policy solutions to address and reduce food insecurity. Through staff recommendations and in alignment with [recommendations](#) made by the Ontario Dietitians of Public Health, the Board identified the top priority initiatives to be:³

- increased social assistance rates,
- increased minimum wage, and
- increased access to and availability of affordable housing.

Action is required to address this situation and improve the quality of life of the most vulnerable residents of HPEC. The Board of Health respectfully requests that elected officials take action to:

.../2

North Hastings

1P Manor Ln., L1-024, Bancroft, ON K0L 1C0
T: 1-800-267-2803 | **F:** 613-332-5418

Prince Edward County

Suite 1, 35 Bridge St., Picton, ON K0K 2T0
T: 613-966-5500 | **F:** 613-476-2919

Quinte West

499 Dundas St. W., Trenton, ON K8V 6C4
T: 613-966-5500 | **F:** 613-965-6535

- **Increase minimum wage to reflect the high cost of living, and ensure it is feasible to cover basic expenses such as food and rent.** The Ontario Living Wage Network reported a living wage of \$20.60 for HPEC.⁴ This results in a \$4.05 gap between the current legislated minimum wage and a living wage for residents of HPEC. The RCEW report shows that in HPEC, a family of four with one full-time minimum wage earner is estimated to spend 66 per cent of their income on food and rent, with only the remaining 34 per cent (\$1433) available to cover expenses such as clothing, medications, utilities, transportation and childcare.⁵
- **Increase social assistance rates of Ontario Works and the ODSP to reflect the high cost of living,** as outlined in the recent endorsement of The Association of Local Public Health Agencies resolution, [#A23-05](#) Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates. The RCEW report states that currently, an adult on the Ontario Disability Support Program (ODSP) in HPEC would require 153 per cent of this income to cover only the basic expenses of rent and food, at a minimum.⁵
- **Invest in improvements to availability and access to affordable housing,** as high percentages of income are being used to cover housing expenses leaving little left for food and other expenses. According to the CMHC, housing is considered affordable if it costs less than 30 per cent of a household's before-tax income.⁶ Estimates from the RCEW report reveal that in HPEC, percentages of income required for housing costs range from 30-106 per cent.⁵

Household food insecurity can result in poor mental and physical health outcomes, requiring higher healthcare expenditure for individuals and families in Ontario.² This will ultimately result in increased longer term demands and expenses on the health care and social service system and reduced quality of life for Ontarians. The Hastings Prince Edward Board of Health is calling upon provincial leaders to effectively reduce prevalence of household food insecurity through income-based policies such as increasing social assistance rates, increasing minimum wage, and continued advocacy to increase access to affordable housing for individuals and families in Ontario.

Thank you for considering our recommendations.

Sincerely,

Janet C. O'Neill, Board Chair
Hastings Prince Edward Board of Health

cc: Hon. Paul Calandra, Minister of Municipal Affairs and Housing
Hon. Sylvia Jones, Minister of Health
Hon. Michael Parsa, Minister of Children, Community and Social Services
Hon. Dave Piccini, Minister of Labour, Immigration, Training and Skills Development
Hon. Marit Stiles, Leader of the Ontario NDP
Hon. Bonnie Crombie, Leader of the Ontario Liberals
MP Ric Bresee, Hastings-Lennox and Addington
MP Shelby Kramp-Neuman, Hastings-Lennox and Addington
MPP Todd Smith, Bay of Quinte

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3. Ontario Dietitians in Public Health. Position Statement and Recommendations on Responses to Food Insecurity [Internet]. Ontario Dietitians in Public Health. 2020 [cited 2024 Feb 22]. Available from: <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>
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Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	David Johnston, Director of Corporate Services
Approved by:	Dr. Ethan Toumishey, Medical Officer of Health and CEO
Date:	Wednesday, March 6, 2024
Subject:	By-Law 2024-01 – Authorized Borrowing of \$1,000,000
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:	Board approval of this by-law. MOTION: THAT the Board of Health approve By-Law 2024-01 for the borrowing of up to \$1 million.
Background:	<p>This by-law was put in place due to a requirement of the bank and is to be renewed every year.</p> <p>The by-law allows the Board Chair and the Chair of the Finance Committee to authorize the borrowing of up to \$1 million if needed to meet operating expenditures for the year.</p> <p>To date this by-law has never been used.</p>

**THE BOARD OF HEALTH
FOR THE HASTINGS AND PRINCE EDWARD COUNTIES HEALTH UNIT**

**BY-LAW NO. 2024-01
Annual By-Law to authorize the borrowing of up to \$1,000,000**

WHEREAS the Board of Health for the Hastings and Prince Edward Counties Health Unit (hereinafter called the "Board") deems it necessary to borrow the sum of up to \$1,000,000 to meet expenditures of the Board for the year until the municipal levies and government grants are received:

THEREFORE, the Board hereby enacts as follows:

1. The Chair of the Board and the Chair of the Finance Committee are hereby authorized on behalf of the Board to borrow from time to time by way of promissory note from the Canadian Imperial Bank of Commerce, a sum or sums not exceeding \$1,000,000 to meet the current expenditures of the Board for the year until the municipal levies and government grants are received, and to give on behalf of the Board, to the bank, a promissory note or notes and signed by the Chair of the Board and the Chair of the Finance Committee for the monies so borrowed, with interest at such rate as may be agreed upon from time to time with the Bank.
2. The interest costs for all sums borrowed pursuant to the authority of the by-law shall be charged as an expenditure against the revenues of the Board for the current year.
3. The Chair of the Finance Committee is hereby authorized and directed to apply in payment of all sums borrowed as aforesaid, together with the interest thereon, all of the monies hereafter collected are received either on account or realized in respect of levies and grants for the current year and preceding year or from any other source which may lawfully be applied for such purpose.

This by-law shall come into force and take effect immediately upon the approval thereof.

Janet C. O'Neill, Chair, Board of Health

Date

Dr. Ethan Toumishey,
Medical Officer of Health & CEO

Date

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Cindy Tindal, Manager, Human Resources and Organizational Development Denise Hughes, Acting Manager, Office Services
Approved by:	David Johnston, Director of Corporate Services
Date:	Wednesday, March 6, 2024
Subject:	Health & Safety Policy Statement
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:	Board approval of this Policy Statement MOTION: THAT the Board of Health approve the Health and Safety Policy Statement.
Background:	The annual review of the Health & Safety Policy Statement was completed. The current policy from March 2023 was reviewed against current legislative requirements to ensure compliance. The current version is compliant.
Reviewed By:	Dr. Ethan Toumishey, Medical Officer of Health and CEO

**HASTINGS PRINCE EDWARD PUBLIC HEALTH
POLICIES AND PROCEDURES**

Section:	HEALTH AND SAFETY
Sub-Section:	Corporate Statements
Policy Title:	Health and Safety Policy Statement
Approved by:	Hastings Prince Edward Board of Health
Date:	March 6, 2024

PURPOSE:

To provide a safe and healthy workplace and ensure compliance with the Occupational Health and Safety Act.

POLICY:

Hastings Prince Edward Public Health (HPEPH) is committed to:

- ✓ A safe, clean and healthy work environment which is appropriate to the purpose, size and the context of the Organization.
- ✓ The prevention of all injuries, occupational illnesses and accidents by taking every reasonable effort to eliminate hazardous conditions and practices, reduce OH&S Risks and to continually improve in Occupational Health & Safety Management and performance by setting and reviewing Occupational Health & Safety Objectives and providing the resources for the maintenance of a safe and healthy work environment.
- ✓ Ensuring the Occupational Health & Safety Management System is implemented with full co-operation from all parties which will include consultation and participation of workers.
- ✓ Comply with all applicable legal requirements and any other requirements to which the organization subscribes that relate to Occupational Health & Safety hazards.

PROCEDURE:

Managers are responsible for training their employees and contractors in approved work methods, health and safety rules, policies, procedures, and programs and for notifying them of the existence of all known or reasonably foreseeable health and safety hazards. Managers are responsible for ensuring that all employees and contractors work in compliance with the Occupational Health & Safety Act and Regulations.

All employees need to accept personal responsibility to follow safety rules and guidelines and to plan and conduct their work safely and extend their concern for personal safety and health to fellow employees. Employees will report all unsafe and unhealthy conditions to a Manager or a member of the Health & Safety Committee. Employees who fail to comply with the Occupational Health & Safety Act and Regulations or any company Health & Safety rules, policies, procedures, or programs will be subject to discipline up to and including termination.

All Contractors will accept responsibility to meet or exceed HPEPH's Health & Safety Program requirements. Contractors who fail to comply with the Occupational Health & Safety Act and Regulations or any HPEPH Health & Safety rules, policies, procedures, or programs, will be subject to contract cancellation or any other remedy as determined at the HPEPH's discretion.

APPLICABILITY:

This policy applies to all employees, students, volunteers, visitors, and contractors to HPEPH. This policy will be reviewed, signed, and dated annually.

LEGISLATION:

Procedures and decisions related to this policy shall comply with the Occupational Health and Safety Act, Workplace Safety and Insurance Act and other relevant laws and regulations regarding health and safety.

Janet C. O'Neill, Board of Health Chair

Date

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Cindy Tindal, Manager, Human Resources and Organizational Development Denise Hughes, Acting Manager, Office Services
Approved by:	David Johnston, Director of Corporate Services
Date:	Wednesday, March 6, 2024
Subject:	Workplace Violence, Harassment and Abuse Policy Statement
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:	Board approval of this Policy Statement MOTION: THAT the Board of Health approve the Workplace Violence, Harassment and Abuse Policy Statement.
Background:	<p>Due to the new Insurance company requirement to have an "Abuse Policy", the Workplace Violence & Harassment Policy Statement has been updated to include this requirement.</p> <p>Added specific reference to "Abuse" throughout the document. All statements regarding "discrimination and harassment", now indicate "discrimination, harassment and abuse".</p> <p>Expanded Definitions to include the following summarized definition of Abuse:</p> <p>Abuse is a behaviour that scares, isolates, or controls another person. Abuse may be a pattern or a single incident. Abuse includes the following forms:</p> <ul style="list-style-type: none"> • physical, including assault and forcible confinement • sexual, including sexual contact without consent • psychological, including threats and intimidation • financial, including fraud and extortion • emotional, a chronic attack on self-esteem • verbal, threatening or intimidating verbal communication • neglect, consisting of the failure to provide the necessities of life
Reviewed By:	Dr. Ethan Toumishey, Medical Officer of Health and CEO

HASTINGS PRINCE EDWARD PUBLIC HEALTH POLICIES AND PROCEDURES

Section:	HEALTH AND SAFETY
Sub Section:	Corporate Statements
Policy Title:	Workplace Violence, Harassment & Abuse Policy Statement
Approved By:	Hastings Prince Edward Board of Health
Date:	March 6 2024

In accordance with the Occupational Health and Safety Act, and the Ontario Human Rights Code, the management of Hastings Prince Edward Public Health (HPEPH) is committed to protecting staff from abusive or violent behaviour and will take all reasonable precautions to prevent violence and protect employees from acts of violence in the workplace.

HPEPH is also committed to providing a fair and equitable work environment where all individuals are treated with respect and dignity. This policy will confirm that violence, harassment, discrimination, and abuse will not be tolerated in the workplace.

Workplace violence means:

- the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker, or
- an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker, or
- a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

Workplace harassment means:

- engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome, or
- workplace sexual harassment.

Workplace sexual harassment means:

- engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or
- making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

Discrimination is the act of treating someone differently, by denying a benefit or imposing additional or unfair burdens upon them on the basis of certain personal characteristics protected by law.

Abuse is a behaviour that scares, isolates, or controls another person. Abuse may be a pattern or a single incident. Abuse includes the following forms:

- | | |
|--|---|
| • physical, including assault and forcible confinement | • emotional, a chronic attack on self-esteem |
| • sexual, including sexual contact without consent | • verbal, threatening or intimidating verbal communication |
| • psychological, including threats and intimidation | • neglect, consisting of the failure to provide the necessities of life |
| • financial, including fraud and extortion | |

Workplace harassment typically takes place more than once over a period of time, with the intent of embarrassing, offending or humiliating someone. Harassment may include such behaviour as name-calling; making inappropriate jokes or remarks that demean, ridicule or intimidate; stereotyping based on someone's personal characteristics or background; displaying or circulating offensive pictures or material; workplace bullying; offensive or intimidating phone calls or emails; inappropriate sexual touching, advances, suggestions or requests; as well as other forms of offensive and insulting behaviour.

HASTINGS PRINCE EDWARD PUBLIC HEALTH POLICIES AND PROCEDURES

Section:	HEALTH AND SAFETY
Sub-Section:	Corporate Statements
Policy Title:	Workplace Violence, Harassment & Abuse Policy Statement

Workplace harassment may include incidents that occur beyond the normal workplace. For example, comments posted on social media or other unwelcome behaviour towards co-workers outside of working hours may constitute workplace harassment.

Workplace harassment and discrimination often take place based on certain personal characteristics protected by law, including without limitation: race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offences, marital status, family status, or disability.

As per the Workplace Violence and Risk Assessment & Anti-Discrimination, Harassment and Abuse Procedures:

- Management will provide training about workplace violence prevention to all staff, and conduct workplace hazard assessments.
- Where events are escalating or appear to have the potential to become violent, staff are expected to take any reasonable actions to diffuse, avoid or remove themselves from potential harm.
- In threatening or violent situations staff should call the authorities (e.g. police or EMS) for immediate help first and contact his or her manager after the immediate situation is resolved.
- When past abuse or violent behaviours are a risk factor, staff will be informed as required and the manager will take reasonable precautions or make changes to the service delivery to protect staff.

When harassing, discriminatory, threatening, abusive or violent events occur, staff shall inform their Manager as soon as possible.

Upon notification, HPEPH management will;

- Take immediate action as needed and reasonable to protect staff.
- Investigate, report and deal with incidents of workplace violence, harassment or abuse in a timely manner. The complainant and alleged offender shall be treated fairly while preserving the dignity and self-respect of all persons involved.
- Maintain information confidential to the degree it does not interfere with the investigation.

This includes issues of domestic violence. To the extent that a worker is being subjected to domestic violence, and believes that a spouse or partner may pose a risk to them in the workplace, the worker is encouraged to report those concerns to management so that appropriate precautions can be taken.

Workplace violence, harassment, discrimination or abuse is not condoned in any way from staff and will be dealt with using corrective action up to and including termination. Where the abusive person is a member of the public appropriate action may include issuing a no trespassing notice, referral to police for investigation under the Criminal Code, withdrawal of services, severing the relationship or any other action necessary to protect the security of staff.

Application

This policy applies to all employees, students, volunteers, suppliers, clients, visitors and anyone else on our premises or conducting business with HPEPH. This policy will be reviewed, signed and dated annually.

Janet C. O'Neill, Board of Health Chair

Date

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Denise Hughes and Peter Hicks, Co-Chairs Joint Health & Safety Committee
Approved by:	David Johnston, Director of Corporate Services
Date:	Wednesday, March 6, 2024
Subject:	Occupational Health and Safety Report 2023
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:	Request the Board of Health accept the 2023 Health and Safety Report including endorsement of the 2024 Health and Safety and Workplace Violence, Harassment & Abuse Policy Statements.
Background:	<p><i>As per the Public Health Accountability Framework, “the board of health shall comply with all legal and statutory requirements”. The purpose of this report is to assure the Board of Health that Hastings Prince Edward Public Health (HPEPH) strives to be compliant with the Occupational Health and Safety Act (OHSA).</i></p> <p>HPEPH is committed to working co-operatively with unionized staff to organize and conduct a joint health and safety committee (JHSC) in accordance with the OHSA. The committee is dedicated to maintaining and improving standards of health and safety throughout HPEPH in order to prevent accidents, injury and illness, and to promote overall employee safety.</p> <p>The JHSC plays a crucial role in maintaining a safe and healthy work environment. The collaborative efforts between the JHSC management and worker representatives showcase a strong commitment to ensuring workplace safety. This teamwork fosters a supportive environment and enhances the overall well-being of employees.</p> <p><u>Key Activities in 2023</u></p> <ul style="list-style-type: none"> • Held 4 planned committee meetings. <ul style="list-style-type: none"> ◦ Determined process for JHSC worker representation for during strike of both unions. • Updated HPEPH workplace inspections to ensure completion of all facilities on a monthly basis. <ul style="list-style-type: none"> ◦ Branch office staff are being trained to complete workplace inspections on behalf of the JHSC worker members. • Reviewed Workplace Inspection Reports and followed up as needed. • 2023 Injury Statistics – there were four Medical Aid WSIB Claims. Zero Lost Time. The JHSC Reviewed 4 Incident Reports and followed up as needed:

	<ul style="list-style-type: none"> - 1 Motor Vehicle Accident (Staff found not at fault, WSIB claim denied) - 1 Slips, Trips and Falls (snow / ice) - 1 Material Handling (Repetitive lift / shoulder use) - 1 Other (Animal bite) • Workplace Violence & Harassment programs were updated in 2023 to meet the requirements of the Act and Regulations. • 3 Onsite visits by the Ministry of Labour, Immigration, Training and Skills Development <ul style="list-style-type: none"> ○ 1 – workplace harassment – investigation concerns ○ 1 – PPE compliance – non-compliance witnessed ○ 1 – workplace violence – strike activities • An internal audit of Health and Safety policies and procedures continues.
Reviewed By:	Dr. Ethan Toumishey, Medical Officer of Health and CEO

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Becky Stone, Chair, AODA Committee
Approved by:	Shelly Brown, Director of Community Programs
Date:	Wednesday, March 6, 2024
Subject:	AODA Committee 2023 Year End Report
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:	No action required.
Background:	<p>The <u>Accessibility for Ontarians with Disabilities Act</u> (AODA) sets out a process for developing and enforcing accessibility standards. The goal of the AODA and the Standards is to make the province accessible for all Ontarians with physical and mental disabilities by 2025.</p> <p>The purpose of the AODA Committee is to ensure compliance with the requirements of the AODA. The Committee works to identify, remove and prevent barriers to people with disabilities who work at or use the services of Hastings Prince Edward Public Health.</p> <p>The attached report outlines accomplishments and progress of the Committee towards the achievement of the accessibility plan during 2023.</p>
Reviewed By:	Dr. Ethan Toumishey, Medical Officer of Health & CEO



Accessibility for Ontarians with Disabilities Act Committee

2023 Year End Report



Background

In 2005, the Ontario Government passed the [Accessibility for Ontarians with Disabilities Act \(AODA\)](#) to make Ontario accessible by 2025. The AODA establishes standards related to accessibility that applies to both the public and private sector. These standards are intended to identify, remove and prevent barriers so that people with disabilities have more opportunities to participate in everyday life. The AODA stresses the primary principles of dignity, independence, integration and equality of opportunity in the review, development and implementation of all standards.

The [Accessibility Standards for Customer Service, Ontario Regulation 429/07](#) became law in January 2009. This Regulation established accessibility standards related to customer service. On July 1, 2011, the province of Ontario released the [Integrated Accessibility Standards, Ontario Regulation 191/11](#). The *Integrated Regulation* includes general requirements such as policy development, planning, and training, with compliancy dates phased between 2012 and 2025. Compliance with standards is required in organizational areas that affect people with disabilities, including information and communications, employment, procurement, training, self-service kiosks, building accessibility, transportation, and general service policies and procedures. The development of a multi-year plan to meet these standards is a key component of the regulations.

The goal of the AODA and the Standards is to make the province accessible for all Ontarians with physical and mental disabilities by 2025.

Purpose of Report

The objective of the 2023 Year End report is to provide an overview of the progress and measures taken by Hastings Prince Edward Public Health (HPEPH) to improve accessibility. This report provides an update on the implementation of the Accessibility for Ontarians with Disabilities Act (AODA) Work plan 2022-2025.

2023 Work Plan Activities

In 2023 the AODA Committee met three times to carry out activities identified in the AODA Multi-Year Workplan. The following activities/actions were taken.

I. Accessible Customer Service

HPEPH is committed to providing accessible customer service to people with disabilities. This means that we will provide goods and services to people with disabilities with equitable high quality and timeliness as all other clients. Examples of this work are demonstrated by:

- Reviewing internal AODA resources and preparing a resource sheet listing all resources for staff use.
- Providing accessible services for all clients attending HPEPH led clinics.

II. Accessible Information and Communications

HPEPH is committed to making our information and communications accessible to people with disabilities. This is demonstrated by the following:

- Ongoing use of AODA knowledge in the development of communications and resources.
- HPEPH responded to four formal requests for information to be provided in an alternate format.

III. Accessibility Training

HPEPH is committed to providing training in the requirements of Ontario's accessibility laws and the Ontario Human Rights Code as it applies to people with disabilities. This is demonstrated by:

- Formalizing a process to ensure completion and tracking of all AODA training including the Integrated Accessibility Standards regulation, Accessible Customer Services, the Human Rights Code and any accessibility requirements that apply to specific job duties and the organization.

IV. Design of Public Spaces

HPEPH will meet accessibility laws when building or making major changes to public spaces. HPEPH has procedures in place to prevent service disruptions to the accessible parts of our building and public spaces. The following preventive actions were taken:

- Ensuring the accessible parts of our public spaces are maintained and in good working order.
- Repainting the accessible parking space pavement signage with a large international symbol of access to enhance the visibility of accessible parking spaces and discourage inappropriate usage.

We are committed to providing accessible publications, programs and services to all. For assistance please call 613-966-5500; TTY: 711 or email accessibility@hpeph.ca. For more information, please visit hpePublicHealth.ca.

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Nancy McGeachy, Privacy & Security Officer
Approved by:	Dr. Ethan Toumishey, Medical Officer of Health and CEO
Date:	Wednesday, March 6, 2024
Subject:	2023 Privacy Report
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:	No action required.
Background:	<p><i>As per the Public Health Accountability Framework, “the board of health shall comply with all legal and statutory requirements”. The purpose of this report is to assure the Board of Health that Hastings Prince Edward Public Health (HPEPH) strives to be compliant with privacy legislation including the Personal Health Information Protection Act (PHIPA) and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).</i></p> <p>Privacy Program</p> <p>HPEPH is committed to respecting privacy, safeguarding confidential information and ensuring the security of the personal health information (PHI) and personal information (PI) that it collects, stores, and maintains. The objectives of the privacy program is to:</p> <ol style="list-style-type: none"> 1. foster a culture of privacy within public health, 2. ensure privacy and security is incorporated into all public health programs and services, and 3. ensure compliance with privacy legislation. <p>HPEPH's privacy program is delivered and managed by the Privacy and Security Officer. Duties and responsibilities of the Privacy and Security Officer include implementing policies and procedures, arranging staff education and training, ensuring mechanisms and processes are in place to safeguard the privacy of individuals, and to respond to any inquiries and requests for information. As well, the Privacy and Security Officer chairs the Privacy and Security Committee.</p> <p><u>Key Activities for 2023</u></p> <ol style="list-style-type: none"> 1. The Annual Public Health Statistical Reports for 2023 were completed and submitted to the Information & Privacy Commissioner (IPC) of Ontario in February 2024. The following statistics were reported to the IPC: <ul style="list-style-type: none"> • HPEPH responded to 8 requests for information under the Freedom of Information Act

Schedule 16.6

	<ul style="list-style-type: none">• There were 5 privacy breaches in which information was disclosed without an individual's authority<ul style="list-style-type: none">• "Unauthorized disclosure was through misdirected faxes" - 0• "Unauthorized disclosure was through misdirected emails - 1• "Unauthorized disclosure was through other means - 4• None of the above breaches met the criteria for mandatory reporting to the IPC. <ol style="list-style-type: none">2. Three Privacy Impact Assessments (PIA's) were completed for new programs or services developed and implemented in 2023. PIA's are conducted to help identify actual/potential risks an initiative, program or technology poses to PHI.3. The Privacy Policy and associated procedures and forms were reviewed and updated in 2022 with an updated mandatory training module released and completed by all staff in 2023.
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**Listing of Information Items
Board of Health Meeting – March 6, 2024**

1. Peterborough Public Health - Letter to Minister Sylvia Jones re adequate funding for the Ontario Seniors Dental Care Program dated November 27, 2023.
2. Peterborough Public Health – Letter to Ministers Bethlenfalvy and Jones re support for healthy public policy regarding alcohol marketplace and product sales dated November 29, 2023 – endorsement of Huron Perth Public Health.
3. Peterborough Public Health – Letter the Doug Ford re Bill 93, Joshua’s Law (lifejackets for life), 2023 dated November 29, 2023 - endorsement of Huron Perth Public Health.
4. Peterborough Public Health – Letter to Minister Jones re Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for kids), 2023 dated December 4, 2023 - endorsement for Simcoe Muskoka District Health Unit.
5. Peterborough Public Health – Letter to Doug Ford, Ministers Jones and Parsa re income-based policy interventions to effectively reduce household food insecurity – endorsement of Algoma Public Health.
6. Peterborough Public Health – Letter to Minister Jones re inclusion of monitoring food affordability in the updated Ontario Public Health Standards dated December 4, 2023.
7. North Bay Parry Sound District Health Unit – Letter to Doug Ford, Ministers Jones and Parsa re modernizing alcohol marketplace and product sales dated December 1, 2023.
8. North Bay Parry Sound District Health Unit – Letter to Doug Ford, Ministers Jones and Parsa re intimate partner violence and public health action dated December 13, 2023.
9. Peterborough Public Health – Letter to Doug Ford, Ministers Jones and Tibollo re public health strengthening dated January 5, 2024.
10. Timiskaming Health Unit – Letter to Doug Ford, Ministers Jones and Tibollo re public health strengthening and chronic disease prevention dated January 8, 2024 – endorsement of Sudbury and District Public Health.
11. Sudbury & Districts Public Health – Letter to Doug Ford re Household food insecurity dated January 24, 2024.
12. Rural Ontario Municipal Association (ROMA) – 2024 – Fill the Gaps Closer to Home Report Backgrounder.
13. Peterborough Public Health – Letter to Minister Jones et al re Legislated improvements to indoor air quality in indoor public settings dated January 31, 2024.
14. Peterborough Public Health – Letter to Doug Ford et al re Intimate partner violence and public health action dated January 31, 2024 – endorsement for North Bay Parry Sound District Health Unit.
15. Sudbury & Districts Public Health – Letter to Doug Ford re Gender-based and intimate partner violence dated February 21, 2024.

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.