



BOARD OF HEALTH MEETING

(Revised)

Wednesday, September 4, 2024
9:30 a.m. – 11:30 a.m.
In-Person

**Please note there will be a
Closed Session
at the beginning of the meeting**

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

Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

Our Vision

Healthy Communities,
Healthy People.

Our Mission

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

Our Values Show We CARE



Collaboration



Advocacy



Respect



Excellence

Our Strategic Priorities



Community
Engagement



Staff
Engagement
and Culture



Population Health
Assessment and
Surveillance



Program
Standards



Health
Promotion



BOARD OF HEALTH MEETING AGENDA

Wednesday, September 4, 2024

9:30 to 11:30 a.m.

In-Person Meeting

1. CALL TO ORDER

2. LAND ACKNOWLEDGMENT (Chair O'Neill to speak full version)

Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people.

3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

4. APPROVAL OF THE AGENDA

5. CLOSED SESSION

THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically, (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.

6. MOTIONS ARISING FROM CLOSED SESSION

7. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING

7.1 Meeting Minutes of Wednesday, June 5, 2024 [Schedule 7.1](#)

8. BUSINESS ARISING FROM THE MINUTES

9. COMMITTEE REPORTS

9.1 South East Transition Team Update
9.1.1 Minutes of meeting held on June 11, 2024 [Schedule 9.1.1](#)
9.1.2 Minutes of meeting held on July 3, 2024 [Schedule 9.1.2](#)

10. REPORT OF THE MEDICAL OFFICER OF HEALTH [Schedule 10.0](#)

11. STAFF REPORTS

11.1 Initiatives to Address Syphilis in HPEC (Presentation) [Schedule 11.1](#)
11.2 2024 Community Health Profile (Presentation) [Schedule 11.2](#)
11.3 Climate Change and Health Vulnerability Adaptation Assessment (Written) [Schedule 11.3](#)

12. CORRESPONDENCE AND COMMUNICATIONS – None

13. NEW BUSINESS

14. INFORMATION ITEMS (Available for viewing online at hpePublicHealth.ca) [Schedule 14.0](#)

15. DATE OF NEXT REGULAR MEETING – Wednesday, October 2, 2024 at 9:30 a.m.

16. ADJOURNMENT

BOARD OF HEALTH MEETING MINUTES

Wednesday, June 5, 2024

Hastings Prince Edward Public Health (HPEPH)

Present: Ms. Jan O'Neill, Mayor, Municipality of Marmora & Lake, County of Hastings, Chair
Dr. Jeffrey Allin, Provincial Representative
Ms. Kimberly Carson, Mayor, Limerick Township, Hastings County
Mr. Sean Kelly, Councillor, City of Belleville
Mr. David McCue, Councillor, City of Quinte West
Ms. Melanie Paradis, Provincial Representative
Ms. Barbara Proctor, Provincial Representative
Mr. Bill Roberts, Councillor, Prince Edward County
Mr. Phil St. Jean, Councillor, Prince Edward County

Regrets: Mr. Michael Kotsovos, Councillor, City of Quinte West, Vice Chair
Mr. Garnet Thompson, Councillor, City of Belleville

Also Present: Dr. Ethan Toumishey, Medical Officer of Health and CEO
Mr. David Johnston, Director of Corporate Services
Ms. Nancy McGeachy, Director of Clinical Programs
Ms. Catherine Lovell, Executive Assistant

1. CALL TO ORDER

Chair O'Neill called the meeting to order at 9:31 a.m.

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

3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

None

4. APPROVAL OF THE AGENDA

THAT the agenda for the Board of Health (Board) meeting on Wednesday, June 5, 2024 be approved as circulated.

MOTION:

Moved by: Melanie

Seconded by: Bill

CARRIED

5. CLOSED SESSION (at 9:33 a.m.)

That the Board of Health convene in closed session for the purpose of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

MOTION:

Moved by: Melanie

Seconded by: Phil

CARRIED

6. MOTIONS ARISING FROM CLOSED SESSION (at 10:03 a.m.)

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

MOTION:

Moved by: David

Seconded by: Bill

CARRIED

7. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING

7.1 Meeting Minutes of Wednesday, May 1, 2024

THAT the minutes of the regular meeting of the Board held on May 1, 2024 be approved as circulated.

MOTION

Moved by: Phil

Seconded by: Melanie

CARRIED

8. BUSINESS ARISING FROM THE MINUTES – None**9. DEPUTATIONS** - None**10.COMMITTEE REPORTS**

10.1 Voluntary Merger Committee Update (Verbal) – Dr. Toumishey

10.2 Governance Committee – Revised Governance Package – Dr. Toumishey

MOTION:

Moved by: Barbara

Seconded by: Bill

CARRIED

11. REPORT OF THE MEDICAL OFFICER OF HEALTH

THAT the Board receive the Medical Officer of Health's report as circulated.

MOTION:

Moved by: David
Seconded by: Melanie
CARRIED

12. STAFF REPORTS

12.1 2023 Rabies Report – Ruxshin Amooyan, Public Health Inspector

12.2 2023 Annual Report – Written

THAT the staff reports be received as circulated and presented and staff be directed to take further action if required.

MOTION:

Moved by: Sean
Seconded by: Melanie
CARRIED

13. CORRESPONDENCE AND COMMUNICATIONS

THAT the correspondence from Honourable Sylvia Jones be received as circulated.

MOTION:

Moved by: Phil
Seconded by: Bill
CARRIED

14. NEW BUSINESS - None

15. INFORMATION ITEMS - None

16. DATE OF NEXT MEETING – Wednesday, September 4, 2024 at 9:30 a.m.

17. ADJOURNMENT

THAT this meeting of the Board be adjourned at 10:56 a.m.

MOTION:

Moved by: Melanie
Seconded by: Sean
CARRIED

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

SOUTH EAST TRANSITION TEAM OPEN SESSION MINUTES

Tuesday, June 11, 2024

HPE Public Health

10:00 (Douglas A)

In Person: Councillors Judy Greenwood-Speers, Sean Kelly, Michael Kotsovos, Peter McKenna, Jeff McLaren, Bill Roberts, and Nathan Townend. Mayors Jan O'Neill and Robin Jones. Drs. Linna Li and Ethan Toumishey. Provincial Representatives: Wess Garrod, Stephen Bird. Recorder: Catherine Lovell

Virtual: Toni Surko

Regrets: Dr. Piotr Oglaza, Dr. Jeffrey Allin

1. CALL TO ORDER (Chair, Jan O'Neill)

Chair O'Neill called the meeting to order (at 10:02 a.m.).

2. TERRITORIAL ACKNOWLEDGMENT

Chair O'Neill read HPE Public Health's territorial acknowledgment.

3. CONFLICT OF INTEREST

No conflicts of interest were declared in the open meeting.

4. APPROVAL OF OPEN AGENDA

It was **MOVED** by Councillor Townend and **SECONDED** by Councillor Greenwood-Speers **THAT** the South East Transition Team approve the open agenda for the meeting of June 11, 2024.

CARRIED

5. APPROVAL OF THE OPEN MINUTES OF THE SOUTH EAST TRANSITION TEAM MEETING HELD MAY 24, 2024

It was **MOVED** by Mayor Jones and **SECONDED** by Councillor Roberts **THAT** the South East Transition Team approve the open minutes of the meeting of May 24, 2024 with the following change:

- Under *In Attendance*, 'Councillor' should be deleted from Mr. Stephen Bird's name.

CARRIED

6. BUSINESS ARISING FROM MINUTES

No business arising was noted in the open meeting.

7. REPORTS FROM THE MEDICAL OFFICERS OF HEALTH / BOARDS OF HEALTH

It was **MOVED** by Councillor Kelly and **SECONDED** by Councillor McLaren **THAT** the information provided by the Medical Officers of Health be received as presented.

CARRIED

Dr. Toumishey opened by stating the Medical Officers of Health and Board Chairs have a follow up meeting with the Ministry next week where they will answer the questions put forth by the Ministry. Dr. Toumishey also noted there was a lot of positive attention on the health units pursuing mergers and reinforced by the Ministry at the recent ALPHA AGM and conference held in Toronto. Dr. Li stated she had nothing more to add to Dr. Toumishey's summary. Discussion followed.

8. CLOSED SESSION

It was MOVED by Mr. McKenna and SECONDED by Councillor McLaren THAT the South East Transition Team convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically,

- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose; and
- (h) 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

--Lunch 12:00 to 12:30--

9. MOTIONS ARISING FROM CLOSED SESSION

It was MOVED by Councillor Kotsovovs and SECONDED by Councillor Greenwood-Speers THAT staff be directed to carry out decisions made in the Closed Session.

CARRIED

10. DATE OF NEXT MEETING

The next meeting for the South East Transition Board will be held on Wednesday, July 3, 2024 at 10:00 a.m. at Kingston, Frontenac, Lennox & Addington Public Health at 221 Portsmouth Avenue, Kingston.

A subsequent meeting was set for Thursday, July 25, 2024 at 10:00 a.m. at Leeds Grenville, Lanark and District Health Unit at 458 Laurier Boulevard in Brockville.

11. ADJOURNMENT

It was MOVED by Councillor Townend and SECONDED by Councillor Kelly THAT the South East Transition Team meeting of June 11, 2024 be adjourned. (at 2:07 p.m.)

CARRIED

SOUTH EAST TRANSITION TEAM MINUTES (OPEN MEETING)

Wednesday, July 3, 2024

KFL&A Public Health

10:00 (Boardroom)

In Person: Councillors: Judy Greenwood-Speers, Sean Kelly, Peter McKenna, Jeff McLaren, Bill Roberts, Nathan Townend; Mayors: Robin Jones, Jan O'Neill; Medical Officers of Health: Drs. Linna Li, Piotr Oglaza; Provincial Representatives: Stephen Bird, Wess Garrod, Toni Surko

Virtual: Councillor Michael Kotsovos

Regrets: Dr. Ethan Toumishey, Dr. Jeffrey Allin

1. CALL TO ORDER

Chair Garrod called the meeting to order at 10:00 a.m.

2. LAND ACKNOWLEDGEMENT

Chair Garrod read the KFL&A Public Health's territorial acknowledgement.

3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

No conflicts of interest were declared in the open meeting.

4. APPROVAL OF AGENDA

It was **MOVED** by Councillor J. Greenwood-Speers and **SECONDED** by Mayor J. O'Neill **THAT** the South East Transition Team approve the agenda for the open meeting of July 3, 2024.

CARRIED

5. APPROVAL OF PREVIOUS OPEN MEETING MINUTES

It was **MOVED** by Mayor J. O'Neill and **SECONDED** by Councillor N. Townend **THAT** the South East Transition Team approve the minutes of the open meeting of June 11, 2024.

CARRIED

6. BUSINESS ARISING FROM MINUTES

No business arising was noted in the open meeting.

7. REPORTS FROM THE MEDICAL OFFICERS OF HEALTH / BOARDS OF HEALTH

Dr. L. Li provided an overview of the Tri-Executive meeting of June 13, 2024. To be prepared for a potential Ministry decision later in the summer, discussions took place to address many operational items that need to be in place for a successful merger, including:

- The process of creating a merger office that will take on the project management, change management and directly support teams during and into the transition into a new entity. A management representative from each of the three agencies will join the merger office to support the coordination of

the transition activities. These three management representatives will have the support of a project manager, administrative assistant, culture officer and quality officer.

- A request for proposal was completed to hire a contractor to do an Information Technology infrastructure assessment of the three agencies. It was noted that this analysis will be extremely useful regardless of the merger, but that any further steps will be dependent on the Ministry approving the merger proposal.
- Human resources and finance teams from the three agencies have sourced and are participating in software demonstrations.
- The three agency's are reviewing the terms of reference for employees without union affiliation.
- The corporate services directors from the public health agencies are meeting monthly to review critical operational components that will need to be in place before or on January 1, 2025.

Mayor R. Jones requested that, going forward, these reports be provided as a one-page bullet point summary.

8. CLOSED MEETING

It was **MOVED** by Councillor N. Townend and **SECONDED** by Councillor B. Roberts **THAT** the South East Transition Team convene in closed meeting for the purposes of a discussion as it relates to Section 239 (2) of the Municipal Act, and more specifically,

- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose.
- (h) 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

9. MOTIONS ARISING FROM CLOSED MEETING

It was **MOVED** by Mayor J. O'Neill and **SECONDED** by Councillor J. Greenwood-Speers **THAT** staff be directed to carry out decisions made in the Closed meeting.

CARRIED

10. **DATE OF NEXT MEETING** – July 25, 2024 (10-3) at 458 Laurier Blvd, Brockville, ON.
 August 13, 2024 (10-3) at 179 North Park St, Belleville, ON.

11. ADJOURNMENT

It was **MOVED** by Mayor J. O'Neill and **SECONDED** by Councillor S. Kelly **THAT** the South East Transition Team meeting of July 3, 2024, be adjourned (2:25 PM).

CARRIED

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Dr. Ethan Toumishey, Medical Officer of Health and CEO
Date:	Wednesday, September 4, 2024
Subject:	Report of the Medical Officer of Health
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	No action required
Dental Vans	<ul style="list-style-type: none"> Hastings Prince Edward Public Health (HPEPH) is pleased to announce the launch of a new mobile dental van, a valuable asset to help bridge the gaps in oral health care within our communities, particularly in underserved and rural areas. This initiative, which began in 2020 when capital funding was approved through the Ontario Seniors Dental Care Program (OSDCP), is in partnership with <i>Kingston, Frontenac, and Lennox & Addington Public Health</i>. The van will enhance accessibility to provincial dental programs for residents served by both health units. The launch of the mobile dental van represents a significant advancement in providing accessible, equitable, and high-quality dental care to our communities for those on provincial dental programs. Through strategic partnerships, community outreach, and targeted service delivery, we aim to improve oral health outcomes and reduce disparities across our region. Mobile clinics will be offered two days per week at various rural locations in Hastings and Prince Edward Counties (HPE) to increase the accessibility of the OSDCP to rural adults who qualify. By improving accessibility to the OSDCP for rural clients, HPEPH expects a decrease in wait-list times. Initial services on the mobile bus will include dental hygiene services, with possible dentist services in the future. The van, which will be operated by two staff members - one dental assistant and one dental hygienist – will initially be based at the Belleville office of HPEPH so staff can ensure all equipment and functionalities are operational for remote services. OSDCP clients can access services through booked appointments. More information is available on the website. The Healthy Smiles Ontario (HSO) clinic may also utilize the mobile van in the future or as required by the community. Additionally, the van will be used for community outreach events.

<p>Respiratory Virus Season</p>	<ul style="list-style-type: none"> • Respiratory viruses are with us all year long but tend to spike in fall and winter, which means that now is a good time to make sure you are ready for when the three most common viruses (flu, COVID-19 and RSV) are at their peak. • You can reduce the spread of infections using the layers of protection set out below. Taking these steps will help lower the risk of you or those around you becoming sick. <ul style="list-style-type: none"> ○ Get available to you when recommended: <p>COVID-19:</p> <ul style="list-style-type: none"> ▪ A new COVID-19 vaccine targeting the KP.2 variant will be available this fall. It is recommended that you get this vaccine when it becomes available to ensure maximum protection from COVID-19. <p>Influenza:</p> <ul style="list-style-type: none"> ▪ The flu shot reduces the risk of severe illness, and helps protect the vulnerable, and our health care system. Vaccines will be available and free to all Ontarians later this fall. <p>Respiratory Syncytial Virus (RSV):</p> <ul style="list-style-type: none"> ▪ The Ontario government is expanding the RSV prevention program to connect more infants, high-risk children and pregnant individuals to RSV vaccines that can help protect them and their loved ones during the fall respiratory illness season. ▪ Starting this fall, families with infants and high-risk children up to 24 months old, will have access to the new RSV immunization, Beyfortus, through the publicly funded RSV prevention program. Pregnant individuals will also have the option to receive a single dose of Abrysvo, an RSV vaccine that can provide protection for their infant from birth to six months of age. ▪ More details on the expanded RSV prevention program, including where families will be able to access vaccines will be provided by the Ministry of Health in the coming weeks. <ul style="list-style-type: none"> ○ Consider wearing a tight-fitting well-constructed mask in indoor public settings, especially if you are at higher risk of severe infection. ○ If you are sick, stay home if possible. Wear a mask when in public settings as you recover. ○ Wash your hands often and clean high touch surfaces regularly. ○ Cover your mouth with your arm or elbow when you cough or sneeze. ○ Know if you're eligible for and how to access COVID-19 treatments. <ul style="list-style-type: none"> • Check out our Respiratory Illness Fact Sheet for more information. • Later this month, HPEPH will be launching the expanded respiratory illness dashboard.
<p>New HIV Clinic</p>	<ul style="list-style-type: none"> • HPEPH is pleased to announce that in collaboration with Kingston Health Sciences Centre, HIV clinics are taking place at HPEPH. • The clinics, which are overseen by infectious disease specialist Dr. Jorge Martinez and supported by HPEPH staff and Trellis HIV & Community Care,


<p>New HIV Clinic (continued)</p>	<p>provide HIV care to clients in our region who face barriers getting to Kingston Health Sciences Centre for treatment.</p> <ul style="list-style-type: none"> • Offering this service is crucial to keeping HIV positive clients connected to care.
<p>MPox (formerly Monkeypox)</p>	<ul style="list-style-type: none"> • On August 14, the World Health Organization (WHO) declared the mpox virus a public health emergency of international concern, its highest level of alert, due to a new fast-spreading variant detected in the Democratic Republic of Congo and neighbouring countries. • At the time of the declaration, mpox clade 1b cases had been found in 13 African countries. It is the second time in two years that the WHO has issued the alert for mpox. The reported severity of mpox clade 1 is higher than that of clade 2 which was the variant associated with the ongoing mpox outbreak of 2022. • Public Health Ontario reports an increase in mpox activity has been observed in Ontario since mid-January 2024 with a total of 102 confirmed cases occurring from January 1 to July 13, 2024. In comparison, only 33 confirmed cases were reported in 2023. (Source: PHO: <u>Mpox in Ontario: January 1 to July 13, 2024</u>) • To date, there have been no lab confirmed cases of mpox in HPE. • Mpox is a rare viral illness that is usually mild. It's related to smallpox, which was declared eradicated worldwide in 1980. • Animals such as rodents and non-human primates can be infected; it can be transmitted from animals to humans or from humans to humans. • Initial symptoms include fever, chills, headache, swollen lymph nodes, muscle pain, and fatigue, usually followed one to three days later by a rash or sores on the palms of the hands, on the soles of the feet, inside the mouth, and/or on the genitals. In some cases, the rash is the first symptom. • Most people recover from mpox on their own after two to four weeks; however, severe illness can occur, more commonly among children under the age of 12 and individuals who are pregnant or immunocompromised. • How does mpox spread: <ul style="list-style-type: none"> ○ Mpox can spread from person-to-person through respiratory droplets or through close, physical contact with the rash, bodily fluids, and/or scabs. ○ Mpox can also spread by touching materials and objects such as clothing, bedding, towels, eating utensils and dishes that may be contaminated. ○ In addition, mpox can spread from someone who is pregnant to the fetus, or from a parent to a child during or after birth. ○ An individual with mpox is considered infectious from the moment their symptoms appear until all rashes have scabbed, fallen off, and new skin is present. • If you may have been exposed to mpox: <ul style="list-style-type: none"> ○ Notify Hastings Prince Edward Public Health Infectious and Communicable Diseases Program at 613-966-5500, ext. 349 and follow their guidance. ○ Monitor for signs and symptoms of mpox for 21 days from the day of your last exposure to the person with suspected or confirmed mpox. ○ You are not considered infectious until you have symptoms.

<p>MPox (formerly Monkeypox)</p> <p>(continued)</p>	<ul style="list-style-type: none">○ Consider wearing a mask (medical mask preferred) when you are indoors with other people.○ Avoid non-essential interactions with people at higher risk of severe mpox illness.● Mpox vaccine:<ul style="list-style-type: none">○ Imvamune is a smallpox vaccine that is effective against mpox. If recommended by a health care provider or Public Health, a two-dose Imvamune vaccination series may be given to individuals who have been exposed to a confirmed case or to individuals who are at high risk of contracting mpox.○ Individuals with a previous history of laboratory-confirmed mpox infection or history of completing a two dose Imvamune vaccine series do not require a booster vaccine.○ More information about the vaccine is available in the HPEPH Imvamune Vaccine Fact Sheet.○ More information about mpox is available in the HPEPH Mpox Fact Sheet.
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Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Stephanie Vance, Public Health Nurse
Approved by:	Stephanie McFaul, Program Manager
Date:	Wednesday, September 4, 2024
Subject:	Initiatives to Address Syphilis in Hastings and Prince Edward Counties
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> Compliance with Program Standards
Action Required:	No action required.
Background:	<p><i>The board of health shall collaborate with health care providers and other relevant community partners to: a) Create supportive environments to promote healthy sexual practices,* access to sexual health services, and harm reduction programs and services for priority populations; and b) Achieve a comprehensive and consistent approach, based on local assessment and risk surveillance, to address and manage sexually transmitted infections and bloodborne infections in accordance with the Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018 (or as current).</i></p> <p>Cases of infectious syphilis are on the rise across Ontario, and the same trend is being seen locally within Hastings and Prince Edward Counties (HPEC). Syphilis is a sexually transmitted infection caused by the bacterium <i>Treponema pallidum</i> and is transmitted during vaginal, anal, or oral sex and/or contact with a syphilis chancre (sore) or rash. Syphilis can also be transmitted to a developing fetus during pregnancy and to a baby during childbirth, which can lead to congenital syphilis infection in the infant. Untreated syphilis infections can lead to long term health complications.</p> <p>The Sexual Health and Harm Reduction Program has implemented several initiatives between 2023-2024 to address this issue locally. Some of these initiatives include:</p> <ul style="list-style-type: none"> • Targeted health communication to local healthcare providers and the public; • Increasing access to syphilis screening through HPEPH Sexual Health Clinics; • Improved access to Syphilis Treatment via new medical directive; • Increased access to testing and treatment through outreach public health nursing for individuals experiencing barriers to care; • Participation in Public Health Ontario funded Locally Driven Collaborative Project (LDCP), titled <u>S</u>Yphilis <u>P</u>oint-of-care <u>R</u>apid testing and <u>I</u>mmEDIATE <u>T</u>reatment <u>E</u>valuation. <p>Hastings Prince Edward Public Health's (HPEPH) participation in the SPRITE Study, lead by Kingston Frontenac Lennox & Addington Public Health, with three Public Health Unit's and several academic partners, has provided the opportunity to implement HIV/Syphilis point-of-care (Rapid) tests in an outreach public health</p>

	<p>nursing capacity to individuals experiencing many barriers to healthcare, throughout HPEC. Point of Care tests offer the opportunity to screen individuals for syphilis and HIV, and treat for syphilis immediately, inhibiting syphilis transmission and reducing the time to treatment for individuals who may otherwise be lost to follow up. Implementation began in December 2023 and though LDCP funding has come to an end, additional funding from the Canadian Institute of Health Research has allowed implementation to continue into 2025. The LDCP: SPRITE Study's final report will be available in the coming weeks.</p> <p>HPEPH's Sexual Health and Harm Reduction program continues to work to address emerging issues of public health significance and ensure that individuals who experience health inequities have access to sexual health and harm reduction services that prevent exposure to, and the transmission of sexually transmitted and blood-borne infections.</p>
Reviewed By:	Dr. Ethan Toumishey, Medical Officer of Health and CEO



HASTINGS PRINCE EDWARD
Public Health


Addressing Syphilis in Hastings and Prince Edward Counties and SPRITE Study

Stephanie Vance
Sexual Health & Harm Reduction
Public Health Nurse

Board of Health
Wednesday, September 4, 2024

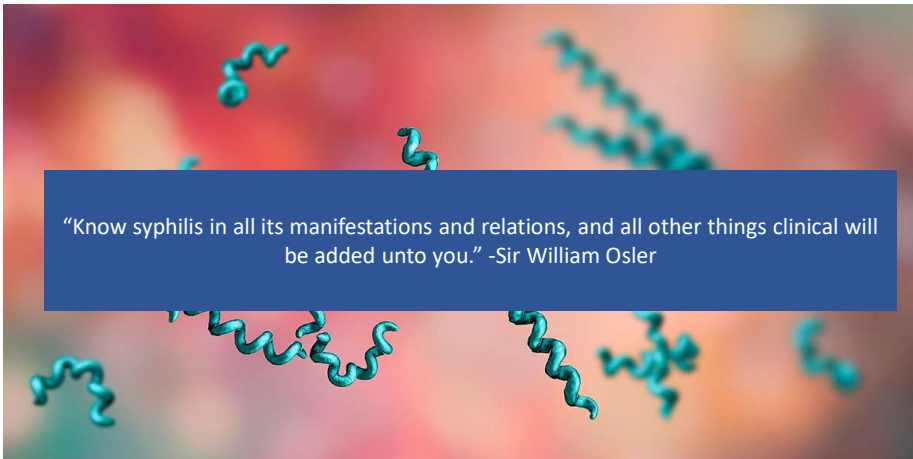
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HASTINGS PRINCE EDWARD
Public Health

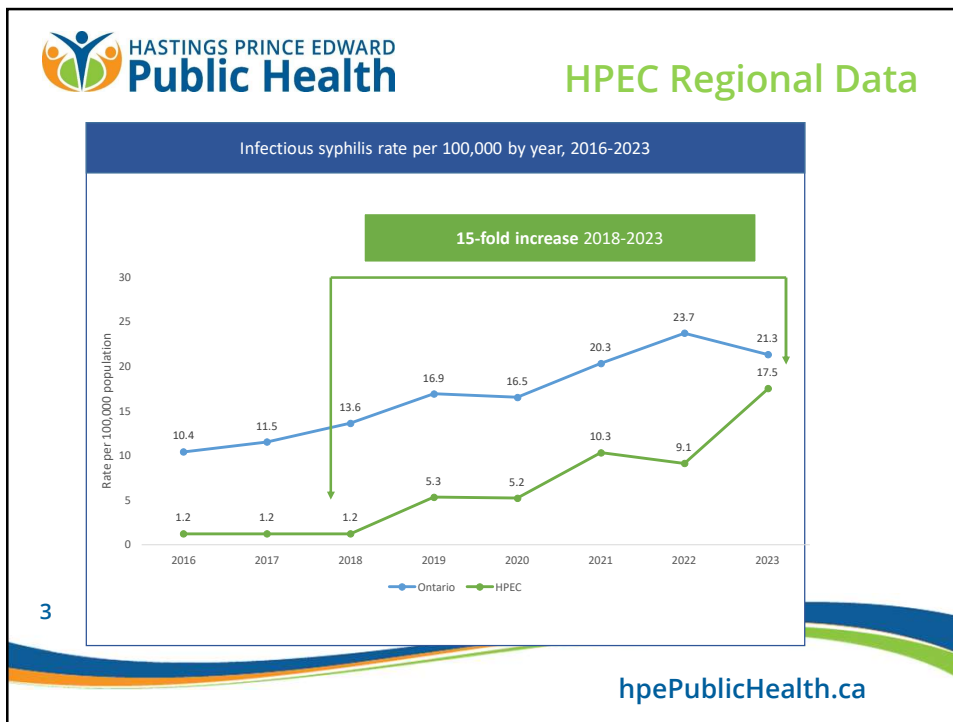
Syphilis



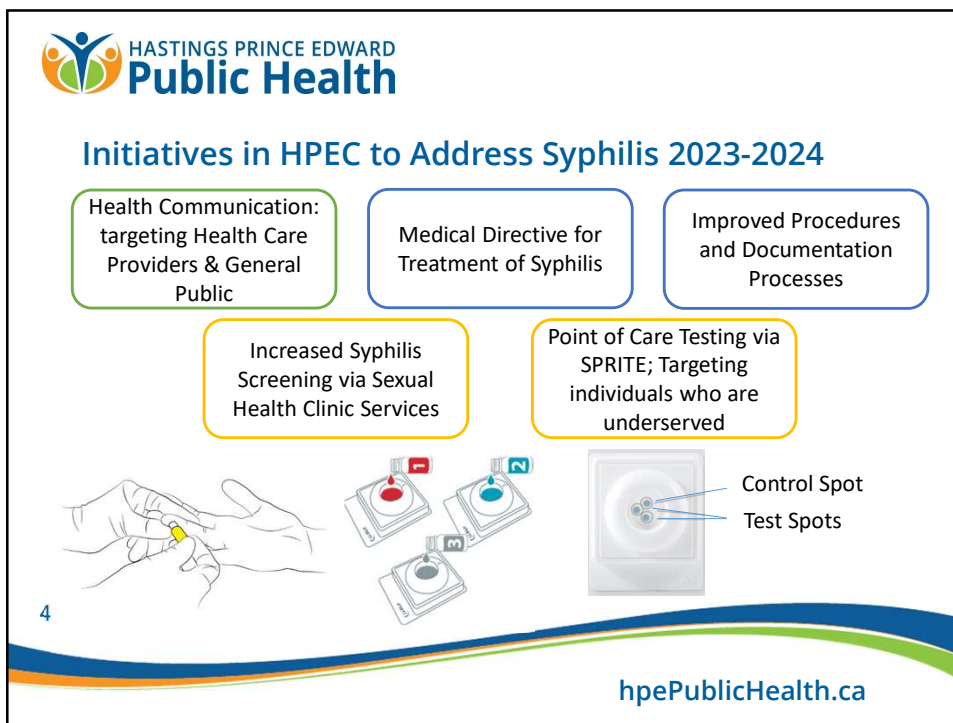
“Know syphilis in all its manifestations and relations, and all other things clinical will be added unto you.” -Sir William Osler

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Locally Driven Collaborative Project (LDCP)

Syphilis Point-of-care Rapid Test and Immediate Treatment Evaluation SPRITE Study

- Goal to build capacity to implement and evaluate the syphilis/HIV INSTI Multiplex POCT among five PHU's
- Community of practice
- POCT accuracy in real-world settings
- HCP perspective and factors related to implementation and utility of POCT
- Incentivised testing of population of interest
- Syphilis campaign
- Funded Aug 2023-March 2024, collaboration, data collection and KT until Sept 2024
- Intention to reduce time to treatment, increase access to screening and diagnosis
- Step 1 - POCT
- Step 2 - Serology
- Step 3 - Treatment, if required
- Step 4 - Other PH services



5



POCT Discussion

Reaching Population of Interest*:

- 51 per cent identified being un(der)housed
- 28 per cent identified use of injection drugs
- 30 per cent identified not being connected to community services

Most interested in identifying and treating new infections

- As with serology, unable to distinguish previously treated and new infections
- Underlines importance of clinical assessment and judgement

Will POCT have lower utility in a population with a higher prevalence of syphilis?


What do public health nurses think?

“Excellent tool to engage clients in STBBI screening. The quick result is enough to engage clients to accept POCT screening, allowing the opportunity to discuss other public health services they could benefit from”

*Preliminary results-midterm LDCP report.

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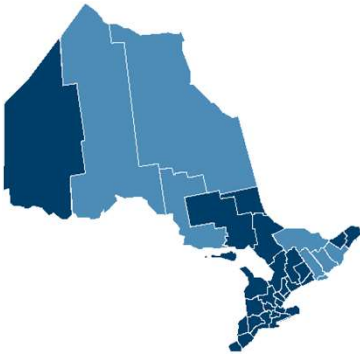
Project Expansion and Next Steps

September 2024




LDCP Final Report

2024-2025

CIHR Operating Grant
Continue Implementation
Goal: 1000 POCTs
Urban/Rural PHUs
Scientific Papers



7






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7

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Amanda Lau, Epidemiologist
Approved by:	Veronica Montgomery, Program Manager
Date:	Wednesday, September 4, 2024
Subject:	2024 Community Health Profile
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 (OPHS) mandate that public health practice responds effectively to current and evolving conditions. One way in which this goal is met is through population health assessments, which provide the information necessary to understand the health of the population to identify opportunities and challenges in public health practice.</p> <p>A population health assessment report entitled “Hastings and Prince Edward Counties 2024 Community Health Profile” was developed and serves as an update to the 2017 Population Health Assessment. The report presents the current health status, health behaviours, risk and protective factors, health care utilization relevant to public health, and demographic indicators for residents of Hastings and Prince Edward Counties (HPEC). The report examines the last five (5) years of publicly available data and highlights public health trends in HPEC and compares them to Ontario. Understanding that health is influenced by many factors outside of our control, where possible, local trends are also examined by selected social determinants of health such as age, sex, as well as social and material deprivation indices.</p> <p>In addition to fulfilling requirements of the OPHS, the information in this report will support Hastings Prince Edward Public Health staff and relevant stakeholders in evidence-informed decision-making, as well as the anticipated revision of the OPHS later this year.</p> <p>The Community Health Profile can be found online at: https://www.hpepublichealth.ca/community-health-profile-2024</p>
Reviewed By:	Dr. Ethan Toumishey, Medical Officer of Health and CEO



**Hastings and Prince Edward Counties
2024 Community Health Profile**


2024 Population Health Assessment

Amanda Lau
Epidemiologist

Board of Health
Wednesday, September 4, 2024

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2024 Community Health Profile


Purpose

- Assist in fulfilling the Ontario Public Health Standards
 - Population Health Assessment, Requirement 3
- Aligns with our 2022-2023 Strategic Priority
 - Population Health Assessment and Surveillance



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HASTINGS PRINCE EDWARD
Public Health

2024 Community Health Profile

Items of note


- Broad overview of health topics
- Report examines the most recent 5 years of publicly available data
- Program specialist/topic area expertise will guide application and use of data to ensure evidence-informed decision-making



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HASTINGS PRINCE EDWARD
Public Health

2024 Community Health Profile


Key findings

- The growing and aging population in HPEC will impact local demand for health care services
- Climate change will continue to impact health outcomes
- The increasing cost of living is a burden for HPEC residents
- HPEC residents have a higher rate of chronic disease, cancer, and premature avoidable mortality than the Ontario average

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HASTINGS PRINCE EDWARD
Public Health

2024 Community Health Profile


Key findings *(continued)*

- Substance use is increasing in many population groups and could lead to long-term negative health impacts
- Mental health concerns are increasing
- The long-term health effects of the COVID-19 pandemic are not fully known yet

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HASTINGS PRINCE EDWARD
Public Health

2024 Community Health Profile

Next steps

- Support evidence-informed decision-making
- Program and service planning for 2025 and beyond
- Consider community health priorities and advocacy opportunities



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Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Rachel Wong, Foundational Standards Specialist
Approved by:	Veronica Montgomery, Program Manager Foundational Standards, Communications, Healthy Communities
Date:	Wednesday, September 4, 2024
Subject:	Climate Change and Health Vulnerability Adaptation Assessment
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) has partnered with Kingston, Frontenac and Lennox & Addington Public Health (KFL&APH) and Leeds, Grenville and Lanark District Health Unit (LGLDHU) to conduct a regional Climate Change and Health Vulnerability Adaptation Assessment (CCHVAA).</p> <p>This CCHVA is being undertaken in accordance with the Ontario Public Health Standards (2021). Requirement 3 under the Healthy Environments Program Standard states “the Board of Health shall assess health impacts related to climate change in accordance with the <i>Healthy Environments and Climate Change Guideline, 2018</i> (or as current).”</p> <p>A CCHVAA is a process used to understand the impacts of climate change on a public health region and identify public health’s role in addressing those impacts. The goal of the collaborative CCHVAA is to identify and prioritize local climate change risks and the current, as well as potential, health vulnerabilities resulting from current and future climate change. Upon completion, the CCHVAA will provide recommendations for public health programming that enhances current policies and programs to ensure they are responsive to climate change risks, and can mitigate vulnerabilities.</p> <p>Our CCHVAA process consists of four main methods.</p> <ol style="list-style-type: none"> 1. Evidence reviews: To understand how climate hazards are related to climate-sensitive health outcomes and to understand which populations are most at risk of negative climate-sensitive health outcomes. 2. Climate data review and analysis: To estimate current relationships between weather patterns and climate-sensitive health outcomes and describe how current risks could change under different weather and climate change development patterns. 3. Internal public health staff engagement: To create an inventory of current public health programs and policies that are intended to mitigate climate change and reduce the effects of climate change on populations at risk. 4. Community partner engagement: To identify areas of collaboration to anticipate, prepare for, and reduce the health impacts of climate change.

	<p>The project deliverable will be a CCHVAA report with recommendations for public health programming and policies.</p> <p>To date, the CCHVAA working group has completed the internal public health staff engagement and is in the process of completing the evidence review and climate data review and analysis. We are also in the process of developing the plan for the community partner engagement.</p> <p>After completion of the evidence review, climate data review and analysis, and community partner engagement, all the data will be synthesized for the report and recommendations.</p>
Reviewed by:	Dr. Ethan Toumishey, Medical Officer of Health and CEO

Listing of Information Items Board of Health Meeting – September 4, 2024

1. Sudbury & Districts Public Health – Letter to MPs Lapointe, Serre, and Carol Hughes re support for Bill C-322 National Framework for a School Food Program Act dated May 28, 2024
2. Peterborough Public Health – letter to Mark Holland, Minister of Health of Canada re recommendation for Federal restrictions on nicotine pouches dated April 30, 2024
3. Haliburton, Kawartha, Pine Ridge District Health Unit – Letter to Premier Ford and Minister of Health, Sylvia Jones re substance use and associated harms dated May 6, 2024
4. Peterborough Public Health – Letter to S. Jones and A. Khanjin re continued provincial coordinate and support of wastewater surveillance dated June 20, 2024
5. Sudbury & Districts Public Health – Letter to Dr. K. Moore re physical literacy for communities: a public health approach dated July 8, 2024
6. Middlesex-London Health Unit – Report No. 49-24 – Support for “an act to develop a national framework for a guaranteed livable basic income” dated July 18, 2024
7. Renfrew County and District Health Unit – Letter to Doug Ford, S. Jones and A. Khanjin re continued support for infectious disease wastewater surveillance and modern case and contact management software dated July 24, 2024
8. Hastings Prince Edward Public Health – Letter of support re John Howard Society of Belleville’s application to the enabling accessibility for The Bridge Integrated Care Hub dated July 22, 2024
9. Hastings Prince Edward Public Health – Letter of support re Parrott Foundation Inc.’s application for The Bridge Integrated Care Hub dated July 25, 2024
10. alpha – 2024 Fall Symposium Flyer – November 6 to 8, 2024 – All events are online.

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The above information items can be found on the Hastings Prince Edward Public Health’s website through the link in the Agenda Package or by going to our website at hpePublicHealth.ca.