



BOARD OF HEALTH MEETING

Wednesday, October 2, 2024

9:30 a.m. – 11:30 a.m.

In-Person

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, October 2, 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. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING

5.1 Meeting Minutes of Wednesday, September 4, 2024 Schedule 5.1

6. BUSINESS ARISING FROM THE MINUTES

7. COMMITTEE REPORT – Finance Committee

7.1 2024 Second Quarter Revenues and Expenses Schedule 7.1

7.2 2025 Budget Update Schedule 7.2

8. COMMITTEE REPORT – South East Transition Team

8.1 Draft minutes of meeting held on August 30, 2024 Schedule 8.1

9. REPORT OF THE MEDICAL OFFICER OF HEALTH

Schedule 9.0

10. STAFF REPORTS

10.1 Healthy Schools Update (Presentation) Schedule 10.1

10.2 Healthy Families Update (Presentation) Schedule 10.2

10.3 Respiratory Vaccine Update (Presentation) Schedule 10.3

11. CORRESPONDENCE AND COMMUNICATIONS

11.1 Letter to Ministry of Health Schedule 11.1

12. NEW BUSINESS

13. INFORMATION ITEMS - None

14. DATE OF NEXT REGULAR MEETING – Wednesday, December 4, 2024 at 9:30 a.m.

15. ADJOURNMENT

BOARD OF HEALTH MEETING MINUTES

Wednesday, September 4, 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
Mr. Michael Kotsovos, Councillor, City of Quinte West, Vice Chair
Ms. Barbara Proctor, Provincial Representative
Mr. Bill Roberts, Councillor, Prince Edward County
Mr. Phil St. Jean, Councillor, Prince Edward County
Mr. Garnet Thompson, Councillor, City of Belleville

Regrets: Mr. David McCue, Councillor, City of Quinte West
Ms. Kimberly Carson, Mayor, Limerick Township, Hastings County
Mr. Sean Kelly, Councillor, City of Belleville
Ms. Melanie Paradis, Provincial Representative

Also Present: Dr. Ethan Toumishey, Medical Officer of Health and CEO
Ms. Shelly Brown, Director of Community Programs
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, September 4, 2024 be approved as circulated.

MOTION:

Moved by: Bill

Seconded by: Garnet

CARRIED

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.

MOTION:

Moved by: Phil

Seconded by: Jeff

CARRIED

6. MOTIONS ARISING FROM CLOSED SESSION

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

MOTION:

Moved by: Phil

Seconded by: Jeff

CARRIED

7. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING

7.1 Meeting Minutes of Wednesday, June 5, 2024

THAT the minutes of the regular meeting of the Board held on June 5, 2024 be approved as circulated.

MOTION

Moved by: Bill

Seconded by: Barb

CARRIED

8. BUSINESS ARISING FROM THE MINUTES – None

9. COMMITTEE REPORTS

9.1 South East Transition Team Update

9.1.1 Minutes of meeting held on June 11, 2024

9.1.2 Minutes of meeting held on July 3, 2024

THAT committee reports be received as circulated.

MOTION:

Moved by: Garnet

Seconded by: Michael

CARRIED

- Dr. Toumishey introduced the minutes of the last two meetings of the South East Transition Team and noted there has been no response from the Ministry as yet. There were no questions or discussion.

10. REPORT OF THE MEDICAL OFFICER OF HEALTH

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

MOTION:

Moved by: Bill

Seconded by: Barb

CARRIED

Dr. Toumishey reviewed the contents of the briefing note. There was discussion around the dental vans and that there are two of them. One will be shared with Kingston, Frontenac and Lennox and Addington Public Health. Members were encouraged to go and see the dental vans after the meeting.

A question about the Mpox vaccine – if an individual has previously been immunized against small pox, would that provide protection against mpox. Dr. Toumishey confirmed that there is some cross protection against mpox with prior small pox vaccination. There is specific criteria and recommendations on who should get vaccinated against mpox currently and that can be done in consultation with Public health and/or an individual's health care provider.

A question about the Covid-19 vaccine. Because there is a new product for a particular strain, Dr. Toumishey recommends people wait until it is available, probably in late September and will be accessible through the usual avenues (i.e. pharmacies, health care providers, etc.)

11. STAFF REPORTS

- 11.1 Initiatives to Address Syphilis in HPEC – Presentation - Stephanie Vance, PHN
- 11.2 2024 Community Health Profile– Presentation – Amanda Lau, Epidemiologist
- 11.3 Climate Change and Health Vulnerability Adaptation Assessment – Written

THAT staff reports be received as circulated and presented.

MOTION:

Moved by: Bill

Seconded by: Phil

CARRIED

Discussion ensued the two presentations. Chair O'Neill thanked staff for their informative and important reports. It was requested by a number of members that Public Health look to make the Community Health Profile available on municipality websites. This will be looked at in the near future.

12. CORRESPONDENCE AND COMMUNICATIONS – None**13. NEW BUSINESS** - None

14. INFORMATION ITEMS – The details of each item can be found on the Health Unit's website at hpePublicHealth.ca.

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

16. ADJOURNMENT

THAT this meeting of the Board of Health be adjourned at 11:02 a.m.

MOTION:

Moved by: Garnet

Seconded by: Barb

CARRIED

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

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	David Johnston, Director of Corporate Services
Reviewed by:	Dr. Ethan Toumishey, Medical Officer of Health and CEO
Date:	Wednesday, October 2, 2024
Subject:	2024 Second Quarter Revenues & Expenses
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input checked="" 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:	Review second quarter revenues and expenses and approve receipt of the report.
Notes / Comments	<p>The following notes are provided to assist in the review of the attached Summary of Revenues & Expenses for the period January 1 to August 31, 2024.</p> <ul style="list-style-type: none"> • Within the Accountability Agreement reporting, we have separated costs to provide information related to ongoing Mandatory Programs and the Ontario Seniors Dental Care Program. • Overall, as of August 31, we are within target for revenues and expenses. <p>Variance Explanation:</p> <ul style="list-style-type: none"> • Mandatory Programs: In an excellent position at this point in the year. • Seniors Dental Program: One-time funding is expected to cover the \$33,584. Although the mobile dental vans have been delivered, not all planned expenses will be realized this year (e.g. fuel, maintenance costs). • Ministry of Health Annual and One-Time Grants: We have received funds to support the Respiratory Syncytial Virus (RSV) initiative, COVID-19, voluntary merger expenses and Medical Officer of Health salary. Expected to balance by the end of the year. • Ministry of Children, Community, and Social Services (MCCSS) HBHC: Fiscal year is April to March, currently on target for this year. • Health Canada – Children’s Oral Health Initiative (COHI): Fiscal year is April to March, funds provided in April, and we are on track with spending.

HASTINGS PRINCE EDWARD PUBLIC HEALTH

Summary of Revenues & Expenses for the period January 1 - August 31, 2024

For Board of Health Review October 2, 2024

	Ministry of Health Accountability Agreement			Other Grants and Contracts			Totals and Budget Analysis			
	Mandatory Programs	100% Seniors Dental Program	TOTAL Ministry of Health Programs	Ministry of Health Annual and One-Time Grants	MCCSS HBHC (April-March)	Health Canada COHI (April-March)	YEAR TO DATE TOTAL	ANNUAL BUDGET	YTD Budget Variance	YTD Actuals as % of budget (8/12 = 67%)
REVENUES										
Ministry of Health Mandatory and 100% Programs	6,685,356	816,997	7,502,353				7,502,353	12,211,900	4,709,547	61%
Ministry of Health Annual and one time grants			0	344,372			344,372	108,000	(236,372)	319%
Municipal Levies	2,721,300		2,721,300				2,721,300	3,798,300	1,077,000	72%
Ministry of Children, Community & Social Services			0		483,566		483,566	1,160,543	676,977	42%
Federal Grants			0			39,000	39,000	39,000	0	100%
Expenditure Recoveries	101,825	6,178	108,003				108,003	150,500	42,497	72%
Transfer from Reserves			0				0	459,000	459,000	
Total Revenues	9,508,481	823,175	10,331,656	344,372	483,566	39,000	11,198,594	17,927,243	6,728,649	62%
EXPENSES										
Salaries and Wages	5,758,012	237,314	5,995,326	208,831	319,298	10,663	6,534,119	10,791,743	4,257,624	61%
Staff Benefits	1,841,907	53,743	1,895,650	27,549	62,221	1,949	1,987,369	3,113,000	1,125,631	64%
Staff Training	73,555	516	74,071		735		74,806	174,000	99,194	43%
Travel Expenses	71,600	9,144	80,743	11,206	10,161	81	102,192	166,000	63,808	62%
Building Occupancy	636,136	32,128	668,264		17,650		685,914	1,032,000	346,086	66%
Office Expenses, Printing, Postage	45,042		45,042		525		45,567	65,000	19,433	70%
Materials, Supplies	195,557	32,738	228,295	9,017	5,780		243,093	361,000	117,907	67%
Professional & Purchased Services	244,395	460,338	704,733	97,418			802,151	1,265,000	462,849	63%
Communications Costs	73,743		73,743		2,725		76,468	121,500	45,032	63%
Information Technology	447,775	30,839	478,613		14,123		492,736	578,000	85,264	85%
Capital Expenditures			0				0	0	0	
Transfer to Capital/Operating Reserves	130,000		130,000				130,000	260,000	130,000	50%
Total Expenses	9,517,722	856,759	10,374,481	354,022	433,218	12,693	11,174,415	17,927,243	6,752,828	62%
VARIANCE	(9,241)	(33,584)	(42,825)	(9,650)	50,348	26,307	24,179	0	24,179	

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	David Johnston, Director of Corporate Services
Approved by:	Dr. Ethan Toumishey, Medical Officer of Health and CEO
Date:	Wednesday, October 2, 2024
Subject:	2025 Budget Update
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input checked="" 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:	<p>Board of Health to review and discuss request for operating reserve allocation to offset projected 2025 budget deficit.</p> <p>MOTION:</p> <p>THAT the Board of Health approve the allocation of up to \$700,000 from operating reserves and a one-time redirection of the annual building reserve levy to operations.</p>
Background:	<p>The Ministry of Health has confirmed grant funding levels for 2025. Key items include 1% growth funding which will be matched by municipal levies. Unfortunately, with increased costs across all areas, the 2025 draft budget will show a significant deficit balance.</p> <p>Hastings Prince Edward Public Health (HPEPH) management will be meeting with the Finance team to finalize budget plans in early October 2024 and present to the Finance Committee for review in November and then to the Board in December.</p> <p>For planning purposes, the request is being made to allocate up to \$700,000 from the operating reserves of the Board of Health to the 2025 budget as committed revenues. Operating reserves on December 31, 2023, were \$2,532,347.</p> <p>Additionally, we request a one-time redirection of the annual building reserve levy (\$260,000) to operations to balance the expected 2025 deficit while maintaining current staffing levels. With a healthy capital reserve at December 31, 2023 of \$2,978,709, we do not anticipate this redirection creating any additional risk.</p>
Recommendation:	THAT the Board of Health approve the above-noted motion.

SOUTH EAST TRANSITION TEAM MINUTES (OPEN SESSION)

Friday, August 30, 2024

KFLA Public Health

10:00 am Boardroom

In Attendance: Wess Garrod, Dr. Piotr Oglaza, Dr. Linna Li, Councillor Sean Kelly, Councillor Nathan Townend, Mayor Jan O'Neill, Dr. Ethan Toumishey, Mayor Robin Jones, Councillor Judy Greenwood-Speers, Bill Roberts, Councillor Peter McKenna, Councillor Jeff McLaren, Toni Surko, Dr. Jeffrey Allin, Tanya Mundell (Recorder)

Virtual: Stephen Bird, Farah Tayabali VP Redbrick Communications, Andrea Montgomery VP Redbrick Communications

Regrets: Councillor Michael Kotsovos.

1. Call to Order (Chair, W. Garrod)

Chair Garrod called the meeting to order (at 10:12am)

The SETT congratulated Mayor Robin Jones as the newly elected President of the AMO.
The SETT congratulated Nathan Townend as the newly elected Deputy Warden of the Rural Caucus of AMO.

2. Territorial Acknowledgment

Chair Garrod read 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 meeting.

4. Approval of Open Agenda

It was **MOVED** by Councillor Bill Roberts and **SECONDED** by Mayor Jan O'Neill **THAT** the South East Transition Team approve the agenda of the Open Session of August 30, 2024.

CARRIED

5. Approval of the Open Minutes of the South East Transition Team meeting held July 25, 2024

It was **MOVED** by Mayor Jan O'Neill and **SECONDED** by Councillor Judy Greenwood-Speers **THAT** the South East Transition Team approve the Open minutes of July 25, 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

No reports were given.

8. New Business

8.1 Succession Planning for SETT Members

Discussion was held on the need for a process of BOH appointment when the South East Health Unit becomes an entity, including by Municipalities and Provincial appointees.

8.2 Terms of Reference for SETT Bylaw Review Subcommittee

Chair Wes thanked the SETT Bylaw Review Subcommittee members for their efforts on the Terms of Reference and reviewing By-Laws.

It was MOVED by Councillor Nathan Townend and SECONDED by Councillor Peter McKenna THAT the South East Transition Team approve and adopt the Terms of Reference for the SETT Bylaw Review Subcommittee.

CARRIED

9. Closed Session

It was MOVED by Councillor Judy Greenwood-Speers and SECONDED by Mayor Jan O'Neill THAT the South East Transition Team move into Closed Session at 10:23 am.

CARRIED

10. Motions Arising From Closed Session

There were no motions arising from the Closed Session.

11. Communications

Redbrick will draft a letter for the Ministry, and a letter for the Boards of Health to follow after September 25th.

12. Date of Next Meeting

The next meeting for the South East Transition Team will be held on September 23, 2024 at 10:00 a.m. at Hastings and Prince Edward Counties Health Unit. [Changed to October 10, 2024]

13. Adjournment

It was MOVED by Councillor Judy Greenwood-Speers and SECONDED by Bill Roberts THAT the South East Transition Team meeting be adjourned at am.

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, October 2, 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.
National Day for Truth and Reconciliation	<ul style="list-style-type: none"> • I want to acknowledge the fourth National Day for Truth and Reconciliation (September 30, 2024). Hastings Prince Edward Public Health (HPEPH) remains committed to reconciliation with Indigenous Peoples in what we now call Canada. • National Day for Truth and Reconciliation is an opportunity to learn and acknowledge the history of residential schools, intergenerational trauma, and systemic racism, while also providing us with an opportunity to reflect on the work ahead of us. • As an organization, we are committed to ongoing reflection and learning to integrate health equity efforts into our work. • We are grateful for the contributions that First Nations, Métis, and Inuit people have made to our communities. HPEPH is proud to work closely with the Tyendinaga Mohawk Territory directly to our east and the Kijicho Manito Madaouskarini Algonquin First Nation to our north.
Respiratory virus season	<ul style="list-style-type: none"> • I am pleased to announce that the expanded respiratory illness dashboard is now live on the website. • The updated dashboard provides a consolidated summary of respiratory viruses, including COVID-19, circulating in the community, and the associated outcomes. • The dashboard will be updated each week on Tuesday throughout respiratory season with the most up to date available data. Please note that because data comes from different sources there can be a lag of up to two weeks in reporting. • The dashboard provides an overview of respiratory illness, with a focus on health-care settings, therefore it must be interpreted with caution when considering individual risk. • Our work to prevent and respond to COVID-19 and other respiratory illnesses will continue, in alignment with the Ontario Public Health Standards, and is integrated into our ongoing operations.

	<ul style="list-style-type: none"> • Outbreak reporting for designated settings will continue to be available on our website, and provincial data on respiratory viruses continues to be available through Public Health Ontario. • As individual risk varies depending on one's personal circumstances, I encourage all residents to take practical precautions to prevent the spread of illness throughout respiratory season. • Laboratory testing has confirmed the first two cases of Influenza A for the 2024/25 respiratory season in Hastings Prince Edward. • Review the Respiratory Illness Fact Sheet for more information about how to protect yourself and others from respiratory illness.
Radon	<ul style="list-style-type: none"> • November is Radon Action Month in Canada. • Radon is a naturally occurring radioactive gas created by the breakdown of uranium in the ground. You can't see, smell or taste radon. • In the open air, radon poses limited health risks, as radon escaping from the soil is diluted in the open air. However, in confined spaces, such as homes, radon can build up and become a health hazard. • Exposure to high levels of radon has been associated with an increased risk of lung cancer. In Canada, radon is the second leading cause of lung cancer after tobacco smoke, and the leading cause of lung cancer in non-smokers. • The health risk from radon exposure is long-term and mainly depends on: <ul style="list-style-type: none"> ○ radon concentration ○ duration of exposure ○ smoking habits or exposure to second-hand smoke <ul style="list-style-type: none"> ▪ Smokers are at significantly higher risk of developing lung cancer when exposed to radon. A non-smoker exposed to radon has a lifetime lung cancer risk of 1 in 20. A smoker not exposed to radon has a lifetime lung cancer risk of 1 in 10, whereas a smoker exposed to radon has a lifetime lung cancer risk of 1 in 3. • Radon gas can enter your home through cracks in the foundation or basement of a home, through sump pumps, floor drains, or any other opening where the house contacts the soil. • Every house contains some amount of radon. The age or location of a house can't predict the level of radon. Radon concentration will vary from home to home, neighbour to neighbour. Any house could be at risk. The only way to know the radon level in your home is to test. • You can purchase a radon test kit from most hardware stores or online retailers. • You can reduce radon in your home by: <ul style="list-style-type: none"> ○ Hiring a certified radon mitigation professional (lowers radon by up to 90 per cent) ○ Certified radon professionals are listed here ○ Increasing home ventilation (lowers radon by 25 to 50 per cent) ○ Sealing cracks (lowers radon by 13 per cent) • Learn more about radon at hpePublicHealth.ca/radon/.

Rabies


- On Sept. 6, 2024, the Brant County Health Unit confirmed a human case of rabies in a resident of Brantford-Brant.
- While the suspected exposure of the case was from a bat in the Timiskaming region, bats in all areas of Ontario are known to carry rabies.
- Rabies cases in humans are rare.
- Ontario's last domestic case of human rabies occurred in 1967. There have been 26 human cases in Canada since 1924.
- Rabies is a viral infection that causes brain and spinal cord inflammation. It is typically spread to humans through direct contact with saliva or mucous of an infected animal, such as through a bite or scratch. Bats, skunks, foxes, and raccoons are the most common animals to have rabies in Canada. Even tiny bites or scratches, which can be difficult to see, can transmit the virus.
- To date, there has never been a documented case of human-to-human transmission of rabies virus.
- If you have been exposed to a rabid, or suspected rabid, animal:
 - Immediately and thoroughly clean and flush the wound with soap and water for 15 minutes. This step is probably the most effective procedure in the prevention of rabies.
 - Contact your primary health care provider, as soon as possible, who may recommend post exposure prophylaxis (PEP).
 - PEP is a treatment administered after a person has been exposed to the rabies virus, such as through an animal bite or scratch, to prevent the virus from causing a fatal infection by neutralizing it before it reaches the brain.
 - Rabies PEP is highly effective when administered promptly after exposure and before rabies symptoms appear. Once symptoms appear, PEP is no longer effective.
 - PEP may be delayed or discontinued if either the animal is available for observation (i.e. 10-day isolation period) or post-mortem tests indicate the animal is rabies free.
 - **Always report an animal bite or scratching incident to public health unit.**
 - When a bite/scratch is reported, public health will contact the victim and animal owner for information and assessing the risk of rabies transmission.
 - The animal will be confined for 10-days (if animal is known/located).
 - Public health follows up with the owner and the animal after 10 days to ensure it is alive and well. If the animal does not have rabies, it is released from confinement and the individual who was bitten/scratched does not need to receive rabies PEP.
 - If the animal cannot be located/unknown/is rabid, rabies PEP is recommended.
 - If the animal is euthanized or dies of other causes, the animal can be tested for rabies and if the test result is negative, rabies PEP can be discontinued.

	<ul style="list-style-type: none"> ○ If an individual is bitten/scratched by a wild animal known to carry rabies, such as a bat, raccoon, skunk, etc., victim should seek medical attention immediately and incident must be reported to public health for follow-up to ensure victim receives rabies PEP. ● Bats and rabies <ul style="list-style-type: none"> ○ You can't tell if a bat has rabies just by its appearance. ○ Rabies can only be confirmed through laboratory testing. ○ There are certain behaviors that may suggest a bat is rabid. Bats with rabies often struggle to fly or may not fly properly, though they rarely show aggression. Any bat that is active during the day, behaving oddly, crawling on the ground, or found in unusual places (like inside your home or on the lawn) could potentially have rabies. These bats are often easy to approach, but it is always safest not to handle them. ○ If you find a bat in your home, it's important to handle the situation carefully to avoid potential health risks, including rabies. Never attempt to catch the bat yourself. You can try to confine the bat in one room away from children and pets and open a window or door to let the bat out safely. Always wear PPE such as thick gloves if you must handle the bat in any way. ○ If you awaken to find a bat (dead or alive) in your room or in the room of an unattended child or an incapacitated person, seek medical advice and call public health. If you have come in direct contact with the bat and the bat is dead, the bat can be tested for rabies.
Eastern Equine Encephalitis	<ul style="list-style-type: none"> ● Hastings Prince Edward Public Health has received lab confirmation that a <u>horse from Hastings County has tested positive for eastern equine encephalitis virus (EEEV)</u>. ● EEEV is spread to horses, and rarely humans, through the bite of infected mosquitoes. ● The virus cannot be transmitted from horses to humans. ● To date there have been no human cases in Hastings and Prince Edward Counties. ● Horses can be protected by a vaccine against EEEV, but there is no vaccine for humans. ● Most people infected by EEEV will not develop symptoms, but severe cases can occur resulting in headaches, high fever, chills and vomiting. The illness may then progress to cause disorientation, seizures, encephalitis (swelling of the brain) and coma – but this is rare. ● If you experience these symptoms and think you might have EEEV, contact your health care provider. ● It is recommended that residents protect themselves against mosquito bites to reduce their risk of getting EEEV by: <ul style="list-style-type: none"> ○ Applying a Health Canada-approved mosquito repellent containing DEET or icaridin/picaridin as directed by the manufacturer and only apply on exposed skin, not under clothing. ○ Protecting yourself when mosquitoes are active, especially between dusk and dawn and any time you are near shady hedges or wooded areas.

	<ul style="list-style-type: none">○ Wearing light-coloured, tightly woven, loose-fitting clothing, such as long pants, a long-sleeved shirt, shoes and socks, to protect exposed skin.○ Making sure all windows and doors in your home have screens that are in good condition.○ Removing, or emptying at least once per week, standing-water sites around your home, such as bird baths, toys, flower-pot saucers, swimming-pool covers, old tires, wheelbarrows, buckets, and cans.○ Keeping all openings to rain barrels covered with screen mesh at all times.
--	---

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Sheryl Farrar, Program Manager
Reviewed by:	Shelly Brown, Director of Community Programs
Date:	Wednesday, October 2, 2024
Subject:	Healthy Schools Program Update
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 (School Health Standard) p.52
Action Required:	No action required
Background:	<p>The School Health Standard in OPHS 2018 has the goal <i>“to achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools”</i>.</p> <p>This is achieved through implementation of health-related curricula and health needs in schools based on 14 health topics, as well as oral health, vision, and immunization programs. The focus of this presentation is the health promotion component, achieved through the Healthy Schools program which was implemented in Fall 2020.</p> <p>The Healthy Schools Program multi-disciplinary team supports comprehensive school health in secondary and elementary schools, provides information to families at school events, and works with educators to deliver health-related curricula focused on substance use prevention. Public health nurses continue to provide school-based public health clinics which offer clinical services to a youth priority population in both large school boards in Hastings and Prince Edward Counties.</p> <p>This evidence-based program has a robust evaluation and monitoring plan which demonstrates effectiveness of the interventions implemented by the Healthy Schools team.</p>
Approved By:	Dr. Ethan Toumishey, Medical Officer of Health and CEO



**HASTINGS PRINCE EDWARD
Public Health**


Healthy Schools Program Update

Board of Health
Wednesday, October 2, 2024

Sheryl Farrar
Program Manager

hpePublicHealth.ca


1



Healthy Schools Program

Improving the overall health and well-being of school-aged children and youth in Hastings Prince Edward.

The Healthy Schools Program is an evidence-informed program which promotes and supports student health and well-being. This program is designed to work with key decision makers to ensure the health and well-being of children and youth is considered across our communities.



Public Health Nurses and Health Promoters work as a team with school communities.

The Health Promoter works primarily with elementary school communities.

The Public Health Nurse works primarily with secondary school communities.

As part of the Healthy Schools Program, all schools will have access to:

- Website Based Action Guides
- The Healthy Schools Toolkit
- Clinical Services (e.g. oral health screening, immunization)
- Newsletter Inserts and Social Media Messaging
- Educator Resources for Curriculum Support

These resources are intended to support the 5 areas that contribute to a healthy school:

- 1 Curriculum, Teaching & Learning
- 2 School & Classroom Leadership
- 3 Student Engagement
- 4 Social & Physical Environments
- 5 Home, School & Community Partnerships

Next Steps:

- 1 Connect with Public Health
- 2 Form a Healthy Schools Action Team
- 3 Identify strengths and needs
- 4 Develop and carry out the action plan
- 5 Evaluate and celebrate achievements

Check out the Healthy Schools Program at: hpePublicHealth.ca/healthyschools

**HASTINGS PRINCE EDWARD
Public Health**


For more information or to request this document in an alternate format, call 416-966-5000 or visit hpePublicHealth.ca

Healthy Schools Program

- Evidence-informed
- Developed in partnership
- Multi-disciplinary
- Assigned to families of schools
- Addresses individual and population needs
- Evaluation and monitoring plan

hpePublicHealth.ca

2




Highlights: 2023-2024

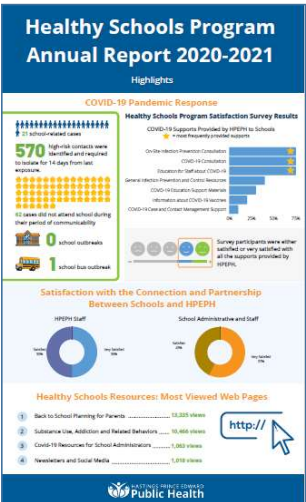
- Focus on substance use supports:
 - Grade 6 - *My Brain My Choice*
 - Grade 7/8 - *Not An Experiment*
 - School board committees to address vaping and cannabis use
 - Community-based committees – youth substance use
 - School-based cessation services
- Four joint meetings with school board superintendents and HPEPH
- One joint meeting between mental health staff (social workers/child and youth workers) and Healthy Schools team (HPEDSB)
- Connections with new teacher and new administrator induction programs

hpePublicHealth.ca

3



Monitoring and Evaluation



The infographic displays key metrics from the Healthy Schools Program Annual Report 2020-2021. It highlights the COVID-19 pandemic response, including 570 high-risk contacts identified and 10 outbreaks prevented. It also shows satisfaction levels for HPEPH staff and school administrators, and lists the most viewed web pages, such as 'Back to School Planning for Parents' and 'Substance Use, Addiction and Related Behaviors'.

- Annual report for school year
- Performance measures:
 - surveys to school and HPEPH staff
 - clinical data
 - health promotion activities
- Population measures:
 - To be developed and monitored in partnership with school boards
 e.g.
 - *Absenteeism*
 - *Graduation rates*
 - *Substance use rates*

hpePublicHealth.ca

4

HASTINGS PRINCE EDWARD Public Health Annual Report 2023-2024

Health Promotion in Schools 23-24

Activity	Percentage
Healthy Schools Process	21%
School Meeting/ Consultation	20%
Presentations to students	46%
Presentations to parents and staff	5%
School Event	8%

www.hpepublichealth.ca

100% of school staff *very satisfied* or *satisfied* with support provided by HPEPH

5

hpePublicHealth.ca

5



HASTINGS PRINCE EDWARD Public Health Annual Report 2023-2024

Healthy Schools Process	Programs and Presentations
<ul style="list-style-type: none"> • 100% of secondary schools • 23% of priority elementary schools • Topics: <ul style="list-style-type: none"> • Mental Health (77%) • Healthy Eating • Diversity and Inclusion 	<ul style="list-style-type: none"> • 248 presentations <ul style="list-style-type: none"> • Grade 6 • Grade 7/8 • 25 presentations to staff and families • 89 school events attended • 105 consultations with school administrators

6

hpePublicHealth.ca

6


School-based Public Health Clinics

- Smoking/vaping prevention and cessation
- Mental health and substance use referrals
- Sexual health - birth control, STI prevention and treatment
- Health education – stress, healthy eating, physical activity, sleep, tech usage, navigation

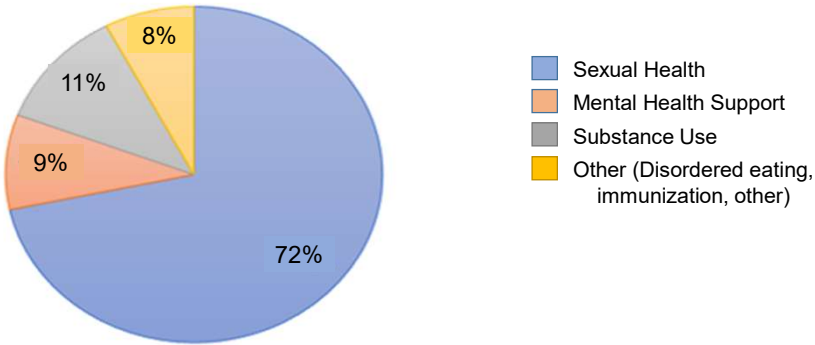
7

hpePublicHealth.ca

7

 **Annual Report 2023-2024**

Clinic Visits by Health Issue 2023-2024 (N = 1675)




Health Issue	Percentage
Sexual Health	72%
Mental Health Support	9%
Substance Use	11%
Other (Disordered eating, immunization, other)	8%

8

hpePublicHealth.ca

8



HASTINGS PRINCE EDWARD Public Health

Healthy Schools Program


Vaping and Personal Mobile Devices in Schools

- PPM 128 Supports
 - Worked with school boards on summer communications
 - Grade 9 new student packages (HPEDSB)
 - Electronic information for parents
 - Resources for families included in immunization consents of Grade 7 students
 - Education, enforcement and diversion flowchart for school administrators
 - Parent information virtual presentations

9

hpePublicHealth.ca

9



HASTINGS PRINCE EDWARD Public Health

Healthy Schools Program


What's New for 2024-2025

- Health promotion:
 - Parent/guardian communication
 - Partnership between HPEDSB, ALCDSB, HPEPH, KFLAPH for monthly virtual parent information series
 - Common monthly health promotion topics across all schools
- New Healthy Schools grant program for all HPE schools
- Data sharing with school boards
- Community-based work:
 - Partner with youth centres to serve youth not in school
 - Local groups for HPE-wide youth substance use prevention
 - Explore unique opportunities to provide early intervention

10

hpePublicHealth.ca

10



**HASTINGS PRINCE EDWARD
Public Health**

Comments about the Program

“Such an incredible asset to a school community! We are grateful for this partnership.”

“Our public health nurse is awesome! She is always there for the students, is helping us to promote wellness, and is a part of our school community.”

“Incredible engaged staff, always reaching out to find ways to connect and enhance our programming at school.”

11

hpePublicHealth.ca

11

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Kelly Palmateer, Oral Health Manager
Approved by:	Nancy McGeachy, Director of Clinical Services
Date:	Wednesday, October 2, 2024
Subject:	Oral Health School Screenings
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> Compliance with Program Standards
Action Required:	No action required.
Background:	<p><i>The Ontario Public Health Standards for School Health requires that the board of health shall conduct surveillance, oral screening and report data and information in accordance with the Oral Health Protocol and the Population Health Assessment and Surveillance Protocol. (Requirement 5)</i></p> <p>For the 2023-2024 school year, Hastings Prince Edward Public Health (HPEPH) successfully carried out oral health surveillance and screenings across all 67 publicly funded and private schools in our region, screening a total of 5,452 students.</p> <p>Of those screened, 559 students (10.25%) were identified as requiring urgent dental treatment. A total of 2,385 students (43.74%) exhibited a history of or active tooth decay, while 1,284 students (23.55%) showed signs of active gum disease. Preventive care recommendations were made for fluoride varnish applications for 4,429 students, dental sealants for 101 students, and dental cleanings for 291 students. Notably, 631 students required no dental treatment out of the 5,452 students screened.</p> <p>It is worth noting that the percentage of students requiring urgent dental treatment has decreased by approximately 1.75% compared to the 2022-2023 school year, signaling a positive trend in oral health status of children in Hastings Prince Edward Counties.</p> <p>HPEPH offers preventive dental services to children and teens 0-17 years who cannot afford dental care. Students identified as eligible for preventative services can access necessary treatment through a booked appointment at one of our Healthy Smiles Ontario (HSO) clinics. Our registered Dental Hygienists closely monitor those requiring urgent treatment, guiding families through the process of obtaining necessary care. In cases where financial assistance is needed, the HSO Emergency and Essential Services Stream (EESS) program may be utilized.</p> <p>HPEPH has commenced oral health screenings for the 2024-2025 school year and will continue to ensure that all relevant protocols and standards are met.</p>
Reviewed By:	Dr. Ethan Toumishey, Medical Officer of Health and CEO



Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Alisha Hanes, Program Manager, Immunization
Approved by:	Nancy McGeachy, Director of Clinical Programs
Date:	Wednesday, October 2, 2024
Subject:	Immunization School Update
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> Compliance with Program Standards
Action Required:	No action required
Background:	<p><i>The Ontario Public Health Standards for School Health requires that the board of health shall enforce the Immunization of School Pupils Act and assess the immunization status of children in accordance with the Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018 (or as current).</i></p> <p>Each year the immunization team at HPEPH offers the school-based immunization program providing vaccinations for protection against hepatitis B, human papillomavirus (HPV), and meningococcal disease to all Grade 7 students. Hepatitis B and HPV vaccines require two doses, so a series of two visits is required (fall and spring).</p> <p>In the 2023/2024 school year, from September to December, 49 initial school-based clinics were held for Grade 7 students in all publicly funded and private schools with over 1,100 students receiving an immunization. These students' immunization series were completed between May through June. In addition, catch up clinics were offered for those in Grade 8-12 that may have not completed their series.</p> <p>Ontario's Immunization of School Pupils Act (ISPA) requires that children and youth "attending primary or secondary school be appropriately immunized against designated diseases, unless they have a valid exemption". In January 2024, HPEPH sent out over 4,800 overdue notices to students in JK to Grade 12 with immunization records that were not up to date. Over 60 immunization clinics were held for students to offer catch up immunizations and more than 300 students were immunized in the school setting. HPEPH staff and school board staff worked diligently to communicate with families and by end of April 2024 only 62 records remained not up to date.</p> <p>The HPEPH Immunization team has commenced the 2024/2025 school-based immunization program as of mid-September. ISPA activities will commence in January 2025.</p>
Reviewed By:	Dr. Ethan Toumishey, Medical Officer of Health and CEO

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Ceilah O’Prey and Carol Anne Rutherford - Public Health Nurses
Reviewed by:	Michelle Yoksimovich, Program Manager
Date:	Wednesday, October 2, 2024
Subject:	HBHC and Nurse-Family Partnership Program
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> Compliance with Program Standards
Action Required:	No action required.
Background:	<p><i>OPHS-Healthy Growth and Development</i></p> <p><i>Requirement 3: The board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol, 2018 (or as current) (Ministry of Children and Youth Services).</i></p> <p>The Healthy Babies Healthy Children Program (HBHC) has been a component of the Ontario Public Health Standards since 1997, funded through the Ministry of Children, Community and Social Services. Over the years, the HBHC program has transitioned from a universal service delivery model to a targeted service delivery for at-risk populations. Universal screening to all families just after the birth of their baby continues to be the standard, however, only those families of newborns and young children with risks to healthy child development are offered additional HBHC support.</p> <p>Families can enter the HBHC program prenatally, in the postpartum period, 0 to 6 weeks of age, or in the early years (6 weeks and up until the transition to school age). Public Health Nurses in the HBHC program continue to work with clients of increasing complexity, including those experiencing mental health concerns, intimate partner violence, and social issues.</p> <p>In early 2023, HPEPH introduced a new prenatal program called, Nurse-Family Partnership (NFP). The NFP is an evidence-based intervention that is implemented under the umbrella of the Healthy Babies Healthy Children home visiting program. HPEPH introduced the NFP program within Hastings and Prince Edward Counties (HPEC) in response to recommendations from a 2019 Healthy Growth and Development Program Review and available data at the time. Current data continues to show that HPEC has higher rates of pregnancy for those between the ages of 15 to 19 and 20 to 29, when compared to Ontario (HPEPH, 2024). In 2020 however, despite HPEC’s adolescent pregnancy rate being 1.3 times higher than Ontario, the difference was not statistically significant.</p>

	<p>In addition, a greater percentage of pregnant people in HPEC have risk factors that contribute to both short- and long-term affects on the healthy growth and development of the child. The NFP program addresses and supports pregnant individuals throughout pregnancy and up until their child is 2 years of age, who are experiencing many of these concerns. While the NFP program within HPEC is still in its infancy and as such, does not yet have any graduates, preliminary feedback and data highlight the value of this program within our community.</p>
Approved By:	Dr. Ethan Toumishey, Medical Officer of Health and CEO

Healthy Babies Healthy Children and the Nurse-Family Partnership Program

Ceilah O'Prey, Public Health Nurse
Carol Anne Rutherford, Public Health Nurse

Board of Health
Wednesday, October 2, 2024

hpePublicHealth.ca

1



HBHC here at HPEPH

The Healthy Babies Healthy Children Program is a home visiting program intended to optimize newborn and child healthy growth and development and reduce health inequities for families receiving services

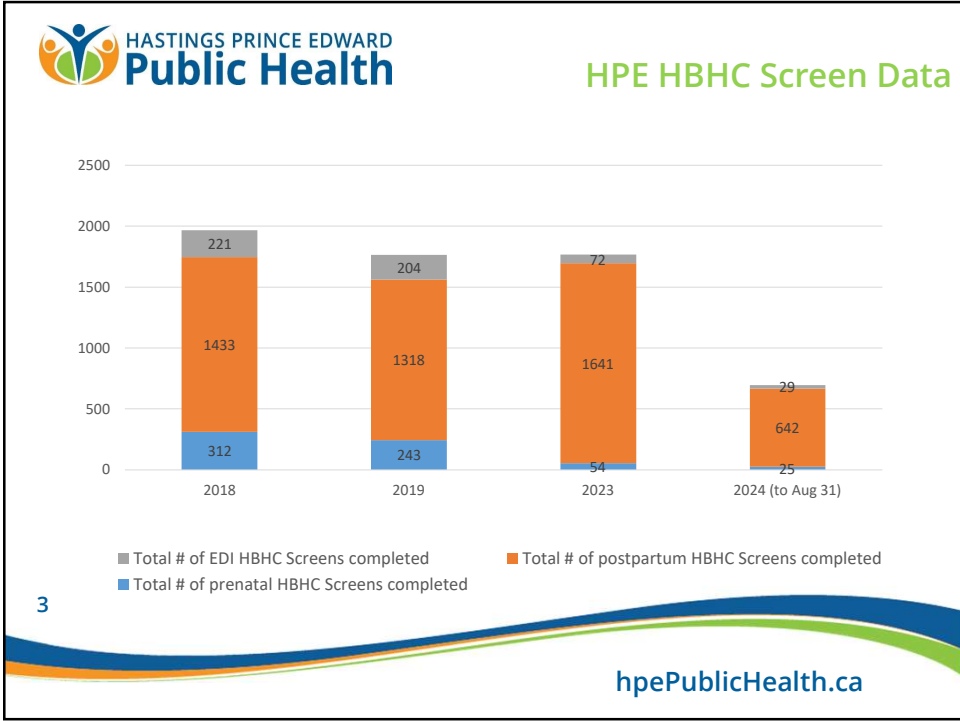
Ontario Public Health Standards - Healthy Growth and Development Program Standard, Requirement 3 - provide all components of the HBHC program.

- 4.5 Public Health Nurses
- 1.0 Screening Liaison Nurse
- 2.5 Family Home Visitors

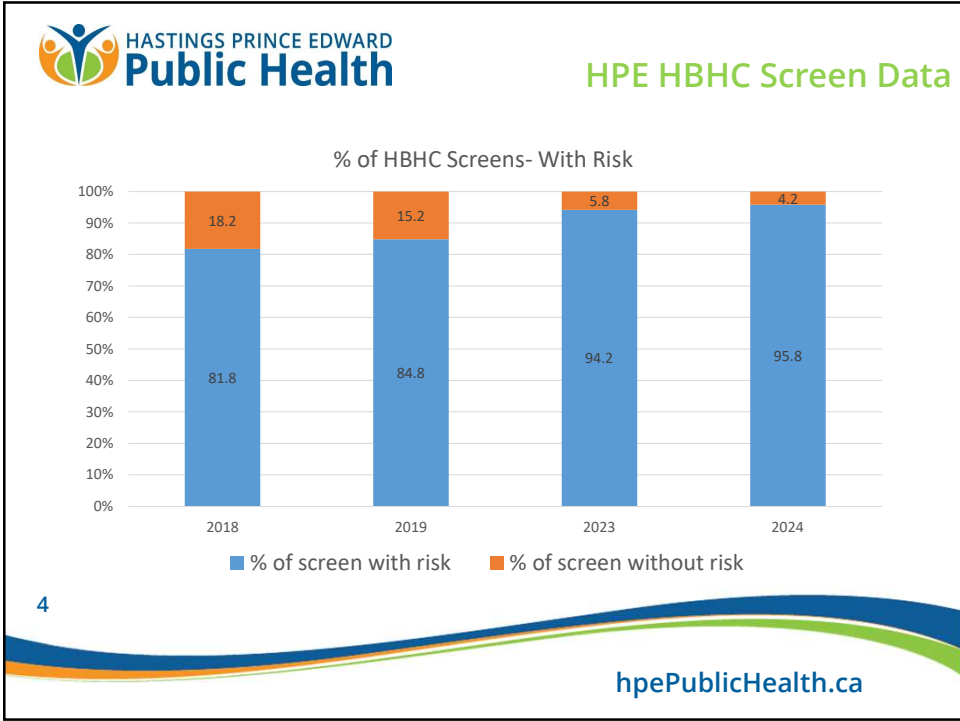
hpePublicHealth.ca

2

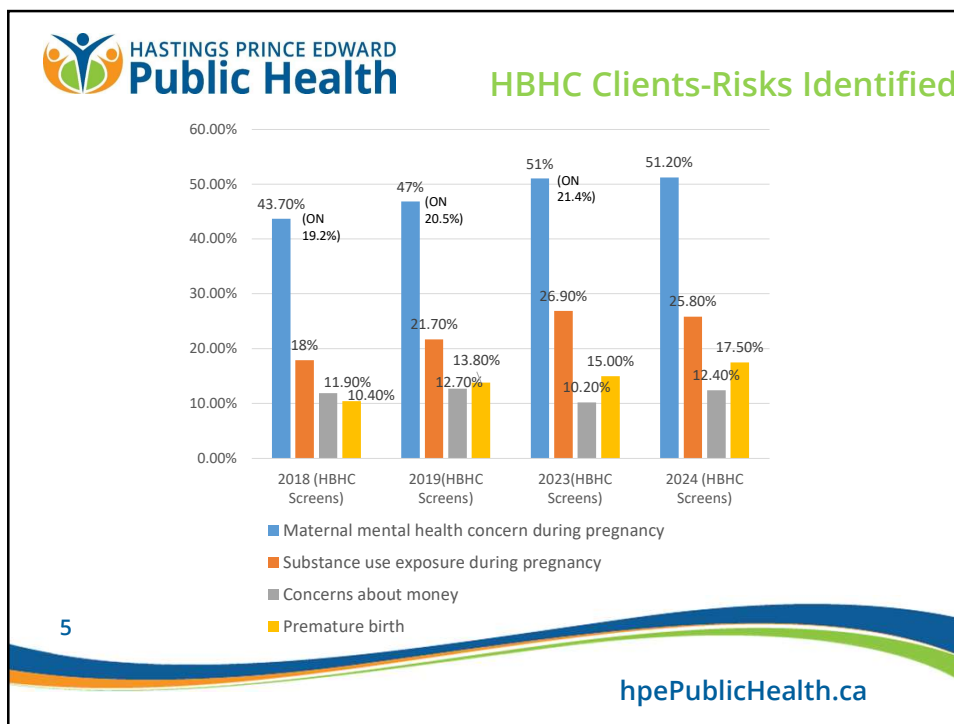
2



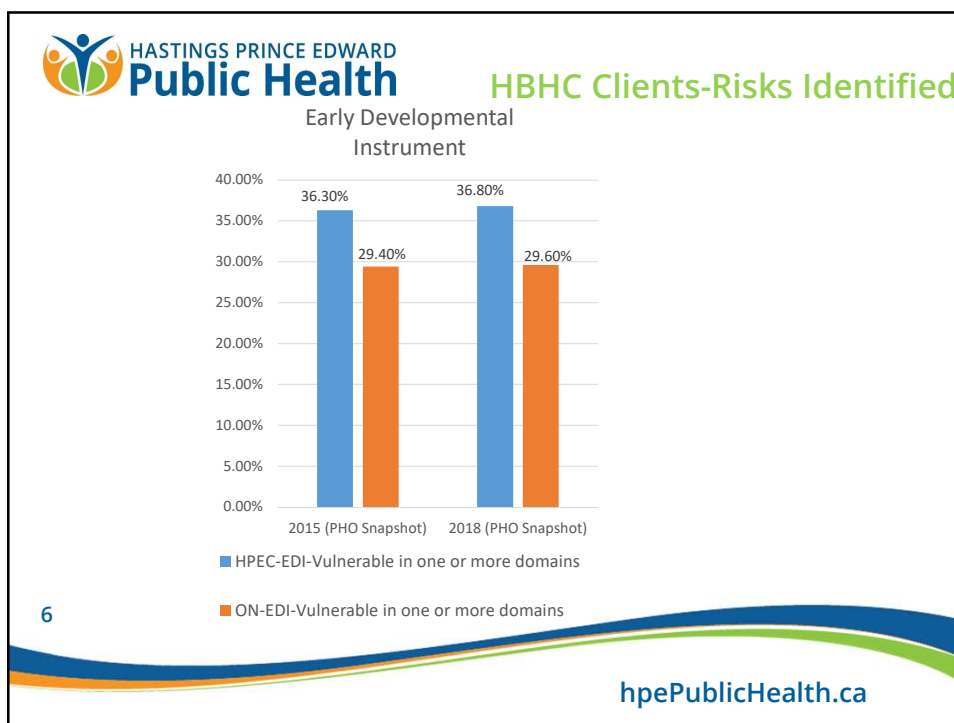
3



4



5



6



Nurse-Family Partnership (NFP)

Goals:

- Improve pregnancy outcomes,
- Improve infant and child development, and
- Improve parent's health and economic self sufficiency.

Eligibility:


- First pregnancy or first-time parenting,
- 24 years of age or younger,
- Limited support and resources (socioeconomic disadvantage), or
- Enrollment or first visit by the end of the 28th week of pregnancy.



7 2 FTE- NFP PHNs (1 FTE in training)

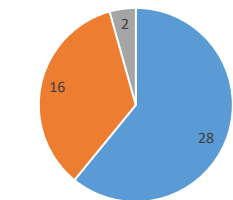
hpePublicHealth.ca

7



NFP Clients

NFP Enrollment (Feb 2023 to present day)



Category	Count
Referrals	28
Enrolled	16
Enrolled initially but have left program	2

Enrollment rate = 64%

Client profile at intake:

- Enrolled in school/educational program - 5
- Working - 3
- Mental illness - 7
- Literacy - 2 clients report unable to read or have difficulty reading

Maternal intake data:

- PN cannabis use - 65% (13/18)
- PN cocaine use - 5.6% (1/18)
- PN smoking - 67% (14/18)
- PN-alcohol - 29% (6/18)
- 4 IPV disclosures

Total visits: 167 home visits, 4 telephone visits

8


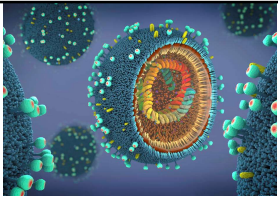
hpePublicHealth.ca

8

Board of Health Briefing Note


To:	Hastings Prince Edward Board of Health
Prepared by:	Patti Swoffer, Registered Practical Nurse
Reviewed by:	Alisha Hanes, Program Manager
Date:	Wednesday, September 19, 2024
Subject:	Respiratory Vaccine Update
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	No action required
Background:	<p>Vaccination continues to be very important this fall with the co-circulation of respiratory diseases, including influenza, COVID-19 and respiratory syncytial virus (RSV). Immunization protects the health of individuals, families, and communities as well as mitigates impacts on our health care system. For the 2024/2025 respiratory illness season the ministry will be rolling out the COVID-19 and influenza vaccination campaigns, as well as the RSV infant and adult programs.</p> <p>COVID -19 A new formulation of COVID-19 vaccine to target JN.1 and KP.2 strains (the latest strains of Omicron circulating in Canada and the US) was approved by Health Canada on September 17, 2024. Currently availability of this vaccine is still to be determined.</p> <p>Influenza High risk individuals are eligible in early October with the general population eligible on October 28, 2024.</p> <p>Respiratory Syncytial Virus</p> <p>Infant and high-risk children RSV eligibility Beyfortus® is currently funded for RSV prophylaxis in infants who are residents of Ontario, and meet any of the following criteria:</p> <ul style="list-style-type: none"> • Born in 2024 prior to the RSV season (The National Advisory Committee on Immunization specifically recommends that infants 8 months of age or less be immunized). • Born during the 2024–25 RSV season. • Children up to 24 months of age who remain vulnerable from severe RSV disease through their second RSV season. <p>Vaccination in Pregnancy RSV vaccine, Abrysvo®, is available to pregnant residents of Ontario from 32 to 36 weeks gestational age who will deliver near the start of or during the 2024–25 season. When administered during pregnancy, RSV protection is provided to the infant from birth to six months of age.</p>

	<p>High Risk Older Adult Eligibility</p> <p>RSV prevention program is targeted for high-risk individuals and settings. The program includes individuals who are aged 60 years and over and meet eligibility criteria.</p> <p>These programs will help to reduce the risk of severe illness that could arise from COVID-19, RSV and influenza this season.</p> <p>A new Respiratory Illnesses Dashboard will be launched shortly. The dashboard incorporates COVID-19 data and other common respiratory viruses into one summary.</p>
Approved By:	Dr. Ethan Toumishey, Medical Officer of Health

Respiratory Vaccine Update

Be prepared to immunize



Board of Health
Wednesday, October 2, 2024

Patti Swoffer, RPN
Immunization Clinical Services

hpePublicHealth.ca

1



Respiratory season is here!

- Ministry of Health is launching Influenza, COVID-19 and Respiratory Syncytial Virus (RSV) vaccination for 2024/25
- Vaccination helps ensure optimal protection during peak respiratory season



2



Vaccinations – it takes a village!

- Long-Term Care facilities (LTC)
- Retirement Homes (RH)
- Health Care Providers (HCP)
- Indigenous Care Partners
- Pharmacies
- Paramedics
- Hospitals
- Public Health



3

3



Updated COVID-19 vaccine

- New COVID-19 vaccine to target JN.1 and KP.2 strains
- Approved by Health Canada on September 17, delivery date yet to be confirmed
- Once available, will be offered at 31 participating pharmacies and various HCP
- Public Health COVID-19 vaccination clinics 2 days/week through November and December



4

4



RSV products and eligibility

Abrysvo and Arexvy Vaccine

- targeted for high-risk individuals and settings
- Individuals who are 60+, who have not received a previous dose (RSV) AND:
 - Residents of LTC homes, Elder Care Lodges, or retirement homes
 - Hospital patients and similar settings receiving alternate level of care (ALC)
 - Patients receiving hemodialysis or peritoneal dialysis
 - Recipients of solid organ or hematopoietic stem cell transplants
 - Experiencing homelessness
 - 5 • Identify as First Nations, Inuit, or Métis

5



RSV products and eligibility *(continued)*


Abrysvo Vaccine

- pregnant women from 32 to 36 weeks gestation.
- recommendation for the newborn infant to receive RSV Monoclonal Antibody for better protection

Beyfortus Monoclonal Antibody


- Arrival date TBC
- Recommended for children born in 2024 *before* the current RSV season
- Children born *during* the current 2024/25 RSV Season
- 6 • Children over 12 months and up to 24 months of age and at continued high risk from RSV infection

6



New Respiratory Illnesses Dashboard

- Consolidated summary of respiratory illnesses
- High level overview of indicators and outcomes including:
 - Per cent positivity
 - Outbreaks
 - Hospital bed occupancy
 - Emergency department visits
- Dashboard will be available at hpePublicHealth.ca



7

7



September 9, 2024

Honourable Sylvia Jones
Deputy Premier and Minister of Health
Government of Ontario

Via email: sylvia.jones@ontario.ca

Dear Minister Jones:

Re: Invitation regarding proposed merger

On behalf of our respective Boards of Health, we would like to express our appreciation to you and the Ministry of Health for creating a voluntary merger process to strengthen public health in Ontario.

Our three health units collectively serve 570,000 people in communities across 18,000 square kilometres in southeastern Ontario. We are excited by the potential to merge and improve frontline services.

We have been proactive in coordinating and planning for the future. Following our submission to the Province, our health units signed a Memorandum of Understanding this past summer and formed the South East Transition Team with leadership from all the health units. The team is working through important details such as governance and leadership structures, and we will be ready to provide recommendations to the new health unit's board once it is formed.

We remain confident that with appropriate provincial transition funding, a new combined health unit would be stronger and enhance services in each community we serve. We believe it will achieve our shared goals to maximize public health capacity and provide long-term stability to deliver equitable health outcomes for our residents.

We would welcome the opportunity to host you in Kingston for a positive announcement related to funding for the merger. We are proud of our work and believe it could be a model for others across the province.

A timely announcement will help ensure continuity of services, provide certainty for better municipal and health unit planning, and secure strong public health in our region. This would pave

... /2

the way for each Board of Health to vote on the merger and expedite a smooth transition in time for the projected legal merger date of January 1, 2025.

COVID-19 demonstrated the value of public health coordination to contain and address disease. Public health works with local partners, including Ontario Health Teams, primary care, pharmacies, long-term care and retirement homes, and many other community partners from a variety of sectors to support healthier communities. A robust public health system that prevents disease and injury and protects population health is key to alleviating the crisis in primary and acute care.

The proposal to create a merged South East Health Unit would deliver on the government's promise to create a more consistent and connected public health system. We are excited to be part of the solution and look forward to hearing more from you and your officials.

Sincerely,



Jan O'Neill, Board Chair

Hastings and Prince Edward
Counties Health Unit



Wess Garrod, Board Chair

Kingston, Frontenac and Lennox
and Addington Health Unit



Peter McKenna, Board Chair

Leeds, Grenville, and Lanark
District Health Unit

- cc. Dr. Kieran Moore, Chief Medical Officer of Health for Ontario, Email: kieran.moore@ontario.ca
MPP Ric Bresee, Hastings-Lennox and Addington Email: ric.bresee@pc.ola.org
MPP John Jordan, Lanark-Frontenac-Kingston, Email: john.jordan@pc.ola.org
MPP Steve Clark, Leeds-Grenville-Thousand Islands & Rideau Lakes, Email: steve.clark@pc.ola.org
MPP Ted Hsu, Kingston and the Islands, Email: thsu.mpp.co@ola.org