



BOARD OF HEALTH MEETING

Wednesday, December 2, 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

PLEASE NOTE:
**There will be a Closed Session at the
beginning of the meeting.**

Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

Our Vision

**Healthy Communities,
Healthy People.**

Our Mission

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

Our Values Show We CARE



Collaboration



Advocacy



Respect



Excellence

Our Strategic Priorities



**Community
Engagement**



**Staff
Engagement
and Culture**



**Population Health
Assessment and
Surveillance**



**Program
Standards**



**Health
Promotion**

BOARD OF HEALTH MEETING AGENDA

Wednesday, December 2, 2020

9:30 to 11:00 a.m.

1. CALL TO ORDER

2. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THERE OF

3. APPROVAL OF THE AGENDA

4. CLOSED SESSION

THAT the Board of Health convene in closed session for the purpose of a discussion of personnel issues in accordance with Section 239 (2) ii personal matters about an identifiable individual, including Board employees;

5. MOTIONS ARISING FROM CLOSED SESSION

6. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING

6.1 Meeting Minutes of Wednesday, October 7, 2020

[Schedule 6.1](#)

7. BUSINESS ARISING FROM THE MINUTES

8. DEPUTATIONS - None

9. COMMITTEE REPORTS

9.1 Finance Committee – Terry

9.1.1 2021 Budget

[Schedule 9.1.1](#)

9.1.2 By-Law No. 2021-01 Annual By-Law to authorize the
Borrowing of up to \$1,000,000

[Schedule 9.1.2](#)

9.2 Governance Committee - None

10. REPORT OF THE MEDICAL OFFICER OF HEALTH

11. STAFF REPORTS

11.1 Community Food Assessment for Hastings and Prince
Edward Counties – Sheryl Farrar, Program Manager

[Schedule 11.1](#)

11.2 Health Equity Impacts of Covid-19 on People Experiencing
Homelessness, Victoria Law, Public Health Nurse

[Schedule 11.2](#)

[Schedule 11.3](#)

11.3 Food Literacy in Schools – Sheryl Farrar, Program Manager

12. CORRESPONDENCE AND COMMUNICATIONS

12.1 Letter of Support – Bill 216 - Daryl Kramp, MPP

[Schedule 12.1](#)

13. NEW BUSINESS

13.1 Proposed 2021 Board of Health Meeting Schedule

[Schedule 13.1](#)

[Schedule 14.1](#)

14. INFORMATION ITEMS (Available for viewing online at hpePublicHealth.ca)

15. DATE OF NEXT MEETING – Wednesday, February 3, 2021 at 9:30
a.m.

16. ADJOURNMENT



BOARD OF HEALTH MEETING MINUTES

Wednesday, October 7, 2020

Hastings Prince Edward Public Health (HPEPH)

Via Teleconference

Present: Via Telephone

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

Dr. Craig Ervine, Provincial Appointee

Mr. Sean Kelly, Councillor, City of Belleville

Mr. Michael Kotsovos, Councillor, City of Quinte West

Mr. Bill Sandison, Councillor, City of Belleville

In-Person

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

Absent

Mr. Andreas Bolik, Councillor, County of Prince Edward

Mr. Terry Cassidy, Councillor, City of Quinte West

Also Present: Dr. Piotr Oglaza, Medical Officer of Health and CEO
Ms. Valerie Dunham, Director of Corporate Services/Associate CEO
Mr. Eric Serwotka, Director of Public Health Programs
Ms. Catherine Lovell, Executive Assistant

1. CALL TO ORDER

Chair Albert called the meeting to order at 9:40 a.m.

ROLL CALL

Board Secretary completed a roll call.

2. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

There was no disclosure of pecuniary interest.

3. APPROVAL OF AGENDA

MOTION:

Moved by: Sean

Seconded by: Craig

THAT the agenda for the Board of Health (Board) meeting on Wednesday, October 7, 2020 be approved as circulated.

CARRIED

4. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING – September 2, 2020

MOTION:

Moved by: Bill

Seconded by: Jan

THAT the minutes of the regular meeting of the Board held on September 2, 2020 be approved as circulated.

CARRIED

5. BUSINESS ARISING FROM MINUTES - None

6. DEPUTATIONS - None

7. COMMITTEE REPORTS

7.1 Finance Committee – None

7.2 Governance Committee - None

8. REPORT OF THE MEDICAL OFFICER OF HEALTH

Dr. Oglaza gave an update on COVID-19, influenza immunizations and HPE Public Health preparedness.

COVID-19 Update

- There have been a number of provincial changes enacted in response to the second wave of the Covid-19 pandemic. For Hastings and Prince Edward Counties (HPEC) this means mandatory face covering in all indoor businesses and establishments across the province (with limited exemptions), and a temporary pause on social circles.
- All Ontarians have been asked to limit close contact only to people living in their own household. Those who live alone should limit close contacts to one other household.
- We are seeing more cases in our area which is not unexpected, approximately 8 cases in the last seven days. HPEPH is ready for the increase and have already redeployed staff to where they are needed most and have also hired the school-focused nurses for presence in schools.

Safer Thanksgiving Celebrations

- Staying local is the best way to protect ourselves. It is not a good year to participate in pot lucks, buffets, traditional multi-generational gatherings or invite guests from out of town into your home.
- Consider having a virtual Thanksgiving celebration, enjoying a fall walk or hike together, hosting a small outdoor picnic where all households bring their own food and stay at least two (2) metres apart from those who are not in your household.

Influenza Immunization

- Getting the flu shot is especially important during the Covid-19 pandemic. It protects you, those around you and the most vulnerable members of the community.
- Being vaccinated will also help reduce serious cases of the flu in our region and help ensure that health care resources remain available for those who need them the most.

- Ontario is prioritizing early distribution of the flu vaccine for vulnerable populations in long-term care homes, hospitals and retirement homes, and in fact shipments to these establishments are already underway.
- The flu vaccine is available through your primary care provider and participating pharmacies. HPEPH will be offering flu clinics later in October for individuals who cannot access the vaccine elsewhere.

MOTION

Moved by: Sean

Seconded by: Jan

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

CARRIED

9. STAFF REPORTS**Verbal Reports****9.1 *Social Determinants of Health* – Victoria Law**

- The social determinants of health are a group of non-biological factors beyond a person's control that influence long-term health and wellbeing. Health begins in our families, is shaped by our education and is maintained by being able to afford the necessities of life.
- Childhood experiences, the level of education we receive and the opportunities that come with money are the three top determinants identified in Hastings and Prince Edward Counties.
- Right now, this inequality is evident in the unequal social and economic burden of Covid-19 caused by closed and limited services for vulnerable persons. During the first wave of Covid-19 many vulnerable people were unable to follow public health advice like frequent hand washing and isolating at home.
- HPEPH is working to identify and reduce these inequities in our communities and to raise awareness about the long-term benefits of reducing these inequities and providing support to those who need it most.

Written Reports**9.2 *Perinatal Mental Health in Hastings Prince Edward* – Alison Dubien, Public Health Nurse and Brooke Cousins, Health Promoter****9.3 *Early Years Community Pathways Project* – Sarah Gignac, Public Health Nurse****MOTION**

Moved by: Stewart

Seconded by: Craig

THAT the staff reports be received as presented.

CARRIED

10. CORRESPONDENCE AND COMMUNICATIONS - None

11. NEW BUSINESS – None**12. 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: Sean

Seconded by: Bill

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

CARRIED

14. DATE OF NEXT MEETING – Wednesday, November 4, 2020**15. ADJOURNMENT****MOTION:**

Moved by: Michael

Seconded by: Jeff

THAT this meeting of the Board be adjourned at 10:19 a.m.

CARRIED

Jo-Anne Albert, Chair

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Valerie Dunham, Director of Corporate Services/Associate CEO
Reviewed by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, December 2, 2020
Subject:	2021 Budget
Nature of Board Engagement	<input type="checkbox"/> For Information <input checked="" type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	Request Board of Health approve the 2021 Budget.
Background:	<p>In a typical year, the budget for 2021 would be presented to the Board of Health for approval in February. This is certainly not a typical year and given the level of uncertainty and fiscal concern in 2021, the budget is being presented for approval at the December Board meeting.</p> <p>The budget presented is a deficit budget of \$288,000 and includes the minimum level of staffing required to continue to meet the demands of the pandemic, priority services and a potential mass immunization. In fact, as more planning is completed, and details become available, additional nursing staff may be required to meet the demands of a mass immunization program.</p> <p>As the notes in the budget package indicate, HPEPH is requesting that the municipal levy be increased by 1.5% (\$50,835) to offset the projected deficit. In addition, \$237,181 would be drawn from operating reserves. As of December 31, 2019, a total of \$1,242,060 is available in operating reserves.</p> <p>It is anticipated the Ministry of Health may reimburse HPEPH for extraordinary pandemic expenses which would impact the final amount required from operating reserves. However, for planning purposes, these funds need to be available to enable HPEPH to move forward on planning and execution of programs in 2021.</p>



HASTINGS PRINCE EDWARD
Public Health

2021 BUDGET PACKAGE

For Board Approval December 2, 2020

HASTINGS PRINCE EDWARD PUBLIC HEALTH

2021 BUDGET- Executive Summary

For Board Approval December 2, 2020

The pandemic has created an unprecedented public health emergency that has affected every staff member and program at Hastings Prince Edward Public Health (HPEPH). HPEPH's proactive response to the pandemic - from the repatriation of Canadians in February, through the first wave, the re-opening of services, planning for service continuity and now a second wave of COVID-19 - has resulted in a number of service delivery changes and unforeseen expenditures. The ongoing uncertainty about the continued impact of COVID-19 and the potential delivery of a vaccine have made the development of the 2021 budget exceptionally challenging.

Our priorities for 2021 are the continued pandemic response including potential mass immunization, as well as the delivery of service priorities identified in the business continuity plan. It is critical that we maintain staffing levels and resources to meet these priorities.

The budget presented reflects a deficit of \$288,000 and we respectfully request that the Board of Health cover this deficit through a base increase of 1.5% in addition to the use of operating reserves. Covering this deficit is essential to continue to provide the level of response that is required to keep our community healthy and safe in the coming year. Some of the deficit may be eligible for reimbursement from the Ministry as pandemic expenses but for planning purposes, it is critical to have a solid financial plan in place as we move into 2021.

The 2021 budget reflects the following key revenue assumptions:

- Continued base funding in the amount of \$9,204,700 from the Ministry of Health and mitigation funding in the amount of \$1,120,00 to cover the increase in municipal funding requirements .
- Continued funding for 100% of the Seniors Dental Program in the amount of \$931,300. An additional \$556,000 will fund up to eight public health nurses to provide supports in community schools for the period January - July 31, 2021.
- Municipal funding is requested in the amount of \$3,439,788. which represents a 1.5% increase or \$50,835. This increase will help offset the deficit balance projected with the balance of \$237,181 to be drawn from operating reserves.
- Funding from the Ministry of Children, Community & Social Services, the Public Health Agency of Canada and Health Canada will remain the same as previous years.
- Expenditures recoveries have been reduced significantly due to program changes including reduced face-to-face services and related financial transactions.

The 2021 budget reflects the following key changes in expenditures:

- An additional 6.2 FTE positions are included in the 2021 budget versus 2020. Although the majority of the increase is due to additional nursing staff for the School Focused nursing program, there has also been an emphasis on ensuring continuity of staffing levels in all areas of the organization to address the pandemic response. Strengthening Communications, Human Resources and Management was also a goal in this budget to comply with priority action items in the 2019-2023 Strategic Plan and ensure appropriate levels of support, address risks and align with organizational needs.
- The overall cost of employee benefits has increased by 9.8%
- The budget for staff training has been reduced significantly from 2020 due to the extensive use of virtual training
- Program supply costs include allocations for mass immunization (\$50K) plus personal protective equipment (250K). Other discretionary costs for program materials, professional and purchased services have been reduced wherever possible to offset the increased supply costs for COVID-19.
- A 12% increase has been included for all insurance costs
- No significant capital expenditures are planned in this budget year.

Moving forward, the Executive Team at HPEPH will continue to work to ensure that our resources meet community public health priorities by responding to the pandemic and actioning the 2019-2023 Strategic Plan, as approved by the Board of Health. Throughout 2021, we will continue to work closely with the Board to ensure that sufficient resources are available to respond to community needs and plan proactively for a mass immunization plan and related fiscal implications in future budgets.

HASTINGS PRINCE EDWARD PUBLIC HEALTH
2020 Actuals & 2021 Proposed BUDGET
For Board Approval December 2, 2020

Schedule 9.1.1

	2020 Forecast Actuals at December 31	2020 Board of Health Approved Budget	2020 Variance Budget vs Actual	2021 Proposed Budget	Variance (2021 Proposed Budget vs 2020 Approved Budget)	% Variance
REVENUES						
1 Ministry of Health						
a) Mandatory Programs - Cost shared	9,204,700	7,909,440	1,295,260	9,204,700	1,295,260	16.4%
b) Related Programs - Cost shared	-	1,295,210	(1,295,210)	-	(1,295,210)	-100.0%
c) 100% Programs - Seniors Dental Program	931,300	931,300	-	931,300	-	0.0%
d) Annual and one-time grants	1,580,027	977,900	602,127	701,500	(276,400)	-28.3%
e) Mitigation Funding	1,120,000	837,570	282,430	1,120,000	282,430	33.7%
2 Municipal Levies	3,388,953	3,388,953	-	3,439,788	50,835	1.5%
3 Ministry of Children, Community & Social Services	1,172,775	1,160,543	12,232	1,160,543	-	0.0%
4 Public Health Agency of Canada	90,418	89,988	430	89,988	-	0.0%
5 Health Canada	57,368	39,000	18,368	39,000	-	0.0%
6 Expenditure Recoveries	216,542	280,000	(63,458)	98,000	(182,000)	-65.0%
7 Transfer from Municipal Reserves	-	282,480	(282,480)	237,181	(45,299)	-16.0%
TOTAL REVENUES	17,762,083	17,192,384	569,699	17,022,000	(170,384)	-1.0%
EXPENSES						
1 Salaries & Wages	10,300,880	10,237,000	63,880	10,758,000	521,000	5.1%
2 Employee Benefits	2,550,239	2,699,384	(149,145)	2,920,000	220,616	8.2%
3 Staff Training	55,182	204,000	(148,818)	120,000	(84,000)	-41.2%
4 Travel Expenses	120,026	221,500	(101,474)	214,000	(7,500)	-3.4%
5 Building Occupancy	1,051,875	1,002,600	49,275	1,008,000	5,400	0.5%
6 Office Expenses, Printing, Postage	86,708	80,000	6,708	105,000	25,000	31.3%
7 Program Materials, Supplies	826,737	664,000	162,737	751,000	87,000	13.1%
8 Professional & Purchased Services	356,312	762,000	(405,688)	630,000	(132,000)	-17.3%
9 Communication Costs	126,873	106,000	20,873	132,000	26,000	24.5%
10 Information Technology	401,552	368,000	33,552	384,000	16,000	4.3%
11 One Time Capital Expenditures	762,482	847,900	(85,418)	-	(847,900)	
12 Transfer to Capital/Building Fund	260,000	-	260,000	-	-	
TOTAL EXPENSES	16,898,867	17,192,384	(293,517)	17,022,000	(170,384)	-1.0%
SURPLUS/DEFICIT	863,216	-	863,216	(0)	(0)	
ANALYSIS OF SURPLUS BALANCE						
Mandatory Programs	-					
100% Programs - Seniors Dental Program	293,542					
One-time grant - School Focused Nurses	310,242					
Ministry of Health Annual and one-time grants	191,269					
Ministry of Health Grant Deferrals to March 31st	17,571					
MCCSS Programs Deferrals to March	27,777					
Federal Programs Deferrals to March	22,815					
	<u>863,216</u>					

HASTINGS PRINCE EDWARD PUBLIC HEALTH
Budgeted Revenues - For the period January 1, 2021 to December 31, 2021
For Board Approval December 2, 2020

Revenue Source	Ministry of Health			TOTAL Ministry of Health Programs	Other Grants & Contracts		TOTAL Other Grants & Contracts	Consolidated Budget
	Mandatory Programs	100% Programs	Annual and one- time grants		Healthy Babies Healthy Children	Federal Grants		
PROVINCIAL & MUNICIPAL FUNDING								
Ministry of Health								
Mandatory and 100% Programs	9,204,700	931,300		10,136,000			-	10,136,000
Annual and one-time grants			701,500	701,500			-	701,500
Mitigation Funding	1,120,000			1,120,000			-	1,120,000
Municipal Levies	3,439,788			3,439,788			-	3,439,788
Transfer from Municipal Reserves	237,181			237,181			-	237,181
Ministry of Children, Community & Social Services				-	1,160,543		1,160,543	1,160,543
TOTAL PROVINCIAL & MUNICIPAL GRANTS	14,001,669	931,300	701,500	15,634,469	1,160,543	-	1,160,543	16,795,012
FEDERAL FUNDING								-
Public Health Agency of Canada						89,988	89,988	89,988
Health Canada						39,000	39,000	39,000
EXPENDITURE RECOVERIES							-	
Nicotine Replacement Therapy Sales	14,000			14,000			-	14,000
Contraceptive Sales	3,000			3,000			-	3,000
OHIP Payments	5,000			5,000			-	5,000
Food Handler Course Registrations	8,000			8,000			-	8,000
Shingles Vaccine	10,200			10,200			-	10,200
Chargeable Vaccines	-			-			-	-
Menactra Vaccine	5,000			5,000			-	5,000
Human Papilloma Virus (HPV) Vaccine	8,000			8,000			-	8,000
Flu Vaccine	18,800			18,800			-	18,800
Seniors Dental Program - Denture Recoveries	8,000			8,000			-	8,000
Interest/Other	18,000			18,000			-	18,000
TOTAL FEDERAL FUNDING & EXPENDITURE RECOVERIES	98,000	-	-	98,000	-	128,988	128,988	226,988
TOTAL REVENUES	14,099,669	931,300	701,500	15,732,469	1,160,543	128,988	1,289,531	17,022,000

HASTINGS PRINCE EDWARD PUBLIC HEALTH
2021 BUDGET - Explanatory Notes and Variance Analysis - REVENUES
For Board Approval December 2, 2020

Schedule 9.1.1

	Approved Budget 2020	Budget 2021	Variance 2021 vs 2020
1. MINISTRY OF HEALTH			
a) <u>Mandatory Programs - Cost shared</u>	7,909,440	9,204,700	1,295,260
The Ministry of Health issues an accountability agreement each year outlining the terms of transfer payments to public health. Programs covered through cost shared funding include the following 13 program areas:			
Foundational Standards			
Population Health Assessment			
Health Equity			
Effective Public Health Practice			
Emergency Management			
Program Standards			
Chronic Disease Prevention and Well-Being			
Food Safety			
Healthy Environments			
Healthy Growth and Development			
Immunization			
Infectious and Communicable Diseases Prevention and Control			
Safe Water			
School Health			
Substance Use and Injury Prevention			
b) <u>Related Programs - Cost shared</u>			
Effective January 1, 2020, all of the former "related programs" have been consolidated into the Mandatory Program area in order to increase flexibility for public health units.			
Enhanced Food Safety Initiative	17,500		
Enhanced Safe Water Initiative	10,850		
Harm Reduction Program Enhancement (Opioid program)	105,000		
Healthy Smiles Ontario	385,210		
Infectious Diseases Control Initiative	155,610		
Needle Exchange Program Initiative	35,700		
Nursing Initiatives	274,470		
Smoke Free Ontario Strategy	310,870		
	1,295,210	-	(1,295,210)
Total Ministry of Health - Mandatory and Related Programs	\$ 9,204,650	\$ 9,204,700	\$ 50
c) <u>100% Programs - Seniors Dental Program</u>	\$ 931,300	\$ 931,300	\$ -
d) <u>Annual and one-time grants</u>			
<i>A Compensation Grant is provided on an annual basis to offset the total compensation of the MOH. Funding will be requested for one student to complete their PHI Practicum. Revenues in the amount of \$556,000 have been provided and will cover the cost of eight nurses from January until July.</i>			
Medical Officer of Health Compensation Grant	120,000	135,500	15,500
Public Health Inspector Practicum Student	10,000	10,000	-
School Focused Nurses	-	556,000	556,000
Seniors Dental Care- Clinic Upgrades	252,900	-	(252,900)
Seniors Dental Care- Mobile Dental Clinic	595,000	-	(595,000)
Total Annual and one-time grants	\$ 977,900	\$ 701,500	\$ (276,400)
e) <u>Mitigation Funding</u>			
<i>In 2019, the funding formula for public health was changed to a 70/30 cost sharing formula resulting in large increases for the municipal sector. Mitigation Funding was available to mitigate the increases to a maximum of 10%. The Ministry announced in August 2020 that they will provide 100% of the increases for both 2020 and 2021.</i>			
	\$ 837,570	\$ 1,120,000	\$ 282,430

2. MUNICIPAL LEVIES

An increase of 1.5% is being requested from the Municipal sector for 2021 to offset part of the deficit balance projected for the year.

<i>The Corporation of the City of Belleville</i>	1,057,039	1,072,895	15,856
<i>The City of Quinte West</i>	908,531	922,159	13,628
<i>County of Hastings</i>	870,246	883,300	13,054
<i>The Corporation of the County of Prince Edward</i>	553,137	561,434	8,297
	\$ 3,388,953	\$ 3,439,788	\$ 50,835

3. MINISTRY OF CHILDREN, COMMUNITY & SOCIAL SERVICES

MCCSS funds the Healthy Babies, Healthy Children program; no increase is anticipated for this contract. This program has a March 31st fiscal year. Forecast actuals include the carry forward of funds at December 2020.

1,160,543	1,160,543	-
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4. PUBLIC HEALTH AGENCY OF CANADA (PHAC)

PHAC funds the Canada Prenatal Nutrition Program (CPNP); no increase is anticipated for this contract. This program has a March 31st fiscal year. Forecast actuals include the carry forward of funds at December 2020. This contribution assists in meeting the Ontario Public Health Standards for vulnerable populations.

89,988	89,988	-
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5. HEALTH CANADA

Health Canada funds the Children's Oral Health Program (COHP); no increase is anticipated for this contract. The program has a March 31st fiscal year. Forecast actuals include the carry forward of funds at December 2020.

39,000	39,000	-
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6. EXPENDITURE RECOVERIES

Expenditure recoveries include OHIP reimbursements, vaccine recoveries, food handler course registrations, contraceptives, nicotine replacement therapy recoveries and interest earnings on transfer payments.

This area of revenues was impacted significantly over the past year due to changes in service delivery and cancellation of services as a direct result of COVID-19. The reduction in 2021 recoveries for OHIP reimbursements and vaccine recoveries reflects a reduction in expenses for physician fees and purchase of vaccines. Other reduced recoveries reflect service changes and a reduced ability to collect NRT recoveries or food handler course registrations. This revenue source will be reviewed during the fiscal year to help achieve consistency in future years.

280,000	98,000	(182,000)
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7. TRANSFER FROM MUNICIPAL RESERVES

The 2020 budget included a transfer of \$282,480 from operating reserves to compensate for the difference required by municipalities due to the anticipated change in funding formula in 2019. The Ministry of Health subsequently paid 100% of the mitigation funding required.

In 2021, the projected deficit balance will require a transfer of \$237,181 from operating reserves in order to balance the budget. It is anticipated that some of these funds may be eligible for reimbursement by the Ministry of Health.

282,480	237,181	(45,299)
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TOTAL BUDGETED REVENUES

\$ 17,192,384	\$ 17,022,000	\$ (170,384)
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HASTINGS PRINCE EDWARD PUBLIC HEALTH**Budgeted Expenses - For the period January 1, 2021 to December 31, 2021*****For Board Approval December 2, 2020***

Expense Item	Ministry of Health		Other Grants & Contracts		Consolidated Budget
	Mandatory and 100% Programs	Annual and one-time grants	Healthy Babies Healthy Children	Federal Grants	
Salaries & Wages	9,254,918	555,372	864,813	82,897	10,758,000
Employee Benefits	2,515,892	146,128	238,130	19,851	2,920,000
Staff Training	115,900	-	2,500	1,600	120,000
Travel Expenses	186,500	-	20,000	7,500	214,000
Building Occupancy	1,008,000	-	-	-	1,008,000
Office Expenses, Printing, Postage	103,000	-	2,000	-	105,000
Program Materials, Supplies	733,860	-	-	17,140	751,000
Professional & Purchased Services	629,000	-	1,000	-	630,000
Communication Costs	121,500	-	10,500	-	132,000
Information Technology	362,400	-	21,600	-	384,000
One Time Capital Expenditures		-		-	-
TOTAL EXPENSE	15,030,969	701,500	1,160,543	128,988	17,022,000

**HASTINGS PRINCE EDWARD PUBLIC HEALTH
2021 BUDGET - Explanatory Notes and Variance Analysis - EXPENSES
For Board Approval December 2, 2020**

1. SALARIES & WAGES

During 2020, HPEPH continued to experience a high level of staffing changes with a total of 11 departures and 14 new staff. New funding for school nurses resulted in the quick redeployment of 8 nursing staff and subsequent hiring processes to replace staff. The pay equity and job evaluation initiatives remain outstanding and continue to be under review and negotiation.

For the budget year 2021, the number of full-time equivalent positions has been increased by 6.2 positions for a budgeted total of 136.4 FTEs. Nursing staff have increased by 4.8 FTEs due to the school focused program and every effort has been made to ensure adequate staffing levels to address the pandemic response. Some savings are being generated through maternity leaves and the vacancy of a part-time enforcement officer.

Strategic planning directions continue to influence staffing decisions and the allocation of staff resources. We have strengthened Communications, Human Resources and Management in the budget to comply with priority action items in the 2019-2023 Strategic Plan and meet current demands.

A key component of the 2021 staffing plan is to continue to review our Management model to ensure that the best structure is in place to meet current organizational needs. Demands during the pandemic response as well as ongoing succession planning have heightened the need for this review.

2. EMPLOYEE BENEFITS

Employee benefits were under budget in 2020 due to position vacancies. Effective December 1, 2020, group health and dental rates are increasing by 9.8%. Canadian Pension Plan rates are increasing January 1, from a 2020 maximum contribution of \$2,898 to \$3,166 in 2021 which results in a substantial increase in benefit costs. Benefit increases for 2021 are also a reflection of the increased number of staff. Overall, benefits amount to 27% of salaries. This includes statutory benefits (CPP, EI, EHT and WSIB), OMERS pension plan contributions, group health, dental and life insurance and a % in lieu for part-time and contract staff.

3. STAFF TRAINING

Staff training plans in 2020 were cancelled due to the pandemic. Limited opportunities were presented and available training was done virtually. In 2021, the budget includes modest investments in training to ensure continued growth and development of staff. Virtual training will likely provide most training opportunities in the future.

4. TRAVEL EXPENSES

Travel expenses account for staff travel throughout Hastings and Prince Edward Counties to deliver services including the inspection of food and water premises, immunization and dental clinics in the community and home visits. Given the pandemic, many services were cancelled or provided virtually in 2020 resulting in tremendous savings. Although this pattern will continue in some services, the travel budget for 2021 includes travel costs for the school-based and immunization nurses as well as a provision for operating costs of the mobile dental clinic buses during the final quarter of 2021.

5. BUILDING OCCUPANCY

Building occupancy expenses include the building loan, branch office leases, maintenance costs, cleaning services and supplies for all locations of the organization. Building Occupancy costs were overbudget in 2020 due to the purchase of a new reception desk and plexi-glass installations, leasehold improvements at the Bancroft site, installation of a lockout feature in the Belleville elevator and increased cleaning costs. A small increase has been provided in this budget for 2021 for general maintenance costs.

6. OFFICE EXPENSES, PRINTING, POSTAGE

Office expenses were over budget in 2020 due to the purchase of additional cell phones for staff responsible for case and contact management. In 2021, the increase of \$25,000 is a provision for courier costs related to specimen deliveries to the lab in Kingston. This cost may be eligible for reimbursement as an extraordinary pandemic cost.

7. PROGRAM MATERIALS, SUPPLIES

The cost of personal protective equipment (PPE) including masks, shields, gowns and goggles are included in program materials and supplies. The savings from regular program supplies was offset by the high need and cost of PPE during 2020. In addition, HPEPH has proactively purchased mass immunization supplies (approximately \$130,000) to ensure that materials are available as soon as a COVID-19 vaccine is ready for distribution.

For 2021, costs for PPE and mass immunization will continue to be the key expenditure for program materials and supplies. PPE is budgeted at \$250,000 for the year and is absolutely critical for service delivery. Another order for mass immunization supplies in the amount of \$50,000 will be processed in early 2021 to ensure supplies are readily available for the community. This expense will very likely be eligible for reimbursement as an extraordinary pandemic cost.

8. PROFESSIONAL & PURCHASED SERVICES

The budget for professional and purchased services was increased substantially for 2020 to reflect the needs of the Seniors Dental program. Dentist fees, denturist and lab fees and other related costs for the program were budgeted at \$410,000, but due to the pandemic less than \$100,000 was spent. The cancellation of sexual health clinics also saved budgeted physician fees. These two factors resulted in the large savings in purchased services.

For 2021, all discretionary professional and purchased services have been reduced wherever possible to create budget savings. Liability insurance is charged to this budget category which has been budgeted with an anticipated 12% increase for 2021.

9. COMMUNICATION COSTS

Communication costs were overbudget in 2020, due to the installation of fibre internet in Bancroft, the increase of internet bandwidth at the Belleville office and increased cell phone data costs for staff working remotely. The increases in 2020 continue to impact the 2021 budget.

10. INFORMATION TECHNOLOGY

Information Technology costs were overbudget in 2020, due to the purchase of an additional server for the dental program. Significant expenses were incurred during the year to equip staff with notebook computers to work from home. Fortunately, most of these costs were eligible for reimbursement from the Ministry. The 2021 increase is due to increases in the cost of maintenance agreements with vendors.

11. ONE TIME CAPITAL EXPENDITURES

In 2020, the dental lab at Belleville was completed and the purchase of two mobile dental buses was processed. The mobile buses have been ordered and should be delivered in the third quarter of 2021. No significant capital expenditures are planned for 2021.

12. TRANSFER TO CAPITAL/OPERATING FUNDS

The transfer of \$260,000 to the capital fund represents the transfer of municipal contributions for future building or capital costs.

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

BY-LAW NO. 2021-01

Annual By-Law to authorize the borrowing of up to \$1,000,000

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

THEREFORE, the Board hereby enacts as follows:

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

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

Jo-Anne Albert, Chair, Board of Health

Date

Dr. Piotr Oglaza, Medical Officer of Health & CEO

Date

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Sheryl Farrar, Program Manager, Healthy Communities
Approved by:	Eric Serwotka, Director of Public Health Programs
Date:	Wednesday, December 2, 2020
Subject:	Community Food Assessment 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 checked="" type="checkbox"/> Compliance with Program Standards
Action Required:	No action required.
Background:	<p>Hastings Prince Edward Public Health (HPEPH) initiated this project to conduct a Community Food Assessment (CFA) that spans both Hastings and Prince Edward Counties. The need for a CFA was identified by HPEPH with the goal of engaging with community stakeholders and residents to better understand the challenges and opportunities for improving the accessibility, affordability, availability, and adequacy of nutritious foods in Hastings and Prince Edward Counties. Ultimately, HPEPH aims to gain a better understanding of how they can support key partners in their efforts to reduce food insecurity and improve the consumption of fresh and nutritious foods in the community, as well as to determine strategic actions that HPEPH can implement to achieve this.</p> <p>Combined, this project engaged over 220 community members throughout Hastings and Prince Edward Counties. Through a series of community engagement activities including interviews, a workshop, and an online survey, a number of key themes emerged. First, it became evident that HPEPH is positioned to be a strong advocate for driving food systems change. Second, HPEPH was identified as a strong communicator within the food system, and there are a number of opportunities for continued and enhanced communications to support access to nutritious foods. Finally, it became clear that there is a timely opportunity for HPEPH to support food access programs in shifting towards self-sustaining models.</p> <p>The recommendations resulting from this work are focused on activities that HPEPH can implement to enact change. They are, however, collaborative in nature and will draw upon the strength of networks within Hastings and Prince Edward Counties. Recommendations include activities that can support ongoing initiatives, enhancing current program offerings, and maintaining the momentum from this project to continue to improve access to nutritious foods in Hastings and Prince Edward communities.</p> <p>Please visit the HPEPH website to read the full report.</p>
Reviewed By:	Dr. Piotr Oglaza, Medical Officer of Health and CEO

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:	Tanya Hill, Foundational Standards and Communications Manager
Date:	Wednesday, December 2, 2020
Subject:	Health Equity Impacts of COVID-19 on People Experiencing Homelessness
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input checked="" 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:	Consider this information in your day-to-day work, and when formulating COVID-19-related municipal responses, to ensure it reflects the living conditions of people living with homelessness in our region.
Background:	<p>A prioritization exercise was completed that identified the most important components of the Incident Management System (IMS) and Business Continuity for the Hastings Prince Edward Public Health (HPEPH) COVID-19 response. During this exercise, health equity was identified as a must do; high priority (1). The critical nature of this work is aligned with current literature including the 2020 Chief Public Health Officer's report on the state of public health in Canada (2). This report focuses specifically on an equity informed response to COVID-19.</p> <p>HPEPH has two designated Social Determinants of Health Public Health Nurses (SDOH PHN). One focuses on outreach work in the community and identifies direct needs of some of the most vulnerable residents. Her work has previously been predominately Belleville focused, but has more recently been expanded to include other communities in Hastings and Prince Edward Counties (HPEC). The other SDOH PHN works to ensure corporate priorities are informed by the best available evidence to guide local health equity action.</p> <p>As part of the health equity work, we found a recurring group in HPEC that was being unfairly disadvantaged by the pandemic. This group is those people experiencing homelessness. We consistently found our messaging was unfair to this group because not only did the prevailing public health messaging not resonate, but it was simply not possible to follow the traditional public health guidance.</p> <p>HPEPH currently emphasizes five fundamental actions to prevent the spread of COVID-19, these include: stay home when ill; always physical distance with those outside your household; wear a mask or face covering in public spaces, as well as when physical distancing is difficult or not possible; wash your hands often, and clean frequently touched surfaces; get tested if you have symptoms of COVID-19 or have been in close contact with someone diagnosed with COVID-19. Most of these actions are difficult, if not impossible for those experiencing homelessness to practice because of their precarious living conditions.</p> <p>To identify strategies to mitigate the effects of the COVID-19 pandemic on people experiencing homelessness, a rapid health equity impact assessment was completed. There were several key findings in this assessment which fell</p>

	<p>under the following themes: increased health risk, communication of risk, testing, hygiene, isolation and congregate living, day facility and local context.</p> <p>To address these issues HPEPH will be working with a range of stakeholders in our communities to achieve the following strategic objectives:</p> <ol style="list-style-type: none"> 1. Engage with social service providers to mitigate the risk of COVID-19 in the homeless population. 2. Undertake advocacy activities to inform decision makers about the issues facing the people experiencing homelessness and to support increased access to an environment that supports their health and wellbeing. 3. Continue to use our outreach SDOH PHN to support homeless individuals in the community. 4. Seek out partnerships and build community capacity to respond to the unique needs of people experiencing homelessness that affect their risk of COVID-19 and the impact of the pandemic response measures on their health and wellbeing. <p>References:</p> <ol style="list-style-type: none"> 1. Hastings Prince Edward Public Health. COVID-19 Business Continuity Plan. 2020. 2. Public Health Agency of Canada. From Risk to Resilience: An Equity Approach to COVID-19 [Internet]. Ottawa, Ontario; 2020. Available from: https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf
Reviewed By:	Dr. Piotr Oglaza, Medical Officer of Health and CEO



Effects of COVID-19 on People Experiencing Homelessness

Victoria Law,
Social Determinants of Health
Public Health Nurse

Board of Health
December 2, 2020

hpePublicHealth.ca



The Problem

- People experiencing homelessness are unable to follow key public health messages and are already at a higher risk for a severe COVID-19 infection due to existing risk factors.
- There is a significant number of individuals in this group in Belleville.
 - The 2018 (most current) homeless enumeration found 70% of those experiencing homelessness in Hastings County lived in Belleville.
 - We do not have a current Prince Edward County report.
- This group has been identified as a priority population.

2

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Key Message

- People experiencing homelessness are unfairly disadvantaged by the COVID-19 pandemic; thus our response must be equity informed.


"No one is protected until everyone is protected."
-Theresa Tam




3


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Schedule 11.2







Advocacy



Outreach



Partnerships and Capacity Building




COVID-19 Risk Mitigation

Strategic Priorities

4

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Summary

- HPEPH is working with community partners to protect those in greatest need during the pandemic
- We are working to operationalize solutions in our four strategic priorities for this priority population
- We will continue to work with the community to identify priority populations and support an equity informed COVID-19 response that seeks to protect those in greatest need.

5

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Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Rachel Wong and Jennine Seaman, Registered Dietitians
Approved by:	Sheryl Farrar, Program Manager, Healthy Communities
Date:	Wednesday, December 2, 2020
Subject:	Food Literacy
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	Request the Board of Health send a letter to the Standing Committee on the Legislative Assembly in support of Bill 216: The Food Literacy for Students Act, 2020 put forward by MPP Daryl Kramp (Hastings – Lennox and Addington) to ensure that food literacy and skills education is embedded in the school curriculum throughout Grades 1 to 12 and agree to be considered an endorsing organization of Bill 216.
Background:	<p>Food literacy is a fundamental competency for healthy eating. Food literacy is broader than food skills. It is defined as:</p> <p>“a set of skills and attributes that help people sustain the daily preparation of healthy, tasty, affordable meals for themselves and their families; it builds resilience, because it includes food skills (techniques, knowledge and planning ability), the confidence to improvise and problem-solve, the ability to access and share information; and it requires external support with healthy food access and living conditions, broad learning opportunities, and positive socio-cultural environments”¹.</p> <p>In other words, being food literate enables an individual or household to navigate the complex and changing food environments in which they find themselves.</p> <p>Food literacy has been in decline over the past few decades which has affected all segments of society, including children and youth. Over the past several decades, fewer Canadians have been making meals from basic ingredients, with more relying on highly processed and take-away foods² which has been associated with an increased consumption of foods that are high in saturated fat, salt, sugar, and simple carbohydrates². These type of diets have been linked to cancer, cardiovascular disease, and diabetes³.</p> <p>There is a lack of opportunity to acquire food preparation and cooking skills in the family and school environment^{1,2}. In Ontario, home economics, which included food literacy education, was removed from the grade 7 and 8 curricula several decades ago⁴. Curriculum related to healthy eating is now integrated in the elementary health and physical education curriculum; in addition, while some courses related to food and nutrition were added to the Ontario curriculum, none of these courses are mandatory.</p>

	<p>An experiential food literacy curriculum will equip students with the skills and knowledge they need to make healthy food choices for life. Evidence suggests that eating habits developed during early childhood are sustained into adolescence and adulthood, and are associated with reduced risks of chronic diseases later in life^{6,7}. A preventive food literacy education can lead to enormous health care savings. Research estimates that poor diets lead to an economic burden of tens of billions of dollars each year in Canada⁸.</p> <p>The Hastings Prince Edward Board of Health should continue their advocacy for the addition of food literacy to provincial school curricula, by writing a letter to the Standing Committee on the Legislative Assembly Members in support of Bill 216: The Food Literacy for Students Act, 2020.</p>
Reviewed By:	Dr. Piotr Oglaza, Medical Officer of Health and CEO

References

1. Desjardins E, Perry EA, Davidson L, Samra R, MacDonald A, Dunbar J, et al. Making Something out of Nothing: Food Literacy Among Youth, Young Pregnant Women and Young Parents who are at Risk for Poor Health. 2013; Available from: <http://www.osnpnh.on.ca/resources/index.php>
2. Government of Canada. Improving cooking and preparation skills: a synthesis of the evidence to inform program and policy development [Internet]. Ottawa, ON; 2010. Available from: https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fn-an/alt_formats/pdf/nutrition/child-enfant/cfps-acc-synthes-eng.pdf
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5. KFL&A Public Health Knowledge Management. Hastings Prince Edward Public Health 2017 Population Health Assessment [Internet]. Belleville; 2017. Available from: https://hpepublichealth.ca/wp-content/uploads/2019/08/2017_Pop_Health_Assess_Rpt.pdf
6. Ratcliffe MM, Merrigan KA, Rogers BL, Goldberg JP. The Effects of School Garden Experiences on Middle School-Aged Students' Knowledge, Attitudes, and Behaviors Associated With Vegetable Consumption. *Health Promot Pract* [Internet]. 2011 [cited 2020 Nov 24];12(1):36–43. Available from: <https://pubmed.ncbi.nlm.nih.gov/19846682/>
7. Health Canada. Healthy Eating After School - Integrating healthy eating into after-school physical activity initiatives [Internet]. 2012. Available from: <https://www.canada.ca/en/health-canada/services/publications/food-nutrition/healthy-eating-after-school-integrating-healthy-eating-into-after-school-physical-activity-initiatives-2012.html>
8. Lieffers JRL, Ekwaru JP, Ohinmaa A, Veugelers PJ. The economic burden of not meeting food recommendations in Canada: The cost of doing nothing. Meyre D, editor. *PLoS One* [Internet]. 2018 Apr 27 [cited 2020 Nov 24];13(4):e0196333. Available from: <https://dx.plos.org/10.1371/journal.pone.0196333>



Main Office – Belleville

179 North Park Street, Belleville, ON K8P 4P1
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TTY: 711 or 1-800-267-6511
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December 2, 2020

The Office of Daryl Kramp
 Room 269
 Legislative Building, Queen's Park
 Toronto, ON M7A 1A8

Via email: daryl.kramp@pc.ola.org

Dear MPP Daryl Kramp:

Re: Support for Bill 216, The Food Literacy for Students Act, 2020

On behalf of the Hastings Prince Edward Board of Health, I am writing to endorse Bill 216 Food Literacy for Students Act, 2020, which includes curriculum guidelines for courses that offer experiential food literacy and healthy eating education for students from grade 1 to grade 12 as well as the required allocation of funding to support successful implementation.

Food literacy is a fundamental competency for healthy eating, however food literacy has been in decline over the past few decades as fewer Canadians have been making meals from basic ingredients, with more relying on highly processed and take-away foods which are associated with an increased consumption of foods that are high in saturated fat, salt, sugar, and simple carbohydrates. These types of diets have been linked to cancer, cardiovascular disease, and diabetes.

An experiential food literacy curriculum will equip students with the skills and knowledge they need to make healthy food choices for life. Evidence suggests that eating habits developed during early childhood are sustained into adolescence and adulthood and are associated with reduced risks of chronic diseases later in life. A preventive food literacy education can lead to enormous health care savings. Research estimates that poor diets lead to an economic burden of tens of billions of dollars each year in Canada.

Bill 216, The Food Literacy for Students Act, 2020 will contribute to improving eating behaviours, and decreasing the incidence of chronic disease in our community.

Sincerely,

Jo-Anne Albert, Chair
 Hastings Prince Edward Board of Health

North Hastings

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

Prince Edward County

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2021 Proposed Board of Health Meeting Schedule

It is being proposed that Board meetings continue to be held the first Wednesday of each month as shown below. If required, the Board Chair can call a special meeting.

Board meetings will commence at 9:30 a.m. and are held at 179 North Park Street, Belleville unless otherwise noted.

If noted on the agenda, closed sessions will be the first order of business.

If you are not able to attend a meeting please send regrets only to Catherine Lovell, Executive Assistant at clovell@hpeph.ca or call 613-966-5500 ext 231.

1. February 3
2. March 3
3. May 5
4. June 2
5. September 1
6. October 6
7. December 1

Committee Meetings

Committee meetings will be held on the fourth Wednesday of the month as noted below, at 1:00 pm – 2:30 pm, unless otherwise announced.

It will be the responsibility of the appointed committee member to notify and arrange for his/her alternate to attend scheduled committee meetings, should you be unable to attend.

Governance Committee

May 26, 2021
October 27, 2021

Finance Committee

February 24, 2021
April 28, 2021
August 25, 2021
November 24, 2021

Additional Dates

TBA

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**Listing of Information Items
Board of Health Meeting – December 2, 2020**

1. Sudbury Public Health – Letter to Prime Minister Trudeau re Guaranteed Basic Income dated October 13, 2020
2. Simcoe Muskoka District Health Unit – Letter to Patty Hajdu re COVID-19 and Long-Term Care Reform dated September 18, 2020
3. Grey Bruce Health Unit – Letter to Patty Hajdu re: Support of the Municipal Drug Strategy Coordinators Network of Ontario, Safe Supply dated October 29, 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.