BOARD OF HEALTH MEETING

Wednesday, June 3, 2020
9:30 a.m. – 11:00 a.m.

Via Teleconference

Dial: 1-855-453-6962
Conference ID# 6292448#

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

Hastings Prince Edward Public Health

2019 - 2023 Strategic Plan

Our Vision

Healthy Communities, Healthy People.

Our Mission

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

Our Values Show We CARE

Collaboration

Advocacy

Respect

Excellence

Our Strategic Priorities

Community Engagement

Staff Engagement and Culture

Population Health Assessment and Surveillance

Program Standards

Health Promotion

HASTINGS PRINCE EDWARD
Public Health

Board of Health Agenda
Wednesday, June 3, 2020
9:30 to 11:00 a.m.

1. **Call to Order**
2. **Roll Call**
3. **Disclosure of Pecuniary Interest and the General Nature Thereof**
4. **Approval of the Agenda**
5. **Approval of Minutes of the Previous Board Meeting**
   – April 1, 2020 — Schedule 5.0
6. **Business Arising from the Minutes**
7. **Deputations**
8. **Committee Reports**
   - 8.1 ***Finance Committee***
     - 8.1.1 Approval of Audited Financial Statements — Schedule 8.1.1
   - 8.2 ***Governance Committee***
     - 8.2.1 Policy Advocacy Policy — Schedule 8.2.1
     - 8.2.2 Board of Health Member Competencies Inventory — Schedule 8.2.2
     - 8.2.3 Strategic Planning Progress Report — Schedule 8.2.3
     - 8.2.4 Land Acknowledgment — Schedule 8.2.4
9. **Report of the Medical Officer of Health** — Schedule 9.0
10. **Written Reports**
    - 10.1 2019 Privacy Report — Schedule 10.1
    - 10.2 Planning Cycle and Quality Improvement Program — Schedule 10.2
    - 10.3 2019 Annual Report and Celebration of Accomplishments — Schedule 10.3
11. **Correspondence and Communications**
12. **New Business**
13. **Information Items** (Available for viewing online) — Schedule 13.0
14. **Date of Next Meeting** – Wednesday, September 2, 2020
15. **Adjournment**

BOARD OF HEALTH MEETING MINUTES

Wednesday, April 1, 2020
Hastings Prince Edward Public Health (HPEPH)
Via Teleconference

Present: Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings, Chair
Mr. Stewart Bailey, Councillor, County of Prince Edward
Mr. Andreas Bolik, Councillor, County of Prince Edward
Mr. Terry Cassidy, Councillor, City of Quinte West
Dr. Craig Ervine, Provincial Appointee
Ms. Deborah Goulden, Provincial Appointee
Mr. Sean Kelly, Councillor, City of Belleville
Mr. Michael Kotsovos, Councillor, City of Quinte West
Ms. Joy Martin, Provincial Appointee
Ms. Jan O'Neill, Mayor, Municipality of Marmora and Lake, County of Hastings
Mr. Bill Sandison, Councillor, City of Belleville

Also Present: Dr. Piotr Oglaza, Medical Officer of Health and CEO
Ms. Valerie Dunham, Director of Corporate Services/Associate CEO
Ms. Catherine Lovell, Executive Assistant to the MOH & CEO

1. CALL TO ORDER

Chair Albert called the meeting to order at 9:31 a.m.

2. ROLL CALL

Chair Albert completed a roll call.

3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

There was no disclosure of pecuniary interest.

4. AMENDMENT TO BY-LAW 2019-04, SECTION 6, SUBSECTION 6.5 PURSUANT TO THE MUNICIPAL EMERGENCY ACT, 2020, S.O. 2020, C.4 – BILL 187

MOTION:
Moved by: Sean
Seconded by: Stewart

THAT the amendment to by-law 2019-04, Section 6, subsection 6.5 to allow the Board of Health to conduct its meetings and Committee meetings by electronic participation and members participating electronically may be counted for the purposes of quorum be approved by the Board of Health as presented.
CARRIED

5. APPROVAL OF AGENDA

MOTION:
Moved by: Bill
Seconded by: Terry
THAT the agenda for the Board of Health (Board) meeting on April 1, 2020 be approved as circulated.
CARRIED

6. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING – February 5, 2020

MOTION:
Moved by: Stewart
Seconded by: Deb
THAT the minutes of the regular meeting of the Board held on February 5, 2020 be approved as circulated.
CARRIED

7. BUSINESS ARISING FROM MINUTES - None

8. DEPUTATIONS - None

9. COMMITTEE REPORTS (MOTION)

9.1 Finance Committee

9.1.1 – By-Law 2020-01 – Annual By-Law to Authorize the Borrowing of $1,000,000

MOTION:
Moved by: Terry
Seconded by: Joy

THAT the By-Law 2020-01 for the borrowing of $1,000,000 be approved as circulated.
CARRIED

10. REPORT OF THE MEDICAL OFFICER OF HEALTH

COVID-19

Dr. Oglaza noted some key facts and messages around COVID-19:

- Informed the Board that HPEPH COVID-19 intake lines are open from 8:30 am to 8:30 pm seven days a week and for the month of March over 3,200 calls have been responded to.
- The opening of two (2) local assessment centres is imminent, they will be located in Belleville and Picton, these centres will operate initially by referral only from TeleHealth and primary health care providers.
- It was noted that we are not able to provide information such as age, geographic location, etc. of cases as the privacy of residents in the community must be protected.

- Hastings and Prince Edward Counties (HPEC) had its first lab-confirmed community transmitted case yesterday (March 31). As of March 31, there were over 253 probable cases in HPEC and 11 lab confirmed cases.
- HPEPH is now working with municipalities and community partners to put arrangements in place for the self-isolation of the homeless population if/when any are diagnosed with COVID-19.

Much discussion ensued around COVID-19.

- It was noted that HPEPH has 300 test kits in the building and right now are testing symptomatic health care workers. Our source for getting test kits is Public Health Ontario and are currently allotted 6 per day. Out of 200 people tested only 11 tested positive (5.5%) so numbers in our community are still low.
- It was noted that while we are working to take care of the vulnerable and homeless, what about those who are in physically abusive relationships where being forced to stay at home with an abuser is not a good situation. Three Oaks Foundation shelter and services for abused women and their children is operating all services, with the exception of groups. The 24-hour crisis line is 613-966-3074. More information and support are available at www.threeoaks.ca or the Three Oaks Facebook page.

MOTION
Moved by: Sean
Seconded by: Michael
THAT the report of the Medical Officer of Health be received as presented.
CARRIED

11. STAFF REPORTS

11.1 **2019 AODA Report**

This report was presented as in the Agenda briefing note. It was noted that HPEPH does not have a member of the public on the AODA Committee. The question was asked could there be? HPEPH is not required to have an external member on the Committee but perhaps in the future it may be something that could be considered.

11.2 **2019 Health and Safety Report**

This report was presented as noted in the Agenda briefing note with no questions asked by the Board.

11.2.1 **Health and Safety Statement**

MOTION
Moved by: Stewart
Seconded by: Sean
THAT the 2019 Health and Safety Statement be approved as presented.
CARRIED

11.2.2 **Workplace Violence Statement**

MOTION
Moved by: Jan
Seconded by: Craig
THAT the 2019 Workplace Violence Statement be approved as presented.
CARRIED

11.3 **Enforcement Report**
This report was presented as noted in the Agenda.

MOTION
Moved by: Deborah
Seconded by: Michael
THAT all staff reports be received as distributed.
CARRIED

12. CORRESPONDENCE AND COMMUNICATIONS

12.1 Various correspondence re: repatriation of Canadians to CFB Trenton (5)

13. NEW BUSINESS - None

14. INFORMATION ITEMS

Chair Albert drew the Board's attention to the information items listed within the agenda and can be accessed on the HPEPH website at hpePublicHealth.ca.

15. DATE OF NEXT MEETING – **Wednesday, May 6, 2020**

16. ADJOURNMENT

MOTION:
Moved by: Sean
Seconded by: Deborah

THAT this meeting of the Board be adjourned at 10:59 a.m.
CARRIED

_____
Jo-Anne Albert, Chair

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT

FINANCIAL STATEMENTS

December 31, 2019

DATE

Management's Responsibility for Financial Statements

The financial statements of Hastings and Prince Edward Counties Health Unit are the responsibility of management and have been approved by the Board.

The financial statements have been prepared in compliance with Canadian public sector accounting standards for local governments established by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada. A summary of the significant accounting policies are described in Note 1 to the financial statements. The preparation of financial statements necessarily involves the use of estimates based on management's judgement, particularly when transactions affecting the current accounting period cannot be finalized with certainty until future periods.

The Organization's management maintains a system of internal controls designed to provide reasonable assurance that assets are safeguarded, transactions are properly authorized and recorded in compliance with legislative and regulatory requirements, and reliable financial information is available on a timely basis for preparation of the financial statements. These systems are monitored and evaluated by management.

The Board is responsible for ensuring that management fulfills its responsibilities for financial reporting. The Board, through the Finance Committee, reviews the Organization's financial statements and discusses any significant financial reporting or internal control matters prior to Board approval of the financial statements.

The financial statements have been audited by Welch LLP, independent external auditors appointed by the Organization, in accordance with Canadian generally accepted auditing standards. The accompanying Independent Auditor's Report outlines their responsibilities, the scope of their examination and their opinion on the Organization's financial statements.

Valerie Dunham
Director of Corporate Services / Associate CEO

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of
HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT

Opinion

We have audited the financial statements of **HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT**, which comprise the statement of financial position as at December 31, 2019, and the statements of financial activities and accumulated surplus and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at December 31, 2019, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

INDEPENDENT AUDITOR'S REPORT (continued)

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Trenton, Ontario
Date to be determined

CHARTERED PROFESSIONAL ACCOUNTANTS
LICENSED PUBLIC ACCOUNTANTS

HASTINGS AND PRINCE EDWARD COUNTIES HEALTH UNIT
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2019

	2019	2018
FINANCIAL ASSETS		
Cash	$ 4,026,625	$ 3,620,350
Accounts receivable	221,640	117,716
Due from Province of Ontario	147,840	88,420
	4,396,105	3,826,486
LIABILITIES		
Accounts payable and accrued liabilities	1,198,022	1,237,566
Due to Province of Ontario	191,693	38,927
Deferred revenue	91,320	74,912
Mortgage payable - *note 9*	7,263,099	7,491,268
	8,744,134	8,842,673
NET FINANCIAL LIABILITIES	(4,348,029)	(5,016,187)
NON-FINANCIAL ASSETS		
Prepaid expenses	82,464	93,109
Tangible capital assets - *schedule 2*	10,758,915	10,979,045
	10,841,379	11,072,154
ACCUMULATED SURPLUS	$ 6,493,350	$ 6,055,967
Represented by:		
Operating fund - *schedule 1*	$ 1,242,060	$ 1,123,215
Reserves - *note 7*	1,755,474	1,444,975
Equity in tangible capital assets - *note 12*	3,495,816	3,487,777
	$ 6,493,350	$ 6,055,967

Approved by the Board:

_____ Member

_____ Member

(See accompanying notes)

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
STATEMENTS OF FINANCIAL ACTIVITIES AND ACCUMULATED SURPLUS
YEAR ENDED DECEMBER 31, 2019

	2019 Budget (Note 11)	2019 Actual	2018 Actual
REVENUES			
Provincial funding	$ 11,638,943	$ 11,946,450	$ 11,672,798
Municipal levies	3,388,953	3,388,953	3,338,870
Federal funding	128,988	115,153	122,300
County of Hastings funding	-	-	344,023
Grants	-	1,908	1,470
Interest	-	78,652	47,214
Expenditure recoveries - note 8	210,000	324,107	263,660
	15,366,884	15,855,223	15,790,335
EXPENDITURES			
Salaries	10,227,239	9,645,359	9,439,293
Benefits	2,607,370	2,503,592	2,463,852
Staff training	144,575	130,834	132,242
Travel	196,800	185,567	180,757
Building occupancy - note 9	996,600	865,154	839,494
Office and administration	470,700	610,032	479,522
Program supplies	425,900	747,474	969,639
Professional and purchased services	297,700	309,744	454,984
Amortization - schedule 2	-	420,084	403,946
	15,366,884	15,417,840	15,363,729
ANNUAL SURPLUS	-	437,383	426,606
ACCUMULATED SURPLUS, beginning of year		6,055,967	5,629,361
ACCUMULATED SURPLUS, end of year		$ 6,493,350	$ 6,055,967

(See accompanying notes)

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
STATEMENT OF CHANGE IN NET FINANCIAL LIABILITIES
YEAR ENDED DECEMBER 31, 2019

	2019	2018
Annual surplus	$ 437,383	$ 426,606
Acquisition of tangible capital assets - schedule 2	(199,954)	(70,760)
Amortization of tangible capital assets - schedule 2	420,084	403,946
Change in prepaid expenses	10,645	25,979
Decrease in net financial liabilities	668,158	785,771
Net financial liabilities at beginning of year	(5,016,187)	(5,801,958)
Net financial liabilities at end of year	$ (4,348,029)	$ (5,016,187)

(See accompanying notes)

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
STATEMENT OF CASH FLOWS
YEAR ENDED DECEMBER 31, 2019

	2019	2018
CASH FLOWS FROM OPERATING ACTIVITIES		
Annual surplus	$ 437,383	$ 426,606
Adjustments for:		
Amortization	420,084	403,946
Change in non-cash working capital components:		
Accounts receivable	(103,924)	99,748
Due from Province of Ontario	(59,420)	133,203
Accounts payable and accrued liabilities	(39,544)	151,939
Due to Province of Ontario	152,766	(40,593)
Deferred revenue	16,408	(154,628)
Prepaid expenses	10,645	25,979
	834,398	1,046,200
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of mortgage	(228,169)	(218,996)
CASH FLOWS FROM CAPITAL ACTIVITIES		
Purchase of tangible capital assets	(199,954)	(70,760)
INCREASE IN CASH	406,275	756,444
CASH, beginning of year	3,620,350	2,863,906
CASH, end of year	$ 4,026,625	$ 3,620,350

(See accompanying notes)

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2019

1. SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Hastings and Prince Edward Counties Health Unit are the representation of management prepared in accordance with accounting policies prescribed by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada for local governments and their boards. Since precise determination of many assets and liabilities is dependent upon future events, the preparation of periodic financial statements necessarily involves the use of estimates and approximations. Significant aspects of the accounting policies adopted by the Health Unit are as follows:

Basis of Accounting

The basis of accounting followed in the financial statement presentation includes revenues in the period in which the transactions or events occurred that gave rise to the revenues and expenditures in the period the goods and services are acquired and a liability is incurred or transfers are due.

Deferred Revenue

Deferred revenue represents special program grants which have been received but for which related program costs have yet to be incurred. These amounts will be recognized as revenue in the fiscal year that the program costs are incurred.

Government Transfers

Government transfers received relate to health programs. Transfers are recognized in the financial statements as revenue in the period in which events giving rise to the transfer occur, providing the transfers are authorized and eligibility criteria have been met and reasonable estimates of the amounts can be made.

Non Financial Assets

Non financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

Tangible Capital Assets

Tangible capital assets are recorded at cost less accumulated amortization and are classified according to their functional use. The cost, less residual value, of the tangible capital assets are amortized on a straight-line basis over their estimated useful lives as follows:

Building and Site Improvements	40 years
Leasehold Improvements	remaining term of lease
Vehicles	5 years
Communication Systems	5 years
Office Equipment	5 years
Computer Equipment	5 years
Signage	5 years

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2019

1. SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenditures during the reporting period. Management makes accounting estimates when determining the estimated useful lives of tangible capital assets, deferred revenue and funding repayable to the Province of Ontario. Actual results could differ from those estimates.

2. PENSION AGREEMENT

The Health Unit, on behalf of its eligible employees, is a participant in the Ontario Municipal Employees Retirement System (OMERS). OMERS is a defined benefit pension plan, fully funded by equal contributions from participating employers and employees, and by the investment earnings on the OMERS fund. OMERS pensions are calculated using a defined benefit formula, taking into account length of service and average annual wage that is designed to integrate with the pension payable from the Canada Pension Plan. The amount contributed to OMERS for 2019 was $947,597 (2018 - $897,681) for current service and is included as an expenditure on the Statement of Financial Activities. At December 31, 2019, there is no liability for past service under this agreement.

Because OMERS is a multi-employer pension plan, the Health Unit does not recognize any share of the last reported pension plan surplus as of December 31, 2019 of $1,531,000,000 (2018 - $2,790,000,000 deficit) based on the fair market value of the Plan's assets, as this is a joint responsibility of all participating employers and their employees.

3. LIABILITY FOR VESTED SICK LEAVE BENEFITS

Under the previous sick leave benefit plan, unused sick leave could be accumulated and employees could become entitled to a cash payment when they leave the Health Unit's employment.

During 1988, the Health Unit introduced an employee benefit package which includes short and long term disability insurance. As part of the package, the accumulated sick leave days were frozen at the levels existing at the date of implementation of the plan.

The liability for these accumulated days, to the extent that they have vested and could be taken in cash by an employee on termination, amount to $7,614 (2018 - $7,562).

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2019

4. COMMITMENTS

The Health Unit leases office accommodation in Picton, Trenton, Madoc and Bancroft and additionally leases office equipment. The future minimum lease payments are as follows:

2020	$ 86,733
2021	2,674
	$ 89,407

In addition to the above leases, the Health Unit entered into a construction contract prior to year end for upgrades to the dental clinic in the amount of $68,100 plus taxes. At December 31, 2019, $61,290 has yet to be billed.

5. ECONOMIC DEPENDENCE

The majority of the revenue of the Health Unit is provided by the Province of Ontario and by four funding municipalities. The Province funds seventy-five percent (2018 - seventy-five percent) of mandated public health programs while the Counties of Hastings and Prince Edward and the Cities of Belleville and Quinte West combine to fund the remaining twenty-five percent (2018 - twenty- five percent).

6. FINANCIAL INSTRUMENTS

The Health Unit's financial instruments are comprised of cash, accounts receivable, accounts payable and accrued liabilities, mortgage payable and interest rate swap agreement. Unless otherwise noted, it is management's opinion that the Health Unit is not exposed to significant interest raze, currency or credit risks arising from these financial instruments. The fair values of the financial instruments approximate their carrying values due to the short term nature of the instruments except for the mortgage loan payable and interest rate swap agreement. The fair value of the underlying mortgage loan approximates carrying value due to the interest rate being reset monthly, At December 31, 2019, the fair value of the remaining interest rate swap is a liability of $1,020,587. The Health Unit has access to a line of credit in the amount of $250,000 with its corporate banker which bears interest at prime.

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2019

7. RESERVES

The Health Unit has established reserves as follows:

The capital reserve is restricted to building replacement, expansion, renovations or major repairs.

	2019	2018
Capital reserve, beginning of year	$ 1,399,116	$ 1,103,872
Net revenues for year - schedule 3	310,499	295,244
Capital reserve, end of year	1,709,615	1,399,116
HBHC reserve	45,859	45,859
Total reserves	$ 1,755,474	$ 1,444,975

The Healthy Babies Healthy Children (HBHC) reserve is restricted to fund future costs of the program in excess of provincial funding. There were no changes to the HBHC reserve during the year.

8. EXPENDITURE RECOVERIES

Expenditure recoveries consist of:

	2019	2018
Provincial reimbursement of clinic costs	$ 57,392	$ 51,647
Vaccination clinics	133,797	78,790
Sexual health clinics	29,966	26,563
Nicotine replacement therapy clinics	28,975	24,078
Tuberculosis testing	31,850	38,210
Food handler training	41,505	43,845
Other	622	527
	$ 324,107	$ 263,660

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2019

9. MORTGAGE PAYABLE

Mortgage payable consists of the following:

	2019	2018
Bankers acceptance, interest at Canadian Imperial Bank of Commerce BA rate at time of renewal plus 0.48% per annum acceptance fee. Interest is fixed with an interest rate swap agreement at 4.11%. Interest paid in advance at time of renewal with an adjustment at next monthly renewal to swapped rate. Principal is reduced each monthly renewal based on a blended monthly payment of principal and interest of $44,316 until January 2040. Remaining balances due January 2040.	$ 7,263,099	$ 7,491,268

The mortgage is secured by a general security agreement creating a first ranking security interest in all personal property of the Health Unit and a first mortgage over the property located at 179 North Park Street, Belleville, Ontario.

Interest expense of $302,321 (2018 - $316,627) is included in building occupancy on the statement of financial activities and accumulated surplus.

Future principal repayments are estimated to be as follows:

2020	$ 237,725
2021	247,682
2022	258,056
2023	268,864
2024	280,125
Thereafter	5,970,647

10. INTEREST RATE SWAP AGREEMENT

The Health Unit entered into an interest rate swap agreement on March 5, 2014, effective January 2, 2015, which fixes the long-term interest rates associated with the mortgage. Under this agreement, the Health Unit pays interest on the notional principal at a fixed rate, and receives interest on the same notional principal at a variable rate based on Bankers' Acceptance rates. At the December 2019 renewal, the interest rate including stamping fee on the Banker's Acceptance was 2.45%. There is no exposure to loss on the notional principal amount since the amount is netted by agreement; however, as interest rates fluctuates, the fair value of the swap rises and falls.

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2019

10. INTEREST RATE SWAP AGREEMENT (continued)

Under the swap agreement, the Health Unit pays a fixed rate of 4.11% per annum on the notional principal. As at December 31, 2019 the notional principal of this agreement was $7,263,099 (2018 - $7,491,268) with the notional principal being reduced monthly in a systematic manner until the contract matures on January 3, 2040.

11. BUDGET

The Board of Health approved the budget for 2019 with a municipal levy of $3,338,953 on February 6, 2019. During the year, the Health Unit entered into additional program agreements or amendments to program agreements. The budgets of these program changes are not reflected in the budget amounts presented.

12. EQUITY IN TANGIBLE CAPITAL ASSETS

Equity in tangible capital assets consist of:

	2019	2018
Tangible capital assets	$ 10,758,915	$ 10,979,045
Mortgage payable	(7,263,099)	(7,491,268)
	$ 3,495,816	$ 3,487,777

13. SUBSEQUENT EVENT

Subsequent to the Health Unit's year-end, the Province of Ontario declared a state of emergency in response to the public health concerns originating from the spread of the novel coronavirus ("Covid-19").

On March 16, 2020, the Health Unit closed its offices to the public while management and staff continued to work to respond to the crisis as part of its mandate. Certain public facing programs have ceased and related staff reassigned to the Covid-19 response. The Health Unit has incurred additional staffing and other costs related to the response.

A high degree of uncertainty persists surrounding the full economic impact of the situation. The unpredictable nature of the spread of the virus makes it difficult to determine the length of time that the Health Unit's operations will be impacted. Consequently, at the time of issuance of these financial statements, the effect of these events will have on the Health Unit's operations, assets, liabilities, revenues and expenses are not yet known.

14. OFF-CALENDAR YEAR PROGRAMS

The Health Unit enters into certain programs with the federal, provincial and municipal governments where the funding year end is March 31st. The breakdown of the total revenue and expenditures of those programs during the year is as follows:

	Vaccine Refrigerators			Ontario Seniors Dental Care Program: Dental Clinic Upgrades - Belleville			Ontario Seniors Dental Care Program: Mobile Dental Clinic			Healthy Babies Healthy Children		
	January - March	April - December	2019 Total	January - March	April - December	2019 Total	January - March	April - December	2019 Total	January to March	April to December	2019 Total
Total funding approved for funding year	$ -	$ 10,000		$	$ 252,900		$	$ 595,000		$ 290,130	$ 1,160,543	
Total funding received in prior calendar year	$ -	$		$	$		$	$		$	$	
Expended in prior calendar year												
Deferred revenue carried forward	-											
Funding received in current calendar year	-	10,000								290,130	870,413	
Settlement adjustment		(1,088)										
Funds to be received in next calendar year					76,947							
Funding available for use in next calendar year											(12,238)	
Revenues		8,912	$ 8,912		76,947	$ 76,947			$	290,130	858,175	$ 1,148,305
Expenditures		8,912	8,912		48,973	48,973				281,256	867,049	1,148,305
Annual surplus	$	$	$	$ -	$ 27,974	$ 27,974	$	$	$	$ 8,874	$ (8,874)	$
Reconciliation to funding												
Annual surplus (deficit) above	$	$	$	$ -	$ 27,974	$ 27,974	$	$	$			
Add transfers from reserve												
Less capital asset acquisitions					(27,974)	(27,974)						
Funding surplus	$ -	$	$	$	$ -	$	$ -	$	$			

	Public Health Inspector Practicum Program			Canada Prenatal Nutrition Program			Children's Oral Health Initiative		
	January - March	April - December	2019 Total	January March	April - December	2019 Total	January - March	April - December	2019 Total
Total funding approved for funding year	$ 10,000	$ 10,000		$ 89,988	$ 89,988		$ 39,000	$ 39,000	
Total funding received in prior calendar year	$ 10,000	$		$ 89,988	$		$ 39,000	$	
Expended in prior calendar year	(10,000)			(68,040)			(26,944)		
Deferred revenue carried forward				21,948			12,056		
Funding received in current calendar year		10,000			80,990			39,000	
Settlement adjustment									
Funds to be received in next calendar year					8,998				
Funding available for use in next calendar year					(29,471)			(18,368)	
Revenues		10,000	$ 10,000	21,948	60,517	$ 82,465	12,056	20,632	$ 32,688
Expenditures		10,000	10,000	21,948	60,517	82,465	12,056	20,632	32,688
Annual surplus	$	$	$	$	$	$	$	$	$
Reconciliation to funding									
Annual surplus above	$	$	$	$	$	$	$	$	$
Add transfers from reserve									
Less capital asset acquisitions									
Funding surplus	$	$	$	$	$	$	$	$	$

Healthy Babies Healthy Children was previously funded on a calendar year basis. For the transition year, the settlement period will be January 1, 2019 to March 31, 2020. That is, there will only be an amount repayable to the Province of Ontario, if there is a funding surplus for the entire fifteen month period.

Schedule 8.1.1

HASTINGS & PRINCE EDWARD COUNTIES HEALTH UNIT
SCHEDULE 1 - RECONCILIATION OF FUND BALANCES
OPERATING FUND
YEAR ENDED DECEMBER 31, 2019

	2019	2018
Accumulated surplus, beginning of year	$ 1,123,215	$ 877,663
Net revenues	437,383	426,606
	1,560,598	1,304,269
Change - tangible capital assets	220,130	333,186
Principal repayments in year	(228,169)	(218,996)
Capital reserve net revenues	(310,499)	(295,244)
Accumulated surplus, end of year	$ 1,242,060	$ 1,123,215

(See accompanying notes)

HASTINGS AND PRINCE EDWARD COUNTIES HEALTH UNIT
SCHEDULE 2 -TANGIBLE CAPITAL ASSETS
YEAR ENDED DECEMBER 31, 2019

	Land	Building and Site Improvements	Leasehold Improvements	Communication Systems	Office Equipment	Computer Equipment	Signage	2019 Total	2018 Total
Historical costs:									
Opening balance	$ 81,814	$ 11,726,818	$ 197,010	$ 93,585	$ 414,470	$ 546,663	$ 20,941	$ 13,081,301	$ 13,010,541
Additions	-	-	-	-	170,553	29,401	-	199,954	70,760
Adjustment	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(12,348)	-	-	(12,348)	-
Closing Balance	81,814	11,726,818	197,010	93,585	572,675	576,064	20,941	13,268,907	13,081,301
Accumulated Amortization:									
Opening balance	-	1,023,205	197,010	73,319	301,991	496,261	10,470	2,102,256	1,698,310
Disposals	-	-	-	-	(12,348)	-	-	(12,348)	-
Amortization expense	-	293,170	-	7,506	84,157	31,063	4,188	420,084	403,946
Closing Balance	-	1,316,375	197,010	80,825	373,800	527,324	14,658	2,509,992	2,102,256
Net book value	$ 81,814	$ 10,410,443	$ -	$ 12,760	$ 198,875	$ 48,740	$ 6,283	$ 10,758,915	$ 10,979,045

Schedule 8.1.1

HASTINGS AND PRINCE EDWARD COUNTIES HEALTH UNIT
SCHEDULE OF OPERATIONS
YEAR ENDED DECEMBER 31, 2019

		Related Programs - 100% Funded by Province											
	Mandatory Core	Infectious Diseases Control	Nursing Initiatives	Healthy Smiles Ontario	Enhanced Food Safety - Haines	Enhanced Safe Water Initiative	Needle Exchange Program	Harm Reduction Enhancement	Smoke-Free Ontario Strategy	Ontario Seniors Dental Care Program	Senior Dental Clinic Upgrade	Vaccine Fridges	Subtotal of Related Programs - 100% Funded by Province
REVENUES	$	$	$	$	$	$	$	$	$	$			$
Provincial approved funding MOHLTC	8,474,400	222,300	392,100	550,300	25,000	15,500	51,000	150,000	444,100	440,000	76,947	10,000	2,377,247
Provincial approved funding MCCSS	-	-	-	-	-	-	-	-	-	-			-
Total approved provincial funding	8,474,400	222,300	392,100	550,300	25,000	15,500	51,000	150,000	444,100	440,000	76,947	10,000	2,377,247
Provincial funding MOH salary	109,590	-	-	-	-	-	-	-	-				-
Settlement adjustments	-	(20,797)	(25,490)	(39,719)	-	-	-	-	-	(85,998)		(1,088)	(173,092)
Provincial funding	8,583,990	201,503	366,610	510,581	25,000	15,500	51,000	150,000	444,100	354,002	76,947	8,912	2,204,155
Municipal levies	3,128,953	-	-	-	-	-	-	-	-	-	-	-	-
Federal funding	-	-	-	-	-	-	-	-	-	-	-	-	-
County of Hastings funding	-	-	-	-	-	-	-	-	-	-	-	-	-
Other revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest income	22,997	-	-	-	-	-	-	-	-	-	-	-	-
Expenditure recoveries	324,107	-	-	-	-	-	-	-	-	-	-	-	-
Total Revenues	12,060,047	201,503	366,610	510,581	25,000	15,500	51,000	150,000	444,100	354,002	76,947	8,912	2,204,155
EXPENDITURES													
Salaries	7,482,722	145,420	271,575	328,460	18,936	10,455	-	94,365	296,339	63,608	-	-	1,229,158
Benefits	1,914,644	40,142	65,785	90,544	4,189	3,170	-	24,876	84,298	14,387	-	-	327,391
Staff training	115,880	-	-	3,715	-	-	-	3,049	275	5,403	-	-	12,442
Travel	123,463	941	-	4,222	-	-	-	1,705	17,478	-	-	-	24,346
Building occupancy	671,362	15,000	29,250	42,264	1,875	1,875	-	10,000	33,555	11,000	48,973	-	193,792
Office expenses and administration	543,177	-	-	16,071	-	-	-	-	-	13,933	-	8,912	38,916
Program supplies	560,935	-	-	25,305	-	-	51,000	16,005	3,887	81,105	-	-	177,302
Professional and purchased services	295,347	-	-	-	-	-	-	-	8,268	5,129	-	-	13,397
Amortization	420,084	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenditures	12,127,614	201,503	366,610	510,581	25,000	15,500	51,000	150,000	444,100	194,565	48,973	8,912	2,016,744
Annual surplus (deficit) before other items	(67,567)	-	-	-	-	-	-	-	-	159,437	27,974	-	187,411
Loss on disposal of tangible capital assets	-	-	-	-	-	-	-	-	-	-			-
Annual surplus (deficit)	(67,567)	-	-	-	-	-	-	-	-	159,437	27,974		187,411
RECONCILIATION TO FUNDING													
Annual surplus (deficit) above	(67,567)	-	-	-	-	-	-	-	-	159,437	27,974	-	187,411
Add back amortization	420,084	-	-	-	-	-	-	-	-	-	-	-	-
Add transfers from reserve	-	-	-	-	-	-	-	-	-	-	-	-	-
Add loss on disposal of tangible capital assets	-	-	-	-	-	-	-	-	-	-	-	-	-
Less tangible capital asset acquisitions	(12,543)	-	-	-	-	-	-	-		(159,437)	(27,974)	-	(187,411)
Less principal repayments on mortgage	(228,169)	-	-	-	-	-	-	-	-	-	-	-	-
Decrease (increase) in prepayment	-	-	-	-	-	-	-	-	-	-	-		-
Funding surplus	111,805	-	-	-	-	-	-	-	-	-	-	-	-

HASTINGS AND PRINCE EDWARD COUNTIES HEALTH UNIT
SCHEDULE OF OPERATIONS
YEAR ENDED DECEMBER 31, 2019

	Other Programs								Total	
	PHI Practicum Student	Healthy Babies Healthy Children	Canada Prenatal Nutrition Program	Children's Oral Health Initiative	Investing in Healthy Minds	Operating Fund	Capital Reserve	Subtotal of Other Programs	2019	2018
REVENUES	$	$	$	$	$	$	$	$	$	$
Provincial approved funding MOHLTC	10,000	-	-	-	-	-	-	10,000	10,861,647	10,494,546
Provincial approved funding MCCSS	-	1,160,543	-	-	-	-	-	1,160,543	1,160,543	1,160,543
Total approved provincial funding	10,000	1,160,543	-	-	-	-	-	1,170,543	12,022,190	11,655,089
Provincial funding MOH salary	-	-	-	-	-	-	-	-	109,590	51,075
Settlement adjustments	-	(12,238)	-	-	-	-	-	(12,238)	(185,330)	(33,366)
Provincial funding	10,000	1,148,305	-	-	-	-	-	1,158,305	11,946,450	11,672,798
Municipal levies	-	-	-	-	-	-	260,000	260,000	3,388,953	3,338,870
Federal funding	-	-	82,465	32,688	-	-	-	115,153	115,153	122,300
County of Hastings funding	-	-	-	-	-	-	-	-	-	344,023
Other revenue	-	-	-	-	1,908	-	-	1,908	1,908	1,470
Interest income	-	-	-	-	-	5,156	50,499	55,655	78,652	47,214
Expenditure recoveries	-	-	-	-	-	-	-	-	324,107	263,660
Total Revenues	10,000	1,148,305	82,465	32,688	1,908	5,156	310,499	1,591,021	15,855,223	15,790,335
EXPENDITURES										
Salaries	9,425	842,451	59,596	22,007	-	-	-	933,479	9,645,359	9,439,293
Benefits	575	237,928	15,110	7,944	-	-	-	261,557	2,503,592	2,463,852
Staff training	-	1,512	-	1,000	-	-	-	2,512	130,834	132,242
Travel	-	34,891	2,068	799	-	-	-	37,758	185,567	180,757
Building occupancy	-	-	-	-	-	-	-	-	865,154	839,494
Office expenses and administration	-	27,939	-	-	-	-	-	27,939	610,032	479,522
Program supplies	-	2,584	5,691	938	24	-	-	9,237	747,474	969,639
Professional and purchased services	-	1,000	-	-	-	-	-	1,000	309,744	454,984
Amortization	-	-	-	-	-	-	-	-	420,084	403,946
Total Expenditures	10,000	1,148,305	82,465	32,688	24	-	-	1,273,482	15,417,840	15,363,729
Annual surplus (deficit) before other items	-	-	-	-	1,884	5,156	310,499	317,539	437,383	426,606
Loss on disposal of tangible capital assets	-	-	-	-	-	-	-	-	-	-
Annual surplus (deficit)	-	-	-	-	1,884	5,156	310,499	317,539	437,383	426,606
RECONCILIATION TO FUNDING										
Annual surplus (deficit) above	-	-	-	-	1,884	5,156	310,499	317,539	437,383	426,606
Add back amortization	-	-	-	-	-	-	-	-	420,084	403,946
Add transfers from reserve	-	-	-	-	-	-	-	-	-	-
Add loss on disposal of tangible capital assets	-	-	-	-	-	-	-	-	-	-
Less tangible capital asset acquisitions	-	-	-	-	-	-	-	-	(199,954)	(70,760)
Less principal repayments on mortgage	-	-	-	-	-	-	-	-	(228,169)	(218,996)
Decrease (increase) in prepayment	-	-	-	-	-	-	-	-	-	2,257
Funding surplus	-	-	-	-	1,884	5,156	310,499	317,539	429,344	543,053

Schedule 8.2.1

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Veronica Montgomery, Foundational Standards Manager
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, June 3, 2020
Subject:	**Follow-Up: Advancing Public Policy**
Nature of Board Engagement	☐ For Information ☒ **Strategic Discussion** ☒ **Board approval and motion required** ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action Required:	That the Board of Health approve the Policy Advocacy policy as written for immediate application.
Background:	At the September 25, 2019 Governance Committee meeting, the Advancing Public Policy: A Framework for Public Health Action was accepted as circulated. The document provided guidance on how to plan, document, monitor, and evaluate HPEPH policy-related efforts. It detailed the role of public health units in policy advocacy, outlined the Policy Process Model, summarized the Model for Policy Advocacy in Public Health, and supplied a Menu of Options for Policy Advocacy. As policy advocacy is a core function of public health, the aforementioned framework will provide HPEPH staff and members of the Board of Health with guiding principles to meaningfully operationalize policy advocacy in a strategic and coordinated fashion. A motion directing staff to develop a related Board of Health policy for advancing public policy was carried. As such, staff from the internal Municipal Policy Advocacy Working Group developed a draft policy for review and approval of the Board of Health. The proposed policy provides a clear procedure for members of the Board of Health and Hastings Prince Edward Public Health staff to work together in identifying and acting upon policy advocacy issues.

HASTINGS PRINCE EDWARD PUBLIC HEALTH
POLICIES AND PROCEDURES

Section:	BOARD OF HEALTH BYLAWS AND POLICIES Policies and Procedures
Policy Title:	**Policy Advocacy**
Approved by:	Board of Health
Date:	Date Approved

POLICY:

Policy advocacy is the process of influencing which policies will be developed, deciding upon content, and enabling implementation and evaluation. Members of the Board of Health (BOH) and Hastings Prince Edward Public Health (HPEPH) staff work together to identify and act upon policy advocacy issues.

PROCEDURE:

1. HPEPH staff:

   1.1. Staff must seek approval through their manager before bringing forward any advocacy initiatives to the BOH. The Program Manager will ensure the topic aligns with HPEPH priorities.

   1.2. Staff will prepare a briefing note on the topic, including recommended actions and identified risks. The Program Manager/Director will provide the briefing note to the Medical Officer of Health for consideration.

   1.3. Recommended actions will be finalized and formally put forward to the BOH from the Office of the Medical Officer of Health.

   1.4. The Medical Officer of Health and Chair of the BOH shall, in consultation with the Chair of the Governance Committee decide if staff should present at a Governance Committee meeting or a Board of Health meeting.

   1.5. Staff will present at the appropriate meeting and recommendations for advocacy initiatives will be voted upon by members.

2. Board of Health:

   2.1. Board members, in consultation with the BOH Chair and the Chair of Governance, shall bring forward new issues for possible advocacy at a Governance Committee meeting.

   2.2. The Governance Committee, in consultation with the Medical Officer of Health and Chair of the BOH, will decide whether to carry the issue forward to the Board of Health based on community and organizational priorities.

   2.3. Issues brought to Governance Committee should include a request for advocacy recommendations. There should be a clear ask of HPEPH staff (e.g. “We would like a staff report on ___,” or “What can be done to address the ___ health issue in our region?”).

   2.4. HPEPH staff will prepare a briefing note with policy advocacy options, and present back to either the Governance Committee or Board of Health at a later meeting as decided by the Governance Committee in consultation with the Medical Officer of Health and Chair of the BOH.

RELATED LINKS: **Advancing Public Policy: A Framework for Public Health Action**

HASTINGS PRINCE EDWARD
Public Health

Advancing Public Policy

A Framework for Public Health Action

September 2019

Acknowledgements

The content of this document was adapted with the permission of Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health.

Contents

Purpose

The 2018 modernization of the Ontario Public Health Standards (OPHS) saw a renewed emphasis on the advancement of public policy as a fundamental role for Ontario's Public Health Units. Twelve of the fourteen Program Standards require programs to engage in "Health Promotion and Policy Development."[1] In efforts to exemplify this foundation of public health practice, the Strategic Plan for Hastings Prince Edward Public Health (HPEPH) 2019-2023 identifies "advocacy" as a core value that facilitates the organizational goal of positively influencing policy, resulting in actions that improve health.[2] Policy is an important mechanism for advancing the health of a population, and it is a critical accompaniment to support the work of delivering direct programs and services.

This framework is not a how-to guide for advancing policy; rather, its purpose is to provide guidance on how to plan, document, monitor, and evaluate HPEPH policy-related efforts. This document

- establishes common definitions of key concepts for operationalizing the advancement of policy within the organization;
- offers a working model and menu of options for advancing policy; and
- provides guidance on how to plan, document, and monitor policy-related work using the Planning Cycle.

What is Policy Advocacy?

Policy is a broad statement of goals, objectives, and means – often written, but sometimes unwritten – that create a framework to guide activities. More broadly, it is considered anything a governing body chooses to do or not to do. In relation to the role of public health, involvement in policy development can be generalized as taking place within two spheres:[3]

1. **Public Health Policy**

   These are policies which more clearly fall into the jurisdiction of the health sector and have historically been the source of some of the largest public health achievements of all time. Examples include vaccination policies, water fluoridation policies, food safety policies, and smoking regulation policies.

2. **Healthy Public Policy**

   Healthy public policy recognizes that policies outside of the health sector, and in all levels of government, have a deep impact on health. This is because these other sectors have an enormous impact on the social determinants of health and their distribution within society, such as housing, income, transportation, and education. Public Health Units can improve health equity and impact population

health by influencing policies related to, for example, urban planning, transportation, marketing to children, and alcohol and other substances. The concept of ***Health In All Policies*** is a process used to advance healthy public policy, "where health becomes systemized as a standard part of the policy-formation process, and agencies are driven to integrate the policy formation under a health lens."[4]

Advocacy is defined as the process of supporting a cause or proposal to influence outcomes. It can be used to influence system changes (e.g., development of a policy to build more affordable housing); community changes (e.g., the development of a housing coalition); organizational changes (e.g., a housing authority's policy on smoke-free multi-unit dwellings); and individual changes (e.g., the improvement of a person's home).[5] Advancing policy explicitly considers advocacy as a key process for public health action.

Policy Advocacy =
Process of influencing which policies will be developed, deciding upon their content, and enabling their implementation and evaluation.

In Public Health Units, policy advocacy is always for the public good. Policy advocacy is a proactive approach that avoids conflict and manipulation; instead, it is concerned with providing evidence and acting cooperatively.[6] It is distinctly different from lobbying or activism, which are based on values or self-interest and are less concerned about evidence. Lobbying is often about private gain for individuals or corporations.[6] Activism may be concerned about the public good, but it is often confrontational, seeking to obtain change via negative pressure and highlighting problems rather than offering solutions.[6]

The Role of Public Health in Policy Advocacy

It is necessary for Public Health Units to be able to advocate for policies and services that promote and protect health and reduce health inequities. Policy advocacy requires careful planning and deliberation and must align with the following principles:[7]

1. Provide non-partisan activities and viewpoints (that is, without bias towards any political party)
2. Focus on the health and well-being impacts of the issue
3. Align with professional and public health values and competencies (e.g., the Core Competencies for Public Health in Canada[8])
4. Be informed by the best available evidence

The ***Policy Process Model*** is useful for understanding the different stages of policy development (Figure 1). Public Health Units may have a role within any of the stages of this process. In practice, policy development does not always occur in lock-step with these stages; some stages can be skipped, or stages may occur in a different order.

Figure 1. The Policy Process

The five stages of this model can be described as follows:

1. **Agenda Setting -** The agenda for policy development is set when new issues are recognized as requiring action. An issue is likely to be placed on a policy agenda when it, along with its potential responses, have high legitimacy, feasibility, and public support. The timing of political events also influences when an issue is placed on a policy agenda. When the agenda is set to address an issue, a window of opportunity is opened to influence the formulation of the policy. This is sometimes called a “policy window.”
2. **Formulation -** The formulation of policy involves developing solutions to issues that are on the agenda, including the generation and selection of options. Within policy formulation, strong facts and evidence must be in place before debates on values and moral or ethical grounds can occur. Consideration of both the feasibility of policy enforcement and the cost of implementation occur at this stage.
3. **Decision-Making -** After the formulation stage, decisions are made on whether to adopt a policy or not. Sometimes the process is simple, involving a small group of people (e.g., clinical decision-making), or it can be complex, involving hundreds of people (e.g., Cabinet-level decision-making). Policy is rarely the result of a single

decision. Usually it is the outcome of a series of decisions or decision rounds that may be well coordinated or piecemeal in nature. Evidence is not always used or sought out at this stage.[9]

4. **Implementation -** Implementation occurs when the directions that have been determined by the policy are put into action. This is an iterative process that may change the policy itself, as implementation is shaped by many factors, including the availability of resources and the cultural differences between those involved. It is common for there to be a gap between what was planned and what happens. Policy implementation includes aspects of policy enforcement, when applicable.
5. **Evaluation -** Monitoring and/or evaluating the policy, when applicable, may include the implementation progression, funding allocation, results, and impact of the policy. Evaluative research is crucial to understanding the consequences and making policy adjustments to influence outcomes. Research can also be used to introduce different ways of understanding and/or solving an issue, and to create additional dialogue.

Policy Advocacy Activities and Outcomes

The ***Model for Policy Advocacy in Public Health*** (Figure 2) considers policy advocacy as a key process for public health action. The six groups of activities operate alongside the policy process previously described. The activities are hypothesized to lead to broad policy-related outcomes that, in turn, contribute to the advancement of the policy process. An important assumption of this model is that these actions contribute to the creation and maintenance of policy, which in turn influences supportive environments and health promoting behaviours, ultimately leading to improved population health.

Although the main aim of policy advocacy is to advance policy change, the Model for Policy Advocacy in Public Health provides shorter-term specific “wins” that can be planned for, implemented, and documented along the pathway towards more longer-term outcomes such as policy change, behaviour change, or the goal of improved population health.

Even though depicted as such, the model is not linear. Advocacy activities and their broad outcomes may overlap and feed into the advancement of the policy process. The first five outcomes may be used to influence both public health and healthy public policies, and the sixth outcome – compliance and supported policy environment – most often lies within the sphere of public health policy.

Figure 2. Model for Policy Advocacy in Public Health

Adapted from: Annie E. Casey Foundation and Organizational Research Services (2007) [10]

These broad outcomes can be described as follows:

1. **Shifted Social Norms -** Social norms define how society operates. They are the knowledge, values, beliefs, attitudes, and behaviours considered acceptable by individuals of a social group. Activities, such as public will campaigns, can assist in changing social norms by contributing to agenda setting, as these campaigns identify specific policy issues for policy-makers. Activities such as this can also change the attitudes and perceptions of individuals in a population.

2. **Strengthened Organizational Capacity -** Activities that focus on organizational change function in one of two ways. The first is to create supportive environments within the organization itself through organizational policy change. This may include the provision of educational resources on policy-related health issues, policy options, tools, and administrative support. The second way is to build capacity of organizations or coalitions to participate in policy advocacy on specific health issues. This type of support focuses on strategic planning, including the alignment of staff, leadership, structures, systems, and finances.
3. **Strengthened Alliances -** Refers to the structural changes in community and institutional relationships that are necessary to present common messages, pursue common goals, and enforce and/or support policy changes. Activities aim to increase coordination, collaboration, and alignment among community and system partners, including non-traditional allies.
4. **Strengthened Base of Support -** Activities contributing to this outcome aim to increase the breadth, depth, and influence of support provided by the public, interest groups, community opinion leaders, and champions. This creates a major structural driver for policy change and can span many layers of societal engagement.
5. **Informed Policy Leaders -** The aim is to ensure that leaders are equipped with the best available evidence throughout the policy process. This may entail providing evidence-informed briefings, review or analysis on policy-related health issues, policy options, and/or content for written policy documents directly to those involved in the policy process, or to community opinion leaders advocating directly to high-level policy-makers.
6. **Compliance and Supported Policy Environments -** Reflects the activities essential to implementation and creates environments necessary for policy to work effectively. Often, the role of Public Health Units is guided by the OPHS protocols, such as Food Safety or Tobacco Control, which define public health's legislative roles in enforcement. However, support for existing policies also occurs through partnerships with other sectors, such as law enforcement.

HPEPH has a strong history of engaging in policy advocacy. Table 1 organizes the advocacy activities, potential audiences, and specific outcomes by the broad outcomes depicted in Figure 1. Examples of policy advocacy activities that HPEPH has previously been engaged in, or is currently involved in, are included. These examples are not meant to be comprehensive.

Table 1. Menu of Options for Policy Advocacy

Broad Outcomes	Policy Activities	Audiences	Specific Outcomes	Examples from HPEPH
Shifted social norms	Issue framing in a way that influences policy change Media campaigns Key message development Champion development	Individuals in the general public Specific groups of individuals (e.g. people who smoke, pregnant women, adolescent drivers) Population groups (e.g. rural communities, women, youth)	Changes in awareness Increased agreement on the definition of a problem Changes in beliefs, attitudes or values toward an issue or problem Changes in the prominence of a campaign goal with core societal values Changes in public behaviour Changes in support for social or policy change (e.g. public will)	Developed and implemented a social marketing intervention that targeted priority populations to reduce tobacco use among Eastern Ontario young adults. Developed and implemented a public will campaign that reframed healthy eating and physical activity from individual responsibility to community responsibility by highlighting public support for environmental changes. Coordinated the Bay of Quinte Bike Month campaign highlighting community events and activities that build a culture of cycling for transportation and recreation.
Strengthened organizational capacity	Leadership development Organizational capacity building Communication skill building Strategic planning	Advocacy organizations, coalitions, or networks (e.g. Poverty Round Table of HPE) Non-profit organizations (e.g. United Way, CDC of Quinte, service clubs) Public service organizations (e.g. school boards, EarlyOn centres, hospitals, police) Municipal departments (e.g. recreation, public works, planning)	Improved awareness of health issue(s) and organizational policy option(s) Improves capacity of organizations to develop and implement policy Improved strategic ability of organizations involved with policy advocacy Improved stability of organizations involved with policy advocacy	Provided support to the NHEDC to develop a strategy and secure funding for the development of a Non-Motorized Trails Master Plan. Provided support and education to childcare centre educators to help them create supportive HEAL environments. Worked with QHC stakeholders to develop and implement a comprehensive tobacco screening, identification, and treatment policy to increase cessation rates and reduce readmission rates. Provided Workplace Psychological Health and Safety Workshops to local organizations.

Broad Outcomes	Policy Activities	Audiences	Specific Outcomes	Examples from HPEPH
Strengthened alliances	Partnership development Coalition development Cross-sector campaigns Alliances among unlikely stakeholders	Individuals (e.g. business leaders, interested members of the public) Advocacy organizations, coalitions, or networks (e.g. Poverty Round Table, QRTC, OPHA) Non-profits (e.g. United Way, CDC of Quinte, service clubs, food banks) Public service organizations (e.g. school boards, EarlyOn centres, hospitals, police) Municipal departments (e.g. recreation, public works, planning)	Increased involvement Increased level of actions taken by champions of an issue Increased breadth of partners supporting issues (e.g. unlikely allies) Increased media coverage Increased awareness of campaign principles and messages among selected groups (e.g. policy makers, public, opinion leaders) Changes in support for social or policy change (e.g. public will)	Participated in the OPHA Reproductive Health Working group to identify a champion to help build a strategic alliance with the OMA to advance the adoption of a billing code for preconception health counselling. Presented to Municipal Community and Safety Well-Being Committee on the roles of public health and potential contributions to planning activities. Chaired the Hastings County non-profit housing coalition which developed and implemented smoke-free housing policies in multi-unit dwellings.
Strengthened base of support	Community organizing Media campaigns Health communications Public/grassroots engagement campaigns Policy analysis and debate Position statements and endorsements	Individuals (e.g. CEOs, interested members of the public) Advocacy organizations, coalitions, or networks (e.g. Poverty Round Table of HPE) Non-profits (e.g. United Way, CDC of Quinte, service clubs, food banks) Public service organizations (e.g. school boards, EarlyOn centres, hospitals, police) Municipal departments (e.g. recreation, public works, planning) Board of Health	Increased public involvement Increased level of actions taken by champions of an issue Increased breadth of partners supporting an issue Increased media coverage Increased awareness of campaign principles and messages among selected groups (e.g. policy-makers, general public, opinion leaders Increased visibility of the campaign message Changes in support for social or policy change (e.g. public will)	MOH provided a presentation to a local service club on the implications and harms of alcohol use. BOH provided a letter to the Premier to invest in oral health programs for low-income adults and urge the province to work with the ODA to find solutions for all government dental care programs to ensure needs of low-income families are met. Established and chaired the Bay of Quinte Active Transportation Committee. Established and chaired the Quinte Region Traffic Coalition.

Broad Outcomes	Policy Activities	Audiences	Specific Outcomes	Examples from HPEPH
Informed policy leaders	Research evidence reviews White papers or briefing notes Policy proposals Pilot demonstrations Educational briefings Presentations to political representatives	Elected officials (e.g. councillors, MPP, MP, election candidates) Municipal departments (e.g. recreation, public works, planning) Advocacy organizations, coalitions, or networks (e.g. Poverty Round Table, Smoking Cessation Network) Non-profits (e.g. United Way, CDC of Quinte, service clubs, food banks) Public service organizations (e.g. school boards, EarlyOn centres, hospitals, police) Board of Health	Increased readiness to act on a policy issue Policy formulation Policy adoption Policy maintenance	Provided evidence-informed content recommendations for Official Plan policies to improve food, physical activity, and smoke-free environments, and to mitigate the effects of climate change. Developed the Healthy Policies for Active Transportation report and participated in knowledge exchange with municipal stakeholders during the development of Active Transportation Master Plans. Provided the Chief of a local First Nation with a letter of support highlighting issues and concerns related to water sanitation to help advance efforts in increasing resident availability of safe drinking water.
Compliance and supported policy environments	Implementation of OPHS Protocols Partnerships to enhance compliance Awareness of policies and penalties	Individuals in the general public Specific groups of individuals (e.g. people who smoke, pregnant women, adolescent drivers) Population groups (e.g. rural communities, women, youth) Public service organizations (e.g. school boards, EarlyOn centres, hospitals, police) Private sector agencies (e.g. workplaces, restaurants)	Increased compliance with legislation/policies Increased knowledge and skills to facilitate compliance Changes in beliefs, attitudes or values toward an issue or problem	Coordinated law-enforcement and public education road safety campaigns. Provided support and education to Food for Learning site coordinators and staff to increase compliance with school nutrition guidelines. Provided food handler and public pool operator courses to educate on best practices and increase compliance with food premise and public pool regulations. Provided education to the Bay of Quinte Dental Society to increase adherence with infection prevention and control best-practice guidelines.

Acronym Definitions: BOH – Board of Health, CDC – Community Development Council, MOH – Medical Officer of Health, MP – Member of Parliament, MPP – Member of Provincial Parliament, NHEDC – North Hastings Economic Development Committee, OMA – Ontario Medical Association, OPHA – Ontario Public Health Association, OPHS – Ontario Public Health Standards, QRTC – Quinte Region Traffic Coalition

Planning and Evaluating Policy Advocacy

The Policy Process (Figure 1), the Model for Policy Advocacy in Public Health (Figure 2), and the Menu of Options for Policy Advocacy (Table 1), provide a framework for HPEPH to be more purposeful in planning and evaluating policy advocacy efforts. Policy advocacy work can be framed and documented within each of the four phases of the Planning Cycle and may be integrated within a comprehensive approach to addressing a population health issue. Additionally, the Planning Cycle integrates the components of health equity impact assessments and should be applied to both public health and healthy public policies. Using the Planning Cycle and its related templates, in addition to documenting annual tasks and activities in operational plans, provides a consistent method of analysis and documentation.

Table 2 offers an overview of the way in which policy advocacy can be integrated into the Planning Cycle. Appendix A provides a practical example, and Appendix B offers resources for planning and evaluating policy advocacy activities.

Table 2. Integration of Policy Advocacy in the Planning Cycle

Assess the Evidence
The multiple categories of public health evidence are used to analyze public health problems, assess the appropriateness of interventions, and assess their impacts on health equity. Policies that influence the access to, and distribution of, resources for health are identified as key interventions to improve health and reduce health inequities related to an issue.
Recommend Actions
Evidence-informed recommendations are provided to management and/or stakeholders to inform decision-making and to prioritize public health actions. Recommended actions, including policy advocacy activities, are reviewed and approved by management.
Plan the Implementation
Plan the implementation by creating a blueprint for how the recommended public health actions will be implemented, monitored, and evaluated. The theory of change includes a results pathway that involves elements related to the attainment of broad policy advocacy outcomes, and a performance monitoring plan that is developed to assess progress.
Monitor the Results
Progress toward achieving the objectives identified in the performance monitoring plan are reviewed and reported at regular intervals. Data is collected, analyzed, summarized, and communicated with management and stakeholders to demonstrate HPEPH contributions to the intended policy outcomes.

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Appendix A
Integrating Policy Advocacy in the Planning Cycle

While the following examples predate the development of the Planning Cycle, they offer documentation that demonstrates how all elements of the Planning Cycle were used throughout their duration.

Example #1: Healthy Communities Policy and Capacity Building

For more information on the Healthy Communities Policy and Capacity Building Initiative,[11] read the evaluation report which includes further details on the elements described below.

Assess the Evidence

Community and Political Preferences and Actions

- There is a high level of public support and interest among municipal and community stakeholders to create a network of bicycle infrastructure to make it easier and safer to use a bicycle for transportation
- The provincial government is providing grants to municipalities to build cycling infrastructure if they have developed and adopted an Active Transportation Master Plan

Research

- The development of connected bicycle infrastructure networks is associated with increased cycling
- Cycling for transportation is associated with increased positive health outcomes related to prevention of chronic disease and mortality
- Bicycle infrastructure should be designed in a way that achieves physical separation of pedestrians, cyclists, and motorized vehicles to the highest possible extent to mitigate risks of injury and enhance perceived safety
- Encouragement and positive social norms influence the adoption of cycling behaviour alongside improvements in the built environment

Public Health Resources

- Dedicated funding is provided to HPEPH by the Ministry of Health and Long-Term Care to advance policies for physical activity

Recommend Actions

- Develop an evidence-informed white paper to identify key objectives and actions that are needed to increase active transportation behaviours
- Create a knowledge exchange strategy to communicate the findings of the white paper, generate dialogue among municipal officials, and facilitate public understanding of the issues
- Build a relationship with municipal planning departments and collaborate in the development of Active Transportation Master Plans; provide evidence-informed content recommendations, where appropriate
- Develop a regional network of municipal stakeholders, non-profits, and businesses with an interest in cycling (e.g. cycling clubs, bicycle shops, regional marketing/tourism agencies) and collaborate to develop strategies to encourage cycling for transportation and recreation

Plan the Implementation

Develop a theory of change, which includes a results pathway to achieve the intended impact of building communities, that provides affordable and accessible opportunities for active living. This informs the activities for the Bicycle Friendly Communities policy action area. The following outputs and outcomes are included in the results pathway.

Education & Awareness

The development and implementation of a multi-component communication strategy to increase understanding among decision-makers and residents about the relationships between municipal policy, the built environment, and opportunities for active transportation.

Specific outcomes:

- Increased awareness among municipal councils about how municipal policies and programs influence a resident's decision to use active transportation
- Increased awareness among community stakeholders and residents about the living conditions and environments that influence a resident's decision to use active transportation

Broad outcomes:

- Informed policy leaders
- Strengthened base of support

Community Capacity Building

Based on a strengths-based model of community empowerment and capacity building, facilitate multi-sectoral mobilization activities that include the implementation of community planning workshops related to planning for bicycle-friendly communities.

Specific outcomes:

- Community-driven programs and promotion activities that improve access to safe opportunities for cycling are mobilized
- Cycling is increasingly valued by residents, municipal councils, and community stakeholders as a safe and efficient mode of transportation

Broad outcomes:

- Strengthened social norms
- Strengthened organizational capacity
- Strengthened alliances

Policy Development

Specific evidence-informed policy recommendations and content suggestions are provided to facilitate the integration of supportive active transportation policies, including the City of Belleville Transportation Master Plan and the City of Quinte West Active Transportation Master Plan.

Specific outcomes:

- The establishment and implementation of evidence-informed Active Transportation Plans in the cities of Belleville and Quinte West is facilitated

Broad outcomes:

- Informed policy leaders

Monitor the Results

Identify key objectives and develop an evaluation framework for this initiative.

An evaluation was completed that identified how the activities of HPEPH contributed to the policy outcomes. Several factors contributed to the enhancement of community capacity to act on issues and influence the observed policy outcomes, including the following:

- Collaborating with community and municipal stakeholders, taking an active role in community-identified priorities, and building relationships between sectors
- Influencing the availability of opportunities for policy action by developing community capacity through multi-sectoral collaboration and being prepared to capitalize upon predictable windows of opportunity to influence policy

- Communicating messages that raise awareness about policy solutions to public health issues, in combination with community capacity-building activities, to encourage increased engagement and commitment to participation in the policy process
- Securing reliable financial and human resources
- Sustaining involvement to support the evaluation of policies to inform future policy actions and related health outcomes

Example #2: County of Hastings Smoke-Free Housing Initiative

In January 2015, representatives from Hastings County and HPEPH agreed that implementing a smoke-free housing policy within Hastings County housing units by January 2016 was a mutual goal.

Assess the Evidence

Population Health and Service Data

- Local data indicates that smoking rates in Hastings County are higher than the provincial average; it is generally known that residents with lower incomes experience higher smoking rates

Community and Political Preferences and Actions

- Hastings County has a requirement to provide a safe, healthy, and cost-effective environment within its residences; although not specifically mandated under this regulation, a smoke-free policy would align with HPEPH goals under the Smoke-Free Ontario Act (SFOA)
- Letters, media hits, and SFOA complaints demonstrate growing support for smoke-free policies in multi-unit housing within Hastings County

Research

- Smoke-free multi-unit dwelling policies across Ontario have been shown to reduce exposure to second-hand smoke
- Expenditures related to the renovation and upkeep of housing units are lower when the unit is smoke-free

Public Health Resources

- Dedicated funding is provided to HPEPH by the Ministry of Health and Long-Term Care to advance policies that protect the public from the harmful effects of first and second-hand tobacco smoke
- In-kind Tobacco Control Program staff time is dedicated to the initiative

Recommend Actions

- Form a Hastings County smoke-free housing steering committee with representation from both HPEPH and Hastings County staff
- Assess the current situation within Hastings County housing to determine which approach would satisfy both residents and the steering committee
- Review draft policies from other jurisdictions in Ontario to determine best practices and to mitigate any potential objections to new policy
- Develop a communication strategy to inform tenants, employees and the media about the policy implementation
- Ensure that cessation messaging and support is a consistent component of the process
- Implement a comprehensive smoke-free policy that endeavours to increase tenant well-being

Plan the Implementation

Coalition Building

Engage appropriate Hastings County staff and decision-makers by setting a meeting schedule to address the issue from both public health and housing provider perspectives.

Specific outcomes:

- Increased multi-sectoral collaboration and support

Broad outcomes:

- Informed policy leaders
- Strengthened alliances
- Strengthened base of support

Education & Awareness

The development and implementation of a multi-component communication strategy to increase understanding among decision-makers and residents that smoke-free policies are not meant to deny smokers a place to live, or force people to quit smoking; rather, they are meant to reduce risk of fires, decrease maintenance costs, and increase tenant well-being.

Specific outcomes:

- Increased support among tenants for smoke-free housing policies
- Increased awareness of cessation support in the community

Broad outcomes:

- Informed policy leaders
- Strengthened alliances
- Compliance and supported policy environments

Policy Development

1. Assess the current situation in Hastings County regarding smoking behaviours and tenant exposure to second-hand smoke. Conduct an environmental scan to assess current and best practises, policy implementation methods, enforcement procedures, and cessation support.

   Specific outcomes:

   - Developed a draft policy that satisfied both parties and provided opportunity for feedback from tenants, staff, and media

   Broad outcomes:

   - Strengthened base of support

2. Final smoke-free policy is created through a series of steering committee meetings and consultations with tenants and staff. Finalized communication and enforcement plans are developed to effectively implement the policy.

   Specific outcomes:

   - Developed a final policy that satisfied both parties and included enforcement, cessation, and communication plans

   Broad outcomes:

   - Compliance and supported policy environments

Monitor the Results

The Smoke-Free Hastings County Housing Policy came into effect January 1, 2016.

The steering committee continues on an ad-hoc basis in the event of any unintended or negative outcomes. Tobacco Enforcement Officers aided in the enforcement of the policy by monitoring complaints to the Tobacco Intake Line. Hastings County continues to engage with the HPEPH Tobacco Control Program for various requests such as signage, cessation support, and bylaw development.

Appendix B
Resources for Planning and Evaluating Policy Advocacy

A Framework for Analyzing Public Policies: Practical Guide. National Collaborating Centre for Healthy Public Policy, 2019. Available from: http://www.ncchpp.ca/docs/Guide_framework_analyzing_policies_En.pdf

A Guide to Measuring Advocacy and Policy. Annie E. Casey Foundation and Organizational Research Services, 2007. Available from: https://www.aecf.org/resources/a-guide-to-measuring-advocacy-and-policy/

Approaching Municipalities to Share Knowledge: Advice from Municipal Civil Servants to Public Health Actors. National Collaborating Centre for Healthy Public Policy, 2019. Available from: http://www.ncchpp.ca/docs/2019-PC-KS-How-To-Approach-Municipalities-Share-Knowledge.pdf

Key Public Health Resources for Advocacy and Health Equity: A Curated List. National Collaborating Centre on the Determinants of Health, 2015. http://nccdh.ca/images/uploads/comments/Advocacy_Curated_List_EN_151120_FV.pdf

Method for Synthesizing Knowledge about Public Policies: A Summary. National Collaborating Centre for Healthy Public Policy, 2011. Available from: http://www.ncchpp.ca/docs/MethodPP_summary_EN.pdf

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HASTINGS PRINCE EDWARD Public Health

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Valerie Dunham, Director of Corporate Services / Associate CEO
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health
Date:	Wednesday, June 3, 2020
Subject:	**Board of Health Members Competency/Skills Inventory**
Nature of Board Engagement	☐ For Information ☒ **Strategic Discussion** ☒ **Board approval and motion required** ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action Required:	That the Board of Health approve and support the attached schedule of competencies and skills and proceed with having each Board member complete.
Background:	***As per policy dated April 3, 2019 under Board Operations; Board of Health Internal Evaluation, the Board members completed an evaluation survey that was open starting September 27, 2019 and closed on October 31, 2019. The results of the survey were presented to the Board at the November 27, 2019 meeting. Results from the survey are to be used to improve Board effectiveness where possible.*** In this last Board of Health Self-Evaluation Survey, under Question 12. *Personal Competencies* there was the following question: *HPEPH is aware of what skills that I bring to the BOH and utilizes them effectively.* The answer indicated there were board members that were not sure if HPEPH is aware of their skills and competencies given that there is no process in place to exchange such knowledge. As discussed in the November 27, 2019 meeting, we have created the attached schedule of competencies that we will ask each member to complete. A summary of competencies will be prepared to assist the Board of Health and Senior Management at HPEPH in becoming familiar with the competencies of the BOH members for future committee work and use as required.

HASTINGS PRINCE EDWARD Public Health

Board of Health Competency / Skills Inventory

Name: _____ Date: _____

Competency / Skills Description	Associated Skills and Experience
Relevant Professional Experience	
Accounting / Financial experience: Has experience or knowledge in accounting or financial management. This may include analysing and interpreting financial statements, evaluating organizations budgets and understanding financial reporting.	
Business / Management experience: Has experience with or knowledge in sound management and operational business processes and practices in the private or public sector. This may include an understanding of topics such as managing complex projects, leveraging information technology, planning and measuring performance, and allocating resources to achieve outcomes.	
Governance experience: Has experience or knowledge of board governance in the public and/or non-profit sector. Has a clear understanding of the distinction between the role of the Board versus the role of Management. Governance experience could be acquired through prior board or committee service or reporting to or working with a board as an employee.	
Human Resources experience: Has experience or knowledge in strategic human resource management. This may include workforce planning, employee engagement, succession planning, organizational capacity, compensation, and professional development.	
Legal / Regulatory experience: Has experience with or knowledge of legal principles, processes, and systems. This may include the understanding of government legislation / legislative process, or an understanding of the legal dimensions of organizational issues.	
Public Relations / Communications experience: Has experience or knowledge of communications, public relations or interacting with the media. This may include knowledge of effective advocacy and public engagement strategies, developing key messages, crisis communications or social media and viral marketing.	

Risk Management experience: Has experience or knowledge of enterprise risk management. This may include identifying potential risks, recommending and implementing preventive measures and devising plans to minimize the impact of risks. This may also include knowledge of auditing practices, organizational controls, and compliance measures.	
Specialized Environmental Knowledge	
Community / Stakeholder Relations knowledge: Has experience or knowledge of the broader public policy context affecting public health; ability to adapt policy for local stakeholders and community.	
Industry / Sector knowledge: Has experience with or knowledge of public health. This may include an understanding of particular trends, challenges and opportunities, or unique dynamics within the sector that are relevant to public health.	
Personal Effectiveness Skills	
Critical Thinking / Problem Solving skills: Demonstrates ability to apply critical thinking to creatively assess situations and to generate novel or innovative solutions to challenges facing the Board of Health.	
Leadership / Teamwork skills: Demonstrates an ability to inspire, motivate and offer direction and leadership to others. Demonstrates an understanding of the importance of teamwork to the success of the Board. This may include an ability to recognize and value the contributions of board members, staff, and stakeholders.	
Strategic Thinking / Planning skills: Demonstrates an ability to think strategically about the opportunities and challenges facing public health and to engage in short, medium and long-range planning to provide high-level guidance and direction for public health.	

Schedule 8.2.3

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Valerie Dunham, Director of Corporate Services / Associate CEO
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, June 3, 2020
Subject:	**Strategic Planning 2019 - 2023**
Nature of Board Engagement	☒ **For Information** ☐ Strategic Discussion ☐ Board approval and motion required ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action Required:	None
Background:	***The 2018 Ontario Public Health Standards requires that; The board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients and community partners, and is reviewed at least every other year.*** In 2018, the Board of Health led the development of the 2019-2023 Strategic Plan. In September 2018, the Board of Health approved the Strategic Plan. The attached report details the work that has been accomplished thus far.

Hastings Prince Edward Public Health
Strategic Plan Progress Report
January 2019 to May 2020

Community Engagement

- ☑ Created Community Engagement Action Plan and presented to the BOH September 2019. Four key stakeholder groups identified to focus HPEPH's engagement initiatives:
  1. Schools
  2. Municipalities
  3. Health care professionals/organizations
  4. Priority populations
- ☑ Continued to strengthen relationships through participation in community working groups and the development of partnerships throughout the region.
- ☑ Created and launched a new website in January 2020 with improved capacity for health care providers, educators, and clients.

Staff Engagement and Culture

- ☑ Staff engagement survey conducted in August 2019 and presented to Governance Committee in November 2019. Two key recommendations resulted from the report: 1. to review and renew the performance management process and 2. to build a culture of appreciation.
- ☑ Implemented a 360° leadership assessment survey system in December 2019 to initiate performance development plans.
- ☑ Strengthened communications team through addition of Coordinator position and re-organization of reporting relationship for Communications to Foundational Standards Manager.
- ☑ Communications Strategy developed and approved by the Executive Committee in September 2019.

Population Health Assessment and Surveillance

- ☑ Population Health Assessment and Surveillance Strategy developed and presented to the BOH June 2019. Four key priority areas were established:
  1. Improve data access, organization, management and storage
  2. Incorporate a health equity approach in the collection and analysis of data
  3. Focus on assessing, interpreting and using data products
  4. Enhance population health assessment and surveillance knowledge exchange
- ☑ Developed an Evaluability Assessment Framework for program reviews.
- ☑ Completed ten evaluations for Healthy Sexuality, Tobacco Control, Healthy Eating Behaviours, Healthy Growth & Development, Oral Health, Maternal Infant Health, Built Environment, Physical Activity & Sedentary Behaviours, RSV Prophylaxis and Road Safety programs.

Strategic Plan Progress Report— January 2019 to May 2020

Program Standards

- ☑ School Health Situational Assessment for the 2018/2019 school year completed; presented to the BOH October 2019; service delivery model developed and evidence reviews for key topic areas underway for pilot implementation Sept 2020-June 2021.
- ☑ Ongoing review and change of positions to align with strategic planning directions and new standards within a fixed budget. Significant investment in IT, Communications and Foundational Standards as part of an overall realignment of staff positions.
- ☑ Quality assurance initiatives implemented based on multi-year planning cycle and related monitoring of results using the Results Based Accountability framework.
- ☑ Action plan to address program and organizational standards incorporated into 2019 and 2020 operational plans; some delays due to time invested in modernization process and response to COVID-19.
- ☑ Health equity strategy developed in 2018 incorporated into operational planning cycle; health equity training provided to 43 staff. Strategy identifies six priorities in order to address health equity in Hastings and Prince Edward Counties:
    1. Develop a supportive organizational culture
    2. Enhance the capacity of HPEPH workforce
    3. Prioritize health equity research and surveillance
    4. Meaningfully engage priority populations
    5. Enrich multi-sectorial collaboration
    6. Educate stakeholders to support health equity action
- ☑ 24 staff and BOH members attended a Blanket Exercise in December 2019 to increase cultural awareness; 30 staff completed Ontario Indigenous Cultural Safety Program.

Health Promotion

- ☑ Implemented multi-year planning cycle in February 2019; evaluated and revised in February 2020. Cycle focuses on four phase planning approach including:
    - ♦ Assess the evidence
    - ♦ Recommend actions
    - ♦ Plan the implementation
    - ♦ Monitor the results
- ☑ 36 staff trained in multi-year Planning Cycle through a workshop series; 17 individual Planning Cycle projects were completed in 2019.
- ☑ Created a Policy Advocacy Framework to provide guidance on how to plan, document, monitor and evaluate HPEPH policy-related efforts. The framework provides staff and the BOH with guiding principles to operationalize policy advocacy in a strategic and coordinated fashion. Policy to be presented to the BOH in June 2020 to support the framework.
- ☑ Comprehensive prioritization exercise for health promotion topic areas completed in March 2020. Results provide overall recommendations for the focus of health promotion efforts in future and will be presented to the Board of Health in September 2020.

HASTINGS PRINCE EDWARD Public Health

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Victoria Law, Social Determinants of Health Public Health Nurse and Veronica Montgomery, Foundational Standards Manager
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, June 3, 2020
Subject:	**Land Acknowledgement**
Nature of board engagement:	☒ **For information** ☐ Strategic discussion ☒ **Board approval and motion required** ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action required:	That the Board of Health, support staff in working with local Indigenous communities for the development of a land acknowledgement statement to be later used within the context of Hastings Prince Edward Public Health (HPEPH).
Background:	In December of 2019, the Board of Health gathered alongside select public health staff and community stakeholders to participate in the KAIROS Blanket Exercise. This exercise provided a rich opportunity for all participants to grow, develop and reflect on their understanding of the history of Indigenous peoples in what we now call Canada. The exercise aligned well with the four values of the Strategic Plan: Collaboration, Advocacy, Respect and Excellence. In 2018, HPEPH undertook a project, "Building Meaningful Relationships with Indigenous Peoples". Six key themes were identified, one of which was to *overcome challenges to relationship building*. A land acknowledgement is a first step in recognizing the oppressive history of colonialism that First Nations, Inuit and Métis people have faced on the land where we live, learn, work, play and grow. The need for meaningful relationships between boards of health and local Indigenous communities and organizations is demonstrated in the Health Equity Standard of the Ontario Public Health Standards. It states (1): *"Engagement with Indigenous communities and organizations, as well as with First Nation communities striving to reconcile jurisdictional issues, shall include the fostering and creation of meaningful relationships, starting with engagement through to collaborative partnerships…"* (p. 22). Indigenous engagement is a sustained process where trust is built by ensuring Indigenous peoples have the opportunity to actively participate in decision-making from the earliest phase (2). To be effective in Indigenous engagement, models of care and promotion need to be shaped towards and with Indigenous communities and organizations. With Indigenous input and guidance, boards of health can create opportunities to adapt, enhance, and build culturally-appropriate services in public health units which Indigenous people are more likely to use, resulting in better health outcomes. (3). The Medical Officer of Health and HPEPH staff continue to strive for this level of engagement with local Indigenous communities and organizations through collaborative program planning and service delivery, as per the Strategic Plan priority of Community Engagement.

	Within a broad, multi-faceted Indigenous engagement approach, one important activity for boards of health to build and further develop their relationships with Indigenous communities and organizations is to recognize the traditional or treaty territories of local Indigenous peoples. Land acknowledgement statements have been increasingly used across Canada by governments, non-government organizations and various institutions as a practice of reconciliation. Its purpose is to show respect for Indigenous peoples who lived and still live on these lands by recognizing their traditional territory and acknowledging Canada's colonial history. This acknowledgement emerged in the spirit of the Truth and Reconciliation Commission. Land acknowledgments are not an explicit call to action, however they are aligned with Call to Action #47 which encourages all levels of government to "repudiate concepts used to justify European sovereignty over Indigenous peoples and lands, such as the Doctrine of Discovery" (4) . Should the organization choose to develop a land acknowledgment, it must not be tokenistic, and the endeavor should come from a true interest with authenticity at front of mind. The HPEPH workforce must be appropriately trained on Indigenous cultural safety to demonstrate a meaningful commitment to reconciliation. There are many opportunities for this through Cancer Care Ontario's Indigenous Relationship and Cultural Safety Courses (5). Alternatively, there are opportunities through the Public Health Training for Equitable Systems Change on Indigenous Health Equity (6). These words of acknowledgement must be followed by action within the organization to be meaningful. A land acknowledgement is typically made during the introduction of meetings, events or presentations; it is best accompanied with a moment of reflection. Land acknowledgement may also be featured on organizational buildings, websites and in e-mail signatures. It must be considered as part of regular business practices. Developing a land acknowledgement statement must be developed in partnership with local Indigenous communities to ensure accuracy of information, pronunciation and interpretation. Examples of existing land acknowledgements across Ontario are available for review on the Association of Municipalities of Ontario website (7) . This is not an activity that can be done without consultation with the communities with whom we share our land. Upon appropriate development of a land acknowledgement statement, it is recommended that it become standard practice at the opening of each of the following: • Hastings Prince Edward Board of Health meetings and events • HPEPH committee meetings with external partners • HPEPH public events It is further recommended that all HPEPH staff include the land acknowledgement statement in their electronic signatures and that it be included on the HPE Public Health website (hpePublicHealth.ca).

References

1. Ontario Ministry of Health and Long-Term Care. Protecting and Promoting the Health of Ontarians – Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. 2018;75.
2. Berthiaume, Annie; Chevrier-Lamoureux, Renée; Côte-Meek, Sheila; Ferguson, Ryan; Goudreau; Ghislaine; St Ong, Renée ; Sutherland, Mariette; Zurich T. Relationship building with First Nations and public health: Exploring principles and practices for engagement to improve community health:Review of the Literature. 2017;(September). Available from: https://www.phsd.ca/wp-content/uploads/2017/12/FirstNationsTeam_LiteratureReview_FINAL.pdf
3. Hastings Prince Edward Public Health. Building Meaningful Relationships with Indigenous Communities. Belleville, Ontario; 2018.
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5. Cancer Care Ontario. Indigenous Relationship and Cultural Safety [Internet]. 2020. Available from: https://www.cancercareontario.ca/en/resources-first-nations-inuit-metis/first-nations-inuit-metis-courses
6. Public Health Training for Equitable Systems Change. Indigenous Health Equity [Internet]. Dalla Lana School of Public Health. 2020 [cited 2020 May 6]. Available from: http://www.phesc.ca/indigenous
7. Association of Municipalities Ontario. Guidance on Tradiotional Land Acknowledgement Statements [Internet]. 2018 [cited 2020 May 6]. Available from: https://www.amo.on.ca/AMO-Content/Policy-Updates/2018/GuidanceonTraditionalLandAcknowledgementStatements

HASTINGS PRINCE EDWARD Public Health

Updates from the MOH

- **COVID-19 Update**

Schedule 10.1

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Nancy McGeachy – Privacy Officer, Chief Nursing Officer, Program Manager
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, June 3, 2020
Subject:	2019 Privacy Report
Nature of Board Engagement	☒ **For Information** ☐ Strategic Discussion ☐ Board approval and motion required ☒ **Compliance with Accountability Framework** ☐ Compliance with Program Standards
Action Required:	No action required by the Board.
Background:	***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 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).** **<u>Privacy Program</u>** 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: 1. Foster a culture of privacy within Public Health 2. Ensure privacy and security is incorporated into all Public Health programs and services 3. Ensure compliance with privacy legislation 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. **<u>Key Activities for 2019</u>** 1. The Annual Public Health Statistical Reports for 2019 were completed and submitted to the Information & Privacy Commissioner (IPC) of Ontario in February 2020. The following statistics were reported to the IPC:

	• HPEPH responded to four requests for information under the Freedom of Information Act • There were eight privacy breaches in which information was disclosed without an individual's authority: ▪ "Unauthorized disclosure was through misdirected letter" - 1 ▪ "Unauthorized disclosure was through misdirected emails - 2 ▪ "Unauthorized disclosure was through other means (receipts) - 4 ▪ Lost privacy information - 1 • A mandatory report was made to the IPC concerning the lost record. No further action from HPEPH was required. • HPEPH responded to one written request for access to PHI. 2. Seven Privacy Impact Assessments (PIA's) were completed for new programs or services developed and implemented in 2019. PIA's are conducted to help identify actual/potential risks an initiative, program or technology poses to PHI. 3. A complete revision of the privacy package was completed in 2018. In 2019: • The revised Risk Assessment was embedded in the Planning Cycle User Guide to ensure staff who are planning for new programs/processes consider the risks to PHI. • Management received training on the new privacy package. • The Privacy and Security Officer attended team meetings to provide program-specific training on the revised privacy package.

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Tanya Hill, Foundational Standards Specialist
Approved by:	Veronica Montgomery, Foundational Standards Manager
Date:	Wednesday, June 3, 2020
Subject:	Planning Cycle and Quality Improvement Program
Nature of BOH engagement:	☒ **For Information** ☐ Strategic Discussion ☐ Board approval and motion required ☐ Compliance with Accountability Framework ☒ **Compliance with Program Standards**
Action required:	No action required.
Background:	The 2018 Ontario Public Health Standards aim to ensure that public health practice is transparent and responsive to current and emerging evidence, while emphasizing continuous quality improvement. To better achieve this, the Hastings Prince Edward Public Health (HPEPH) 2019-2023 Strategic Plan identified two key objectives for completion by June 2021: 1. A quality assurance program is in place, and 2. A multi-year planning cycle has been implemented. The Planning Cycle is a framework that has been implemented to achieve these objectives. A prototype of the Planning Cycle was developed in 2018; it was applied and evaluated in real-time throughout 2019. Seventeen projects used at least one component of the Planning Cycle last year, and five out of the seven HPEPH teams had exposure to the application of the Planning Cycle by the end of 2019. Based on feedback from program staff and managers, improvements and revisions were made and are now being implemented. The Foundational Standards Team will continue to build staff capacity for using the Planning Cycle with the development of self-paced education modules, and by offering tailored training and coaching to teams when it is needed. The Planning Cycle has four phases that are revisited as strategies and interventions evolve in response to monitoring and evaluation, new research, and local needs. These phases are as follows: **Assess the Evidence:** Identifies the best-available evidence to inform decisions about public health actions. This phase is used to: – Plan and execute situational assessments – Gather evidence to assess health equity impacts – Inform decisions related to specific activities or approaches **Recommend Actions:** Ensures that the evidence needed is being used to inform decision-making. This phase is used to communicate the recommendations for consideration by management and to document the decisions that are made. **Plan the Implementation:** Describes how evidence will move into action and creates a blueprint for the implementation and monitoring of public health actions. It is used to: – Develop a theory of change to describe how and why a strategy/intervention is expected to achieve results – Describe how health equity mitigation strategies will be implemented – Develop a population and/or performance accountability plan to guide monitoring, quality improvement, and evaluation

	Monitor the Results: Communicates and documents the progress of public health actions. This phase is used to: – Communicate accomplishments and challenges – Document opportunities for quality improvement – Demonstrate the effects of health equity strategies
Reviewed By:	Dr. Piotr Oglaza, Medical Officer of Health

2019 Annual Report

HASTINGS PRINCE EDWARD
Public Health

Message from the Board of Health Chair and the Medical Officer of Health

The year 2019 was one of challenge and change for public health in Ontario, and Hastings Prince Edward Public Health (HPEPH) was no exception. We implemented a new organizational structure, were notified of changes in our funding formula, and provided feedback in response to provincial proposals to amalgamate public health units.

Throughout the year, despite unexpected demands, HPEPH staff continued to deliver high-quality public health services to our communities, protected the health and well-being of our residents, and continued to make progress toward our strategic goals.

We identified and responded to numerous emerging local public health issues in 2019, while continuing to deliver our regular programs and services.

- The legalization of cannabis resulted in a need to provide comprehensive information and education sessions to our residents, in collaboration with local partners, to raise awareness about risks and laws related to cannabis use. We also equipped parents with strategies to prevent or postpone cannabis use among teens, and connect them with community resources.
- The presence of carfentanil was identified in our region, which significantly raised the risk of local overdose. In response, we worked with community partners to raise awareness of Naloxone kits and training, shared messaging to improve knowledge of the signs of overdose, and helped connect people who use drugs to support services.
- Recognizing the impact that overdose has had on residents in our community, we also participated in the first local event commemorating Local Overdose Awareness Day, when we

joined community partners in recognizing and remembering those who had lost their lives due to overdose.

- Our staff worked to improve accessibility to our prenatal and parenting programs by implementing an innovative new outreach program which allows parents to contact public health nurses by text, and offering prenatal classes online.
- We initiated a radon study, which provided free radon test kits to 619 local households, which will allow us to better understand local radon levels and help improve residents' understanding of the risk of radon.
- We undertook significant efforts to prepare for the launch of the new Ontario Seniors' Dental Care Program, which became available at the end of the year.
- We continued making difficult but necessary decisions to improve the efficiency of our organization and allocate our resources effectively.
- We implemented a new vision screening program in March of 2019.
- We continued our work with municipal staff and community organizations to build capacity for health in all policies, age-friendly communities and road safety.
- We launched a pilot project with licensed child care providers to enhance healthy eating and physical activity.

Throughout 2019, our staff have continued to work tirelessly to positively represent our organization during this time of uncertainty. Most importantly, we are committed to continuing the delivery of essential public health services to our communities, now – and into the future.

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

Dr. Piotr Oglaza
MD, CPHI(C), CCFP, MPH, FRCPC
Medical Officer of Health & CEO
Hastings Prince Edward Public Health

Board of Health Members

CHAIR

Jo-Anne Albert
Municipality of Tweed,
County of Hastings

MUNICIPAL REPRESENTATIVES

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County of Prince Edward

Andreas Bolik
County of Prince Edward

Terry Cassidy
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Sean Kelly
City of Belleville

Michael Kotsovos
City of Quinte West

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

Bill Sandison
City of Belleville

PROVINCIAL APPOINTEES

Dr. Craig Ervine

Deborah Goulden

Douglas Lafreniere

Joy Martin

Our Community and Priority Populations

Hastings Prince Edward Public Health (HPEPH) is a public health agency that serves approximately 161,000 residents over a 7,000 square kilometre catchment area. We provide programs and services to all individuals in our communities to help improve and maintain their health. We also work to ensure priority populations in our region have equitable access to public health services. Priority populations within the HPEPH jurisdiction include those living on low incomes, Indigenous populations, rural populations, older adults, and children and youth (including families).

Understanding the needs of our community is essential to ensuring the effective delivery of public health programs.

Evidence shows that many local residents are living in poverty, lack safe and affordable housing, experience food insecurity, have minimal access to mental health supports, and have limited transportation.

Hastings and Prince Edward Counties (HPEC) are also home to a large proportion of daily smokers, and experience higher than average rates of hospitalization for diseases associated with smoking. As HPEC comprise an urban-rural mix, rural populations are at an increased risk of social isolation.

At HPEPH, we continue to work to address the needs of priority populations through our many programs and services, despite our limited resources and competing demands in our catchment area. We are continuously striving to work collaboratively with local partners, including Indigenous communities, health care providers, educators, and municipalities.

HASTINGS PRINCE EDWARD Public Health

2019-2023 Strategic Plan

Our Values Show We CARE

Collaboration

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

Advocacy

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

Respect

We treat others with dignity, respect and integrity.

Excellence

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

Our Strategic Priorities

Throughout 2019, staff at HPEPH continued to work toward the achievement of our 2019-2023 Strategic Plan.

While funding changes, announcements related to modernization, and consultation activities were a key focus in 2019, we also continued to pursue activities to advance identified priorities in the areas of:

- Community Engagement
- Staff Engagement and Culture
- Population Health Assessment and Surveillance
- Health Promotion
- Program Standards
- Programs and Services

Strategic Priority:

Community Engagement

We have continued to work to be a collaborative partner within our communities, to protect and optimize the health of our citizens. In 2019, we:

- Finalized our Community Engagement Action Plan, which outlines key goals and deliverables to enhance the way we work with our community stakeholders.
- Prepared a new website for launch in 2020, with improved capacity for health care providers, educators, and clients.
- Continued to maintain and develop relationships with community partners including municipalities, health care providers, educators, Indigenous communities, and community agencies such as Housing Services, Children's Aid, Community Health Centres, Family Health Teams, EarlyON Centres, and Children and Youth Mental Health Service Providers.
- Participated in several collaborative working groups including Quinte Region Traffic Coalition, Harm Reduction Task Force, Low Water Response Team, City of Belleville Inclusion Committee, Source Water Protection Committee, PEC Environmental Advisory Committee, Healthy Schools Work Group, Smoking Cessation Providers Network, LHIN COPD Initiative, Municipal Community Safety and Well-Being Plan Committees, and Food for Learning Steering Committee.

Strategic Priority:

Staff Engagement and Culture

We have continued activities to build a culture of client focus, engagement and open communications. In 2019, we:

- Developed and issued an all-staff engagement survey to identify current engagement status, as well as opportunities for improvement.
- Formed an employee-led social committee to advance opportunities for improved workplace culture.
- Established training and development plans for management to improve skill equity.
- Created a new Corporate Communications Strategy and invested in centralized communications.
- Engaged staff to identify efficiencies in administrative and program processes.

Strategic Priority:

Population Health Assessment and Surveillance

We have continued our efforts to develop organizational capacity to monitor population health, and evaluate our programs and services. In 2019, we:

- Completed comprehensive reviews of seven programs, which allowed us to identify opportunities to improve efficiencies and address health inequities.
- Created a comprehensive planning process to ensure our programs are developed and implemented consistently and efficiently using the most up-to-date evidence.
- Developed a training and implementation plan to support the implementation and maintenance of our new planning process.

Strategic Priority:

Health Promotion

In 2019, we continued our work to develop a comprehensive health promotion approach that will address local health issues. In 2019, we:

- Developed comprehensive organizational strategies to collaboratively address topics that impact a variety of work areas.
- Continued work to prioritize our activities, to ensure our efforts are addressing the most pressing needs of our region.

Strategic Priority:

Program Standards

We have continued implementing the new Ontario Public Health Standards, in a coordinated and accountable manner. In 2019, we:

- Implemented a new organizational model, intended to break down silos, streamline programs, and improve operational efficiencies.
- Finalized our School Health situational assessment and continued our work with the Healthy Schools Working Group to implement a pilot project at priority schools.
- Scaled back our tuberculosis testing services, to allow the redeployment of nursing resources where they are most needed.
- Centralized our approach to phone reception services at all four of our offices, to improve over-all customer service and implement more efficient administrative practices.
- Continued to invest in our commitment to Indigenous health equity by beginning an Indigenous cultural safety plan and providing cultural awareness training to staff and the Board of Health.

Strategic Priority:

Programs and Services

As we made significant advances with our strategic priorities in 2019, we simultaneously continued to deliver the many programs and services that ensure our compliance with the Ontario Public Health Standards and help the residents of Hastings and Prince Edward Counties achieve optimal health. Below are some of the key statistics for the programs and services we provided our community in 2019.

1,333 Food services settings inspected

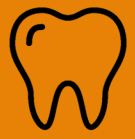
20 Food skills classes

40 Full-day food handler training courses

223 Personal service settings inspected

3,266 Influenza vaccinations given

15,801 Other immunizations provided



2,288 Preventive fluoride treatments provided to children

401 One-on-one breastfeeding consultations

630 Visits to the Baby Feeding Drop-In

146 Expectant families attended in-person prenatal classes

2,157 Smoking cessation counselling sessions

675 Inspections conducted to ensure smoke-free public places and workplaces

5,578 Sexual health clinic visits

394,000 Safe needle kits provided

890 Naloxone kits distributed

42 Institutional and community outbreak responses

619 Free radon test kits given to local residents

344 Small Drinking Water Systems inspected

18 Public beaches monitored for water quality

409 Rabies investigations conducted

Financial Statements

Financial statements for 2019 are reviewed annually by the Board of Health and are available at hpePublicHealth.ca.

HASTINGS PRINCE EDWARD
Public Health

hpePublicHealth.ca / 1-800-267-2803 / 613-966-5500

BELLEVILLE / NORTH HASTINGS / PRINCE EDWARD COUNTY / QUINTE WEST

Listing of Information Items
Board of Health Meeting – June 3, 2020

1. Simcoe Muskoka District Health Unit – Letter to A. Bishop re Cannabis Consumption Establishments / Special Occasion Permits dated March 30, 2020
2. Peterborough Public Health – Letter to Minister Elliott re: Provincial Leadership in the monitoring of Food Affordability and Food Insecurity dated April 30, 2020
3. Timiskaming Health Unit – Letter to Todd Smith, MPP re: Consultation for a new Ontario Poverty Reduction Strategy dated April 30, 2020
4. Association of Local Public Health Agencies – Letter to Doug Ford re: Boards of Health – Governance Role During COVID-19 dated May 15, 2020

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.