



BOARD OF HEALTH MEETING

Wednesday, October 7, 2020
9:30 a.m. - 11:00 a.m.

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

Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

Our Vision

Healthy Communities,
Healthy People.

Our Mission

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

Our Values Show We CARE



Collaboration



Advocacy



Respect



Excellence

Our Strategic Priorities



Community
Engagement



Staff
Engagement
and Culture



Population Health
Assessment and
Surveillance



Program
Standards



Health
Promotion

Board of Health Agenda

Wednesday, October 7, 2020
9:30 to 11:00 a.m.

1. **CALL TO ORDER**
2. **DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**
3. **APPROVAL OF THE AGENDA**
4. **APPROVAL OF MINUTES OF THE PREVIOUS BOARD MEETING**
– September 2, 2020 [Schedule 4.0](#)
5. **BUSINESS ARISING FROM THE MINUTES**
6. **DEPUTATIONS**
7. **COMMITTEE REPORTS**
 - 7.1 **Finance Committee Update** - None
 - 7.2 **Governance Committee** - None
8. **REPORT OF THE MEDICAL OFFICER OF HEALTH**
9. **STAFF REPORTS**

Verbal Reports

 - 9.1 Social Determinants of Health (deferred from September) [Schedule 9.1](#)

Written Reports

 - 9.2 Perinatal Mental Health in Hastings Prince Edward (deferred from September) [Schedule 9.2](#)
 - 9.3 Early Years Community Pathways Project [Schedule 9.3](#)
10. **CORRESPONDENCE AND COMMUNICATIONS** - None
11. **NEW BUSINESS**
12. **INFORMATION ITEMS** [\(Available for viewing online\)](#) [Schedule 12.0](#)
13. **DATE OF NEXT MEETING** – Wednesday, November 4, 2020
14. **ADJOURNMENT**



BOARD OF HEALTH MEETING MINUTES
Wednesday, September 2, 2020
Hastings Prince Edward Public Health (HPEPH)
Via Teleconference and In-Person

Present: In-Person

Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings, Chair
Dr. Jeffrey Allin, Provincial Appointee
Mr. Stewart Bailey, Councillor, County of Prince Edward
Mr. Terry Cassidy, Councillor, City of Quinte West
Mr. Sean Kelly, Councillor, City of Belleville
Ms. Jan O'Neill, Mayor, Municipality of Marmora and Lake, County of Hastings
Mr. Bill Sandison, Councillor, City of Belleville

Via Telephone

Mr. Andreas Bolik, Councillor, County of Prince Edward
Dr. Craig Ervine, Provincial Appointee
Mr. Michael Kotsovos, Councillor, City of Quinte West

Also Present: Dr. Piotr Oglaza, Medical Officer of Health and CEO
Dr. Alexa Caturay, Acting Medical Officer of Health
Ms. Valerie Dunham, Director of Corporate Services/Associate CEO
Ms. Catherine Lovell, Executive Assistant

1. CALL TO ORDER

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

ROLL CALL

Chair Albert completed a roll call.

2. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

There was no disclosure of pecuniary interest.

Chair Albert read a letter of thanks to staff to the Board and asked that it be sent out to staff from the Board of Health. She also thanked Drs. Caturay and Toumishey for being here during Dr. Oglaza's leave and for their vital input and leadership during this time.

3. APPROVAL OF AGENDA

MOTION:

Moved by: Stewart

Seconded by: Bill

THAT the agenda for the Board of Health (Board) meeting on Wednesday, September 2, 2020 be approved as circulated.

CARRIED

4. CLOSED SESSION

MOTION:

Moved by: Stewart

Seconded by: Terry

THAT the Board of Health convene in closed session for the purpose of:

- *a discussion of personnel issues in accordance with Section 239 (2) b; personal matters about an identifiable individual, including municipal or local board employees; and*
- *information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them.*

CARRIED

As per the motion made in the Closed Session to return to Open Session the Board reconvened in Open Session at 10:15 a.m.

4a. CLOSED SESSION

MOTION:

Moved by: Terry

Seconded by: Bill

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

CARRIED

5. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING – June 3, 2020

MOTION:

Moved by: Terry

Seconded by: Bill

THAT the minutes of the regular meeting of the Board held on June 3, 2020 be approved as circulated.

CARRIED

6. BUSINESS ARISING FROM MINUTES - None

7. DEPUTATIONS - None

8. COMMITTEE REPORTS (MOTION)

8.1 Finance Committee Update - Terry

Terry shared that during the Finance Committee meeting, the second quarter finance summary and draft 2021 budget assumptions were reviewed. Since that time, more funding information has been received which will be discussed later in the meeting as per the briefing note in the Agenda package.

MOTION:

Moved by: Terry

Seconded by: Bill

THAT the Finance Committee report be received as presented.

CARRIED

9. REPORT OF THE MEDICAL OFFICER OF HEALTH

COVID-19 Update

Dr. Caturay started with a refresher of where we have been with COVID-19, the symptoms attached to it, transmission and treatment and the five fundamental actions that will slow the spread.

Reviewed the return to schools, how we are working closely with the school boards, reviewed the Healthy Schools Team staffing model that uses public health nurses, health promoters, registered dietitians and public health inspectors. Showed the school screening tool that students must complete every day before entering the school.

Response and Resilience Plan

Dr. Caturay discussed our initial response and the next phase of the response that needs to consider sustainability, vulnerability, and wellness for our staff and the entire community. She reviewed the number of days of COVID-19, number of deaths and capacity in our intensive care units. Lessons learned in the first wave of the pandemic were reviewed which led into pandemic planning assumptions and scenarios. Discussed the fact that we are now planning for a second wave and have created criteria for different phases which are aligned with the Province's stages of reopening.

It was requested that Dr. Caturay's presentation be sent out to all board members as we were having some technological issues so those who called in may not have been able to see it.

Funding Update

Val presented the briefing note included in the Board Agenda package which highlighted funding changes over the past month including the addition of 8 school-focused nurses for HPEPH. Discussion ensued.

MOTION

Moved by: Jan

Seconded by: Terry

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

CARRIED

10. STAFF REPORTS – Deferred to next meeting

Verbal Reports

10.1 Social Determinants of Health – Victoria Law

Written Reports

10.2 Perinatal Mental Health in Hastings Prince Edward – Alison Dubien, PHN and Brooke Cousins, HP

These reports were deferred.

11. CORRESPONDENCE AND COMMUNICATIONS - None

12. NEW BUSINESS – None

13. 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.

MOTION

Moved by: Stewart

Seconded by: Bill

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

CARRIED

14. DATE OF NEXT MEETING – Wednesday, October 7, 2020**15. ADJOURNMENT****MOTION:**

Moved by: Terry

Seconded by: Jan

THAT this meeting of the Board be adjourned at 11:55 a.m.

CARRIED

Jo-Anne Albert, Chair


Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Victoria Law, Social Determinants of Health Public Health Nurse
Approved by:	Veronica Montgomery, Foundational Standards Manager
Date:	Wednesday, September 2, 2020
Subject:	Social Determinants of Health (SDOH)
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> Compliance with Program Standards
Action Required:	No action required.
Background:	<p>The Ontario Public Health Standards recognizes health equity as one of the key Foundational Standards. One of the health equity program outcomes is to increase awareness among the public and community partners of the impact of the social determinants of health (SDOH) on health outcomes, and increase supports for actions to decrease health inequities(1).</p> <p>The SDOH are widely recognized to contribute to significant health disparities between members of the general population. The SDOH are described by the National Collaborating Centre for Determinants of Health (NCCDH) as “the interrelated social, political and economic factors that create the conditions in which people live, learn, work and play”(2).</p> <p>In order to meet the health equity standard, the Health Equity Training Plan was launched in 2018 with two goals:</p> <ol style="list-style-type: none"> 1. To enhance awareness and knowledge among members of the HPEPH workforce regarding the SDOH, health equity and public health’s role to reduce health inequities; and 2. Prepare members of the HPEPH workforce to take action to reduce health inequities in public health programs and services. <p>This training plan includes the launch of public issue framing activities. Issue framing provides an opportunity to publicly highlight the SDOH and demonstrate the role that public health plays. COVID-19 delayed the original launch of this public information, however the effects of the ongoing pandemic have heightened the attention of the public on how personal circumstances shape opportunities to live a healthy life. This has provided a window of opportunity to further demonstrate how social determinants such as early childhood development, income and income distribution, and education, literacy and skills play a role in lifelong health and well-being.</p> <p>The issue framing information helps us meet one of our strategic priorities, community engagement. This publicly available information will increase awareness of the role of public health, our programs and services. It will also help us to serve as a voice of advocacy to champion the best possible health for</p>

	<p>all. These are two of the approaches in our strategic plan to meet our community engagement strategic priority.</p> <p>More information can be found on our new webpage: hpePublicHealth.ca/healthequity</p>
Reviewed By:	Dr. Alexa Caturay, Acting Medical Officer of Health

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;1–75.
2. National Collaboration Centre for Determinants of Health. Glossary of Essential Terms [Internet]. Antigonish, NS; 2014. Available from: http://nccdh.ca/images/uploads/comments/Glossary_EN-_FINAL_May_19.pdf




HASTINGS PRINCE EDWARD
Public Health

Social Determinants of Health

Board of Health
September 2, 2020

Victoria Law, Social Determinants of Health
Public Health Nurse

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HASTINGS PRINCE EDWARD
Public Health

Outline

- Background
- Context
- Key Messages
- Next Steps

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 HASTINGS PRINCE EDWARD
Public Health

Background

“The **social determinants of health** are the interrelated social, political and economic factors that create the conditions in which **people live, learn, work and play.**”

(National Collaborating Centre for Determinants of Health, 2014)



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Robert Wood Johnson Foundation

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 HASTINGS PRINCE EDWARD
Public Health


Strategic Plan: 2019-2023

Community Engagement

- Increase awareness of the role of public health and our programs and services
- Serve as a voice of advocacy to champion the best possible health for all

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Ontario Public Health Standards: Health Equity

- “There is an increased awareness on the part of the LHINs and other community partners **of the impact of social determinants of health on health outcomes** and increased supports for action to decrease health inequities” (OPHS, 2018, p. 21)

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The Context

- The 2018 Health Equity Training Plan has two goals:
 1. To enhance **awareness** and **knowledge** of the internal workforce regarding the social determinants of health (SDOH), health equity, and Public Health’s role to reduce health inequities
 2. To prepare members of the HPEPH workforce to take action to reduce health inequities in public health programs and services

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Communication Goals

- Raise awareness of the SDOH in our communities
- Provide education on how the SDOH relate to health
- Demonstrate that public health has a role to play in addressing the SDOH alongside community partners

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Key Message #1

Your health has been influenced by many circumstances that are beyond your control.

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Key Message #2

Health begins in our families, is shaped by our education, and is maintained by being able to afford the necessities of life.

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Key Message #3

Public Health is working to identify and reduce inequities in our communities.

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Next Steps

- Empower staff members to act on the social determinants of health
- Continue to increase knowledge of the public and local stakeholders through a targeted campaign in 2021

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Public Health**

References

Ministry of Health and Long-Term Care (2018) Protecting and Promoting the Health of Ontarians. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf

National Collaborating Centre for Determinants of Health. (2014). Glossary of essential health equity terms. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

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Social Determinants of Health

At Hastings Prince Edward Public Health, we define the Social Determinants of Health to be the following^{1,2,3}:



Access to Health Services



Culture, Race and Ethnicity



Disability



Early Childhood Development



Education, Literacy and Skills



Employment, Job Security and Working Conditions



Food Insecurity



Gender Identity and Expression



Housing



Income and Income Distribution



Indigenous Status



Personal Health Practices and Resiliency



Physical Environments



Sexual Orientation and Attraction



Social Inclusion and Exclusion



Social Support Networks

If you have any questions regarding the social determinants of health (SDOH), or what you can do in your role to help people facing health inequities related to the SDOH, please reach out to the Foundational Standards Social Determinants of Health Public Health Nurse, Victoria Law at: vlaw@hpeph.ca or extension 304.

References available upon request.

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Alison Dubien, Public Health Nurse and Brooke Cousins, Health Promoter
Approved by:	Shelly Brown, Program Manager, Healthy Families
Date:	Wednesday, September 2, 2020
Subject:	Perinatal Mental Health in Hastings Prince Edward
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	No action required
Background:	<p>Perinatal Mood and Anxiety Disorders (PMADs) are the most common complication of childbirth.</p> <p>PMAD is an umbrella term for different mood disorders including depression, anxiety and postpartum psychosis. PMADs can occur at any time during pregnancy or within the first year after the birth of a baby and can impact anyone. The effects of untreated PMADs are far reaching and very costly to our healthcare system. Rates of maternal mental health concerns are high in Hastings and Prince Edward Counties. The attached infographic paints a picture of our local context and the steps we are taking to make a difference within our community by strengthening partnerships with agencies that support families.</p> <p>This work contributes to the following Ontario Public Health Standards Healthy Growth and Development requirement:</p> <p><i>The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to support healthy growth and development in the health unit population. The program of public health interventions shall be informed by:</i></p> <ol style="list-style-type: none"> <i>i. An assessment of risk and protective factors that influence healthy growth and development.</i> <i>ii. An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication.</i> <i>iii. Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, social, and other relevant sectors to address mental health promotion.</i>
Reviewed By:	Dr. Alexa Caturay, Acting Medical Officer of Health

Perinatal Mental Health in Hastings Prince Edward

The most common complication of childbirth

Perinatal Mood Anxiety Disorders (PMADs) include a range of mental health conditions such as anxiety, depression, and postpartum psychosis. These conditions can range from mild to severe.

PMADs can occur at any time during pregnancy or within the first year after the birth of a baby, which makes this a particularly vulnerable time for mental health in a family.

PMADs can impact anyone

- PMADs do not discriminate
- Money and socioeconomic status do not provide immunity from PMADs



PMAD symptoms vary and can include:

- Having less interest and/or finding less enjoyment in things



- Feeling sad most of the time
- Feeling anxious or worried
- Changes in appetite, energy, sleep or concentration

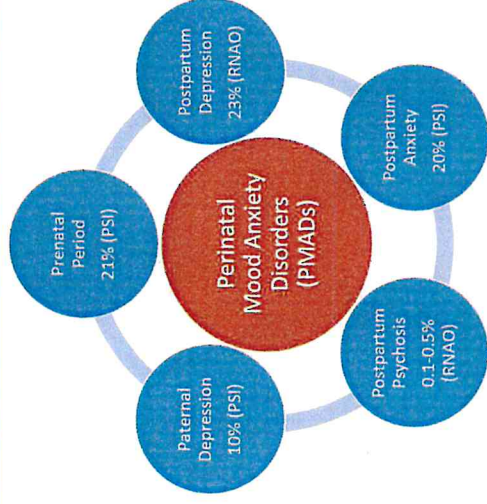
Cost of untreated PMADs

In Ontario, an estimated **\$20 MILLION** is spent each year on complications from untreated prenatal depression.



Risks of untreated PMADs:

- Isolation, social withdrawal
- Relationship problems
- Increased risk of poor breastfeeding outcomes
- Developmental delays and behaviour problems in infants/children
- Delayed language, motor, social and cognitive development in infants/children
- Child abuse and neglect

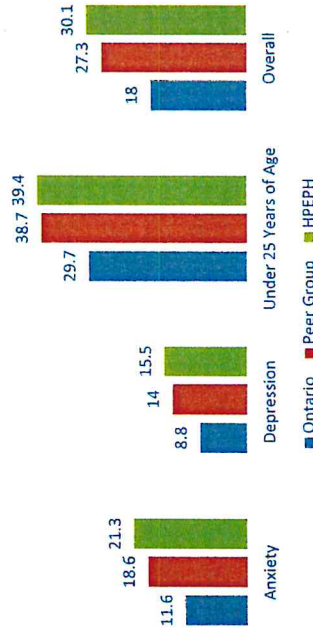


What HPEPH can do:

- Universal screening for all pregnant and postpartum persons in all interactions with new parents
- Strengthen relationships and develop referral mapping with community partners to aid in improving early access to mental health services
- Provide education and awareness within the community
- Work to decrease stigma
- Support new parents



Maternal Mental Health Concerns During Pregnancy



Data sources: RNAO BPG Assessment and Interventions for Perinatal Depression, StatsCan, PHO Snapshots, Postpartum Support International (2017)

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Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health																				
Prepared by:	Sarah Gignac, Public Health Nurse																				
Approved by:	Shelly Brown, Program Manager, Healthy Growth and Development																				
Date:	Wednesday, October 7, 2020																				
Subject:	Early Years Community Pathways Project																				
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> Compliance with Program Standards																				
Action Required:	No action required.																				
Background:	<p>Early years are a critical period due to rapid brain development. This phase lays the foundation for physical and mental health outcomes in later years. Adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict, and neglect, have been clearly linked to risk for mental illness and addiction later in life. Meanwhile, strong attachment to a caregiver, and programs that support parents to develop positive parenting practices, can serve as protective factors for a child’s mental health. Investing in mental health early and often helps to buffer individuals from harms that may trigger or exacerbate mental health problems in the future, and support recovery if issues do emerge. Evidence shows initiatives that focus on giving “every child the best possible start” will yield the greatest impacts (Ministry of Health and Long-Term Care, 2018).</p> <p>According to Public Health Ontario’s Snapshots (2020), Hastings Prince Edward Public Health (HPEPH) shows significantly higher percentages for the indicators of healthy child development in families compared to the provincial average:</p> <table border="1"> <thead> <tr> <th>Description</th> <th>HPEPH</th> <th>Ontario</th> </tr> </thead> <tbody> <tr> <td>No designated primary care provider for mother and/or infant</td> <td>4.8%</td> <td>4.2%</td> </tr> <tr> <td>Infants with families who have concerns about money</td> <td>9.9%</td> <td>3.7%</td> </tr> <tr> <td>Parent or partner with mental illness</td> <td>37.9%</td> <td>17.9%</td> </tr> <tr> <td>Parent of partner with disability</td> <td>8.2%</td> <td>1.0%</td> </tr> <tr> <td>Involvement with Child Protection Services</td> <td>6.5%</td> <td>3.6%</td> </tr> </tbody> </table>			Description	HPEPH	Ontario	No designated primary care provider for mother and/or infant	4.8%	4.2%	Infants with families who have concerns about money	9.9%	3.7%	Parent or partner with mental illness	37.9%	17.9%	Parent of partner with disability	8.2%	1.0%	Involvement with Child Protection Services	6.5%	3.6%
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Additionally, the Early Development Instrument measures children's developmental health and covers five domains. In the school year of 2017/2018, the percentage of vulnerability in each domain for children living in Hastings was higher than the percentage of vulnerability for Ontario. "Higher vulnerability indicates that a greater percentage of children are struggling" (Offord Centre for Child Studies).

Community Initiative for Infant and Early Mental Health

In 2019, HPEPH along with community leaders from the Collaborative Child, Youth and Family Services System Planning Table, facilitated the start of a community initiative presented by Infant Mental Health Promotion (IMHP) out of Sick Kids Hospital and the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre). The Infant and Early Mental Health Care Pathways Project focuses on strengthening and enhancing partnerships across sectors to ensure effective communication, clear and efficient service pathways, and accountability for the provision of early mental health services for young children from birth to age six.

Two community meetings occurred in November 2019 with over 50 community partners joining together from a variety of sectors (education, public health, primary care, child welfare, early learning, and child development) to discuss, explore and identify the following:

- How the science of infant-early mental health:
 - Is currently embedded within each organization providing services to young children and their families;
 - Can be integrated in the competencies of professionals working with infants, young children and their families;
 - Is currently embedded within prevention, promotion and early intervention services.
- Where there are opportunities to enhance existing programs, services, knowledge, and policies affecting children from birth to age 6; and
- What care pathways focused on supporting children between birth to age six might look like.

A third community meeting was scheduled for March 2020 to continue the community pathways work but was postponed due to the COVID-19 pandemic.

Infant and Early Mental Health Care Pathways Pilot Project

In December 2019, IMHP and the Centre requested for Hastings and Prince Edward Counties (HPEC) to become one of three communities to participate in an Infant and Early Mental Health Care Pathways Pilot Project which would support the ongoing community pathways work that was started in November 2019, and that would also work to support the community with evidence-based training and resources on early mental health for families, education and service providers. A public health nurse with the Healthy Growth and Development program is currently a member of a Provincial Steering Committee for this pilot project.

	<p><u>Moving Forward</u></p> <p>At this time, IMHP has made several evidence-based training and resources available to HPEC. Future plans for the pilot project include additional community consultation around the development of clear and efficient care pathways across sectors for the provision of early mental health services, the ongoing delivery of training opportunities for service providers, and the completion of a community report with specific recommendations addressing the unique needs, gaps and challenges that exist within HPEC.</p> <p>This initiative helps achieve OPHS Requirement 2: develop and implement a program of public health interventions using a comprehensive health promotion approach to support healthy growth and development. This initiative is informed by an assessment of existing program and services within the area; and, consultation and collaboration with key stakeholders in the health, education, municipal, non-governmental, social, and other relevant sectors. Additionally, this initiative is implemented in accordance with relevant guidelines, including the <i>Health Equity Guideline, 2018</i>, the <i>Healthy Growth and Development Guideline, 2018</i> and the <i>Mental Health Promotion Guideline, 2018</i>.</p>
Reviewed By:	Dr. Piotr Oglaza, Medical Officer of Health and CEO

**Listing of Information Items
Board of Health Meeting – October 7, 2020**

1. Peterborough Public Health – Letter to Prime Minister Trudeau re Guaranteed Basic Income dated September 17, 2020
2. Simcoe Muskoka District Health Unit – Letter to Patty Hajdu re COVID-19 and Long-Term Care Reform dated September 18, 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.