



## **BOARD OF HEALTH MEETING**

Wednesday, December 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](mailto: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, December 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, (b) personal matters about an identifiable individual, including municipal or local board employees.

**6. MOTIONS ARISING FROM CLOSED SESSION**

**7. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING**

7.1 Meeting Minutes of Wednesday, October 2, 2024 Schedule 7.1

**8. BUSINESS ARISING FROM THE MINUTES**

**9. COMMITTEE REPORTS – South East Transition Team**

9.1 Minutes of meeting held on October 10, 2024 Schedule 9.1

9.2 Minutes of meeting held on November 5, 2024 Schedule 9.2

**10. COMMITTEE REPORTS – Finance and Governance**

10.1 Governance – 2024 Risk Management Progress Report Schedule 10.1

10.2 Finance - 2024 Third Quarter Revenues and Expenses Schedule 10.2

10.3 Finance - 2025 Budget Approval Schedule 10.3

**11. REPORT OF THE MEDICAL OFFICER OF HEALTH** Schedule 11.0

**12. STAFF REPORTS**

12.1 Maternal Mental Health – Perinatal Mood Anxiety Disorders Schedule 12.1

**13. CORRESPONDENCE AND COMMUNICATIONS – None**

**14. NEW BUSINESS**

14.1 Board of Health 2025 Meeting Schedule Schedule 14.1

14.2 Strengthening Public Health Schedule 14.2

**15. INFORMATION ITEMS** (Available for viewing online at [hpePublicHealth.ca](http://hpePublicHealth.ca)) Schedule 15.0

**16. DATE OF NEXT REGULAR MEETING – To be determined**

**17. ADJOURNMENT**



## BOARD OF HEALTH MEETING MINUTES

Wednesday, October 2, 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. Sean Kelly, Councillor, City of Belleville  
 Mr. Michael Kotsovos, Councillor, City of Quinte West, Vice Chair  
 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. Garnet Thompson, Councillor, City of Belleville

**Regrets:** Ms. Kimberly Carson, Mayor, Limerick Township, Hastings County  
 Mr. Phil St. Jean, Councillor, Prince Edward County

**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 9:29 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, October 2, 2024 be approved as circulated.

#### MOTION:

Moved by: Garnet

Seconded by: David

CARRIED

## 5. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING

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

THAT the minutes of the regular meeting of the Board held on September 4, 2024 be approved as circulated.

#### **MOTION**

Moved by: Bill

Seconded by: Michael

CARRIED

## 6. BUSINESS ARISING FROM THE MINUTES – None

## 7. & 8. COMMITTEE REPORTS

### 7. Finance Committee

7.1 2024 Second Quarter Revenues and Expenses

7.2 2025 Budget Update

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.

#### **MOTION**

Moved by: Garnet

Seconded by: David

CARRIED

### 8. South East Transition Team

8.1 Draft minutes of meeting held on August 30, 2024

THAT committee reports be received as circulated.

#### **MOTION:**

Moved by: David

Seconded by: Jeff

CARRIED

- Dr. Toumishey reviewed the minutes of the latest South East Transition Team meeting on August 30, 2024. In answer to questions around the merger of health units, Dr. Toumishey mentioned that there has been no response from the Ministry of Health regarding the latest advocacy letter sent to Minister Jones. Dr. Toumishey also noted that the other health units pursuing voluntary mergers are all in the same situation.
- Chair O'Neill reiterated that while there has been no response from the Ministry, the health units involved are all prepared to move ahead with the merger process when the approval is received.

## 9. REPORT OF THE MEDICAL OFFICER OF HEALTH

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

### MOTION:

Moved by: Michael

Seconded by: Melanie

CARRIED

- Dr. Toumishey reviewed the contents of the briefing note. A question around whether rats and mice carry rabies was asked. Dr Toumishey noted that small rodents are not known to transmit rabies because when they are attacked (by larger animals), the attack usually results in their deaths which negates the possible transmission of rabies from rodents. It was also noted that there has been a fairly successful baiting program for rabies in the wild for larger animals such as raccoons. Overall, bats remain the highest risk of transmitting rabies.

## 10. STAFF REPORTS

10.1 Healthy Schools Update

10.2 Healthy Families Update

10.3 Respiratory Vaccine Update

THAT staff reports be received as circulated and presented.

### MOTION:

Moved by: Melanie

Seconded by: Bill

CARRIED

- **Healthy Schools Update** – This program has public health nurses and health promoters supporting schools to do comprehensive school health promotion and clinical services for secondary students. Of presentations given to Grade 6 students, 25 per cent were around substance use and included approximately 1500 students. Of presentations given to Grades 7 and 8 students, 51 per cent were about vaping. The top viewed Healthy Schools webpage and over 40 per cent of webpage views were for substance use, addictions and related behaviours. School-based Public Health clinics are in secondary schools only and resulted in 1600 clinic visits last year. It is not seen to be a need to have nurses in elementary schools as there is no direct clinical need for students of this age group. Health promotion programs are available in elementary schools. The clinical program has plans to expand into the French language secondary school in January 2025.
- **Healthy Families Update** - Healthy Babies Health Children (HBHC) program currently has 100 active clients in the home visiting program. At this point in the year 777 home visits have been completed. With a Ministry target of 80 per cent of births receiving a postpartum screen, Public Health continues to exceed that target. Along

with the trend of high-risk screens increasing, so has the complexity of the cases/clients accessing the HBHC program. According to risk indicators identified on the HBHC Screens, maternal mental illness, drug use in pregnancy, concerns about money and premature birth have all increased. In addition, anecdotally home visiting nurses are seeing an increase in client disclosures of intimate partner violence (IPV). These risk factors, along with many others, can impact the long-term development of the child and are often referred to as Adverse Childhood Experiences (ACEs). The HBHC program works to support at-risk families to reduce the impact of ACEs through various interventions, however, perhaps the greatest of these is strengthening the parent-child relationship.

- The Nurse-Family Partnership (NFP) was adopted in 2023 to further address identified risk factors and to attempt to intervene early, before the baby is born. This program is a heavily researched, evidence-based prenatal-to-age-two years, intensive, home visiting program tailored to high-risk pregnant women and girls. Public Health has had an enrollment rate of 64 per cent compared to the Ontario rate of 51 per cent.
- **Respiratory Vaccine Update** – Last year pharmacies provided 26,054 influenza vaccinations and health care providers provided 10,000 vaccinations. In addition, pharmacies across Ontario provided 2,080,963 influenza vaccinations for the 2023/24 season. Public Health will host Covid-19 clinics two days a week in the months of November and December at Parkdale Community Centre for a total of 15 clinics. This will be done through booked appointments only through the Ministry of Health booking system. There are two vaccines that address the Respiratory Syncytial Virus (RSV); Abrysvo and Arexvy vaccines. These are publicly funded vaccines through the Ministry of Health and is targeted for high-risk individuals and settings that meet certain eligibility criteria. An overview of the respiratory illnesses dashboard on the Public Health website was provided.

## 11. CORRESPONDENCE AND COMMUNICATIONS

THAT the correspondence to the Ministry of Health be received.

### MOTION:

Moved by: Sean

Seconded by: Bill

CARRIED

## 12. NEW BUSINESS

Referring to data contained in the 2024 Community Health Profile presented at September's Board of Health meeting, including the growing population of Hastings and Prince Edward Counties, the fact that our biggest population is 65 years and over, food insecurities, minimum wage, among many others, Counsellor Kelly asked about how Public Health will fit into the new Bridge Hub when it opens in December 2024. Dr. Toumishey noted that Public Health is actively involved with the Steering Committee, and more specifically the Sexual Health Harm Reduction program will be involved through ongoing outreach activities.

**13. INFORMATION ITEMS** – None**14. DATE OF NEXT REGULAR MEETING** – Wednesday, December 4, 2024 at 9:30 a.m.**15. ADJOURNMENT**

THAT this meeting of the Board of Health be adjourned at 11:18 a.m.

**MOTION:**

Moved by: Garnet

Seconded by: David

CARRIED

---

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



**SOUTH EAST TRANSITION TEAM  
MINUTES (OPEN SESSION)**

**Thursday, October 10, 2024**

**HPE Public Health**

**11:30 a.m. Douglas Room A**

**In Attendance:** (in person)

MOHs: Dr. Linna Li, Dr. Piotr Oglaza, Dr. Ethan Toumishey

Councillors: Judy Greenwood-Spears, Sean Kelly, Michael Kotsovos, Peter McKenna,  
Jeff McLaren, Nathan Townend

Mayors: Mayor Jan O'Neill

Provincial Representatives: Stephen Bird, Wess Garrod, Toni Surko

Recorder: Catherine Lovell

**Virtual:** Mayor Robin Jones, Amy Dale, Lawyer (joining meeting at 2 pm)

**Regrets:** Jeffrey Allin, Councillor Bill Roberts

**1. Call to Order (Chair, Jan O'Neill)**

Chair O'Neill called the meeting to order (at 11:35 a.m.)

**2. Territorial Acknowledgment**

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

**3. Disclosure of Pecuniary Interest and the General Nature Thereof**

No conflicts of interest were declared in the open session.

**4. Approval of Open Session Agenda**

It was MOVED by Councillor Townend and SECONDED by Councillor Greenwood-Spears THAT the South East Transition Team approve the agenda of the open Session of October 10, 2024.

CARRIED

**5. Approval of the Open Session Minutes of the South East Transition Team meeting held August 30, 2024**

It was MOVED by Councillor McLaren and SECONDED by Wess Garrod THAT the South East Transition Team approve the open session minutes of August 30, 2024.

CARRIED

**6. Business Arising from Minutes**

No business arising was noted in the open session.

**7. Reports from the Medical Officers of Health/Boards of Health**

It was MOVED by Councillor Kelly and SECONDED by Councillor McKenna THAT the reports of the Medical Officers of Health be received as presented.

CARRIED

Dr. Toumishey reported that budgets are taking priority for all staff in each health unit. Recently had a request from the Ministry of Health to have a meeting. This meeting took place on October 9, 2024 at 4 p.m. with Ministry staff and MOHs, BOH Chairs and Corporate Directors in attendance. The MOHs found it encouraging to have that reach out and questions about the business case. Drs. Oglaza and Li noted that Dr. Toumishey captured their comments. Chair O'Neill also made comment about the positivity of the meeting.

**8. Closed Session**

It was MOVED by Mayor Jones and SECONDED by Councillor Townend THAT the South East Transition Team move into Closed Session at 11:41 a.m.

CARRIED

**9. Motions Arising from Closed Session**

It was MOVED by Councillor McKenna and SECONDED by Councillor Kotsovos THAT the South East Transition Team endorse the actions approved in the Closed Session and direct staff to take appropriate action (at 2:23 p.m.)

CARRIED

**10. Date of Next Meeting**

The next meetings for the South East Transition Team will be held on:

1. Monday, October 28, 2024 from 10 a.m. to 2 p.m. in Brockville\* **--OR--**  
\*An alternate date was made in case there is no Ministry response in October.
2. Tuesday, November 5, 2024 from 10 a.m. to 2 p.m. in Brockville (alternate date)
3. Wednesday, November 20, 2024 from 10 a.m. to 2 p.m. in Kingston

**11. Adjournment**

It was MOVED by Councillor Kelly and SECONDED by Mr. Stephen Bird THAT the South East Transition Team meeting be adjourned at 2:26 p.m.

CARRIED



**SOUTH EAST TRANSITION TEAM  
MINUTES (OPEN SESSION)**

**Tuesday, November 5, 2024**

**LGL Health Unit**

**10:00 am Lanark Room**

**In Attendance:** (in person)

MOHs: Dr. Linna Li, Dr. Piotr Oglaza, Dr. Ethan Toumishey  
 Councillors: Judy Greenwood-Spears, Sean Kelly, Peter McKenna,  
 Bill Roberts, Nathan Townend  
 Mayors: Mayor Robin Jones, Mayor Jan O'Neill  
 Provincial Representatives: Stephen Bird, Toni Surko  
 Recorder: Heather Bruce

**Virtual:** Mr. Wess Garrod, Councillor Michael Kotsovovs, Councillor Jeff McLaren

**Regrets:** Dr. Jeffrey Allin

**1. Call to Order (Chair, Peter McKenna)**

Chair McKenna called the meeting to order. (at 10:00 a.m.)

**2. Territorial Acknowledgment**

Chair McKenna read LGL's territorial acknowledgment.

**3. Disclosure of Pecuniary Interest and the General Nature Thereof**

No conflicts of interest were declared in the open session.

**4. Approval of Open Session Agenda**

It was MOVED by Councillor Townend and SECONDED by Mayor O'Neill THAT the South East Transition Team approve the agenda of the open session of November 5, 2024.

CARRIED

**5. Approval of the Open Session Minutes of the South East Transition Team meeting held October 10, 2024**

It was MOVED by Councillor Kelly and SECONDED by Ms. Toni Surko THAT the South East Transition Team approve the open session minutes of October 10, 2024.

CARRIED

**6. Business Arising from Minutes**

No business arising was noted in the open session.

**7. Reports from the Medical Officers of Health/Boards of Health**

It was MOVED by Ms. Toni Surko and SECONDED by Councillor Roberts THAT the reports of the Medical Officers of Health be received as presented.

CARRIED

Dr. Toumishey advised that there is continued dialogue with the province regarding the merger.

**8. Closed Session**

It was MOVED by Councillor Townend and SECONDED by Councillor Roberts THAT the South East Transition Team move into closed session at 10:09 a.m.

CARRIED

**9. Motions Arising from Closed Session**

It was MOVED by Mayor O'Neill and SECONDED by Councillor Greenwood-Spears THAT the South East Transition Team endorse the actions approved in the closed session and direct staff to take appropriate action. (at 1:16 p.m.)

CARRIED

**10. Date of Next Meeting**

The next meeting for the South East Transition Team will be held on:

- Wednesday, November 20, 2024 from 11 a.m. to 4 p.m. in Kingston with Councillor Greenwood-Spears joining at 12:00 pm.

**11. Adjournment**

It was MOVED by Councillor Kelly and SECONDED by Mayor O'Neill THAT the South East Transition Team meeting be adjourned at 1:18 p.m.

CARRIED

DRAFT

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	David Johnston, Director of Corporate Services
<b>Approved by:</b>	Dr. Toumishey Medical Officer of Health
<b>Date:</b>	Wednesday, December 4, 2024
<b>Subject:</b>	<b>Risk Management Progress Report</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input checked="" type="checkbox"/> <b>Strategic Discussion</b> <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input checked="" type="checkbox"/> <b>Compliance with Accountability Framework</b> <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	That the Board of Health review and approve the Risk Management Progress Report for the period October 2023 to October 2024 as presented.
<b>Background:</b>	<p><b><i>As per the Public Health Accountability Framework, Boards of Health shall have a formal risk management framework in place that identifies, assesses and addresses risks”. The rationale for this requirement “Ensures Boards of Health are aware of and are taking action to mitigate known issues that may be creating a risk to the public’s health or to the stability or competency of the organization.”</i></b></p> <p>Hastings Prince Edward Public Health (HPEPH) has a comprehensive risk management policy and procedure. The Risk Management Committee has identified 5 risks for the organization, all requiring strategic mitigation action plans.</p> <p>The attached report lists the most current organizational risks and notes any progress or notes relevant for mitigation. Risks from the prior report that no longer appear in this report have been mitigated or, re-rated based on mitigation progress and are no longer priority risks.</p>

**HPEPH - RISK MANAGEMENT REPORT**  
For the Period October 2023 - October 2024

Item #	Risk	Category	Likelihood	Impact	Risk Rating		Mitigation	Lead	Notes:
1	Funding Shortfall	Operations, Service Delivery, Strategic, Public Perception	4	4	16	<b>High Risk</b>	Budget with caution, review programs for efficiency, minimize work in areas with reduced impact, seek additional revenue sources (e.g. interest on investments, grants)	Executive Team	1% base budget increase insufficient to cover annual operational cost increases (e.g., inflationary costs on service contracts, materials, employee compensation and benefits)
2	Health Unit Mergers - Impacts on Staffing and Service	Human Resources, Operations, Service Delivery, Strategic, Public Perception	3	4	12	<b>Moderately-High Risk</b>	Ensure transparency, advance planning, communication and a clear vision for the future state are provided during the merger planning process.	Executive Team	Timing and funding approvals outside of health unit control. Risk of staff attrition, which may lead to increased costs (severance and recruitment), and potential loss of crucial legacy knowledge. Delay of formal approval/denial for the merger may impact staff anxiety. Community stakeholders unclear on next steps.
3	Cyber Incident	Information, Knowledge, Governance, IT	2	5	10	<b>Moderately-High Risk</b>	<p><b>People</b> – Delivery of staff awareness campaigns including development and delivery of training curriculum. Creation and delivery of targeted phishing campaigns. Onboarding and offboarding identity management, collection of assets.</p> <p><b>Process</b> – Administrative safeguards/ policies and checks for purchasing. Administrative safeguards/policies for safeguard fair use of signing authorities' digital signatures.</p> <p><b>Technology</b> – legacy technologies provisioned at relevant layers of stack (Gateway - SPAM, IPS, Web, WAF). Endpoint (client AV). Advanced Thread Protection (ATP) with cloud layer (sandboxing) added. Security Information and Event Management (SIEM), machine learning/Artificial Intelligence added. Immutable layer for remote BC workload backup/replication added. New switching topology with further micro segmentation added.</p>	IT Manager, Director of Corporate Services	Mitigation action items are in place but the nature and potential impact of this risk are important enough that we will continue to list this crucial item as a risk.

**HPEPH - RISK MANAGEMENT REPORT**  
For the Period October 2023 - October 2024

Item #	Risk	Category	Likelihood	Impact	Risk Rating	Mitigation	Lead	Notes:	
4	Staff attrition/turnover/contracts will lead to continued program disruption	Human Resources, Operations, Service Delivery	3	4	12	<b>Moderately-High Risk</b>	<ol style="list-style-type: none"> <li>1. Continue to monitor for potential retirements/maternity, personal and short-term disability leaves.</li> <li>2. Continue to review staff vacancies/ requests for replacing staff and consider skills, priorities and program needs.</li> <li>3. Monitor for positions that are delivered by a single individual and consider cross training opportunities (succession).</li> </ol>	Manager of HR, Director of Corporate Services, Program Managers	Growing community need, increased program delivery expectations and rising costs for staff/materials/services may prevent us from scaling FTE count with program delivery needs.
5	Insufficient Training and Development Planning	Governance, Organizational, Strategic, Political, Legal Compliance, Security, Public Perception	4	4	12	<b>Moderately-High Risk</b>	<ol style="list-style-type: none"> <li>1. Create an organization-wide training and development plan that addresses current program needs and operational/ organizational needs.</li> <li>2. Consider training requirements at the development stage of any new program or service.</li> <li>3. Evaluate organization specific knowledge (e.g. how to use FileHold, OSCAR or Dayforce) and ensure those skills are added to onboarding programs to minimize new employee knowledge gaps.</li> </ol>	Manager of HR, Director of Corporate Services	Lots of work has been done to ensure compliance training (e.g. WHMIS, Privacy, Workplace Violence, etc.) Program and corporate training would benefit from additional planning to ensure training investments are effective. Consider leveraging a learning and development consultant or recruiting for a contract to do this work.

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	David Johnston, Director of Corporate Services
<b>Approved by:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, December 4, 2024
<b>Subject:</b>	<b>January to October 2024 Revenues &amp; Expenses</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <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
<b>Action Required:</b>	Review January to October revenues and expenses and receive as circulated.
<b>Notes regarding Revenues &amp; Expenses</b>	<p>The following notes are provided to assist in the review of the attached Summary of Revenues &amp; Expenses for the period of January 1 to October 31, 2024.</p> <ul style="list-style-type: none"> <li>• Within the Accountability Agreement reporting, we have separated costs to provide information related to ongoing Mandatory Programs and the Ontario Seniors Dental Care Program.</li> <li>• Overall, as of October 31, we are showing small deficits as we wait for confirmation of funding from the Ministry of Health.</li> </ul> <p><b>Variance Explanation:</b></p> <ul style="list-style-type: none"> <li>• Mandatory Programs: In an acceptable position at this point in the year. A transfer from reserves will be made at year end to balance 2024.</li> <li>• Seniors Dental: Current \$95,109 deficit expected to be covered by one-time funding. Although the mobile dental clinics are in use, not all planned expenses will be realized this year (e.g. fuel, maintenance costs).</li> <li>• Ministry of Health Annual and One-Time Grants: We have received funds to support RSV, COVID, voluntary merger and MOH salary. Expected to balance by the end of the year.</li> <li>• MCCSS HBHC: Fiscal year is April to March, currently on target for this year. With additional staff support coming on board, and five months remaining.</li> <li>• Health Canada (COHP): Fiscal year is April to March, Funds provided in April, and we are on track with spending.</li> </ul>



# HASTINGS PRINCE EDWARD PUBLIC HEALTH

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

For Board of Health Review December 4, 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 (10/12 = 83%)
<b>REVENUES</b>										
Ministry of Health Mandatory and 100% Programs	8,454,508	1,034,865	9,489,373				9,489,373	12,211,900	2,722,527	78%
Ministry of Health Annual and one time grants			0	366,956			366,956	108,000	(258,956)	340%
Municipal Levies	3,165,250		3,165,250				3,165,250	3,798,300	633,050	83%
Ministry of Children, Community & Social Services			0		723,093		723,093	1,160,543	437,450	62%
Federal Grants			0			39,000	39,000	39,000	0	100%
Expenditure Recoveries	120,505	8,461	128,966				128,966	150,500	21,534	86%
Transfer from Reserves			0				0	459,000	459,000	
<b>Total Revenues</b>	<b>11,740,263</b>	<b>1,043,326</b>	<b>12,783,589</b>	<b>366,956</b>	<b>723,093</b>	<b>39,000</b>	<b>13,912,638</b>	<b>17,927,243</b>	<b>4,014,605</b>	<b>78%</b>
<b>EXPENSES</b>										
Salaries and Wages	7,186,844	297,126	7,483,970	169,642	429,249	14,725	8,097,586	10,791,743	2,694,157	75%
Staff Benefits	2,222,479	102,753	2,325,232	27,549	117,799	4,328	2,474,909	3,113,000	638,091	80%
Staff Training	89,708	516	90,224		1,770		91,994	174,000	82,006	53%
Travel Expenses	103,191	18,165	121,355	15,226	17,452	172	154,205	166,000	11,795	93%
Building Occupancy	775,725	40,004	815,728		24,710		840,438	1,032,000	191,562	81%
Office Expenses, Printing, Postage	55,576		55,576		1,067		56,643	65,000	8,357	87%
Materials, Supplies	245,549	48,089	293,638	29,117	6,200		328,955	361,000	32,045	91%
Professional & Purchased Services	288,002	582,099	870,101	97,415	1,044		968,560	1,265,000	296,440	77%
Communications Costs	87,088	7,133	94,221		5,450		99,671	121,500	21,829	82%
Information Technology	579,220	42,550	621,770		19,483		641,253	578,000	(63,253)	111%
Capital Expenditures			0				0	0	0	
Transfer to Capital/Operating Reserves	216,667		216,667				216,667	260,000	43,333	83%
<b>Total Expenses</b>	<b>11,850,049</b>	<b>1,138,435</b>	<b>12,988,484</b>	<b>338,949</b>	<b>624,223</b>	<b>19,225</b>	<b>13,970,881</b>	<b>17,927,243</b>	<b>3,956,362</b>	<b>78%</b>
<b>VARIANCE</b>	<b>(109,786)</b>	<b>(95,109)</b>	<b>(204,895)</b>	<b>28,007</b>	<b>98,870</b>	<b>19,775</b>	<b>(58,243)</b>	<b>0</b>	<b>(58,243)</b>	

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	David Johnston, Director of Corporate Services
<b>Approved by:</b>	Dr. Toumishey, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, December 4, 2024
<b>Subject:</b>	<b>2025 Budget Approval</b>
<b>Nature of Board Engagement</b>	<input type="checkbox"/> For Information <input checked="" type="checkbox"/> <b>Strategic Discussion</b> <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input checked="" type="checkbox"/> <b>Compliance with Accountability Framework</b> <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	Board of Health to review and approve the 2025 Budget as presented and circulated
<b>Background:</b>	<p>The 2025 budget package represents an intentional focus on the maintenance of full-time equivalent (FTE) positions to support the continued delivery of public health services in the face of revenue reductions.</p> <p>Revenues from the provincial ministries have been impacted by several previous announcements. Those include changes to the funding formula (75% provincial, 25% municipal) which returns mitigation funding to mandatory base funding at a reduced rate, restricted one-time funding requests, the removal of COVID-19 funding and an end to school-focused nurse program funding. These issues are compounded by significant inflationary increases to the cost-of-service delivery including wages, benefits, insurance, program materials and supplies.</p> <p>To offset the resulting deficit, we have limited recruitment plans in 2025. We have requested the use of operational reserves to mitigate any FTE loss. Organization wide training has been limited to existing programs, with no new investments.</p> <p>The Executive Summary in the budget package provides additional highlights of the budget presented. In addition, explanatory notes are provided to offer details on revenues and expenses and explain significant variances</p>



HASTINGS PRINCE EDWARD  
**Public Health**

**2025 BUDGET PACKAGE**

*For Board of Health Approval, December 4, 2024*

## HASTINGS PRINCE EDWARD PUBLIC HEALTH

### 2025 BUDGET- Executive Summary

#### For Board of Health Approval, December 4, 2024

The 2025 budget was developed to maximize service delivery of crucial public health programs to the community, while acknowledging the reality of recent changes to Ministry of Health (MoH) funding. In addition, although local public health unit (LPHU) mergers have been proposed as a possibility for 2025, without formal approval a strategic decision was made to develop the 2025 budget as a standalone agency. Although we are cautiously optimistic merger approvals are on the horizon, as of today we have not received merger funding approval.

**Strategic Direction** – With the initiation of merger discussions, Hastings Prince Edward Public Health (HPEPH) has decided to extend its existing strategic plan until a decision is made. The Ministry has also announced a review of the public health standards, which may impact the nature of public health operations. As a result, continuity of core public health services remains a priority over the development of new programming.

**Technology** – Cybersecurity continues to be a crucial consideration for public health. HPEPH has implemented a comprehensive suite of cyber security tools and policies to help ensure safe and stable networks. Further, physical risks to IT hardware (fire, flood, etc.) are being mitigated in 2024/25 by co-locating our servers to an off-site data centre. With hybrid work and virtual meetings normalized, ongoing investments in IT support are vital for operational efficiency and continuity of operations.

#### Key Revenue Highlights and Assumptions:

- Revenues from the provincial ministries and federal agencies have been impacted by several recent changes. The MoH has announced a return to the 75/25 funding formula with municipalities and has committed to an annual growth increase to funding of 1% for 2023, 2024 and 2025 respectively. The ministry has also announced limits to one-time funding requests, the end of COVID-19 specific funding and, the end of funding specific to school-focused nurses. These changes require HPEPH to make several adjustments in its approach to planning and budgeting.
- To balance the 2025 budget and retain full-time equivalent staff (FTEs), HPEPH has requested the use of operational reserves. Reserves will remain above the minimum values outlined in our financial policies.
- HPEPH is requesting a levy increase of 6% from municipalities for the 2025 budget year. This increase, along with access to operational reserves will ensure that reasonable service and staffing levels are maintained in 2025.

**Key Expenditure Highlights and Assumptions:**

- The 2025 budget will address significant inflationary impacts to the cost of maintaining program delivery. Post-bargaining wage adjustments, increased costs for employee benefits, significant increases to insurance costs (20%+) and increases to the cost of supplies will exceed the MoH 1% budget increase.
- Although growing demand for public health programs was highlighted by managers during budget discussions (along with requests for additional FTE's), we have opted to limit recruitment in 2025 due to current budget constraints.
- Investments in staff training at the program level, and training for the purposes of safety and compliance (e.g., WHMIS), have been maintained. However, large investments in overarching organizational training have been greatly reduced from prior years. Instead, in 2025 HPEPH will focus on the deeper implementation of prior training investments (e.g., LEADS, Crucial Conversations).

Throughout 2025, HPEPH will remain dedicated to providing efficient, high-quality, and impactful public health services to our community as we pursue organizational synergies in service of strengthening Public Health.

**HASTINGS PRINCE EDWARD PUBLIC HEALTH**  
**2024 Forecast Actuals & 2025 Proposed BUDGET**  
**For Board of Health Approval, December 4, 2024**

	2024 Forecast Actuals	2024 Board of Health Approved Budget	2024 Variance Budget vs Actual	2025 Proposed Budget	Variance (2025 Proposed Budget vs 2024 Approved Budget)	% Variance
<b>REVENUES</b>						
1 Ministry of Health						
a) Mandatory Programs - Cost shared	10,614,900	10,614,900	-	10,721,100	106,200	1.0%
b) 100% Programs - Seniors Dental Program	1,307,200	1,597,000	(289,800)	1,590,000	(7,000)	-0.4%
c) Annual Grants and One-Time Grants	469,550	108,000	361,550	164,000	56,000	51.9%
2 Municipal Levy	3,798,300	3,798,300	-	4,010,598	212,298	5.6%
3 Ministry of Children, Community & Social Services	1,239,578	1,160,543	79,035	1,239,578	79,035	6.8%
4 Health Canada	39,000	39,000	-	39,000	-	0.0%
5 Expenditure Recoveries	156,043	150,500	5,543	201,700	51,200	34.0%
6 Transfer from Municipal Reserves	100,000	459,000	(359,000)	700,000	241,000	0.0%
<b>TOTAL REVENUES</b>	<b>17,724,571</b>	<b>17,927,243</b>	<b>(202,672)</b>	<b>18,665,976</b>	<b>738,733</b>	<b>4.1%</b>
<b>EXPENSES</b>						
1 Salaries & Wages	10,738,580	10,791,743	(53,163)	11,317,476	525,733	4.9%
2 Employee Benefits	3,069,890	3,113,000	(43,110)	3,510,000	397,000	12.8%
3 Staff Training	133,284	174,000	(40,716)	162,000	(12,000)	-6.9%
4 Travel Expenses	170,968	166,000	4,968	182,000	16,000	9.6%
5 Building Occupancy	1,033,120	1,032,000	1,120	1,132,000	100,000	9.7%
6 Office Expenses, Printing, Postage	69,596	65,000	4,596	62,000	(3,000)	-4.6%
7 Program Materials, Supplies	364,050	361,000	3,050	385,000	24,000	6.6%
8 Professional & Purchased Services	1,092,806	1,265,000	(172,194)	1,117,000	(148,000)	-11.7%
9 Communication Costs	122,097	121,500	597	123,000	1,500	1.2%
10 Information Technology	579,254	578,000	1,254	595,000	17,000	2.9%
11 Capital Expenditures	90,926	-	90,926	80,500	80,500	0.0%
12 Transfer to Capital/Operating Funds	260,000	260,000	-	-	(260,000)	
<b>TOTAL EXPENSES</b>	<b>17,724,571</b>	<b>17,927,243</b>	<b>(202,672)</b>	<b>18,665,976</b>	<b>738,733</b>	<b>4.1%</b>
<b>SURPLUS/DEFICIT</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>(0)</b>	<b>(0)</b>	

**HASTINGS PRINCE EDWARD PUBLIC HEALTH**  
**Budgeted Revenues - For the period January 1, 2025 to December 31, 2025**  
**For Board of Health Approval, December 4, 2024**

Revenue Source	Ministry of Health		TOTAL Ministry of Health Programs	Other Grants & Contracts			TOTAL Other Grants & Contracts	Consolidated Budget
	Mandatory Programs	100% Seniors Dental Program		Ministry of Health	Healthy Babies Healthy Children	Federal Grants		
<b>PROVINCIAL &amp; MUNICIPAL FUNDING</b>								
<b>Ministry of Health</b>								
Mandatory and 100% Programs	10,721,100	1,590,000	12,311,100				-	12,311,100
Annual and one-time grants			-	164,000			164,000	164,000
Municipal Levy	4,010,598		4,010,598				-	4,010,598
Transfer from Municipal Reserves	700,000		700,000				-	700,000
Ministry of Children, Community & Social Services			-		1,239,578		1,239,578	1,239,578
<b>TOTAL PROVINCIAL &amp; MUNICIPAL GRANTS</b>	<b>15,431,698</b>	<b>1,590,000</b>	<b>17,021,698</b>	<b>164,000</b>	<b>1,239,578</b>	<b>-</b>	<b>1,403,578</b>	<b>18,425,276</b>
<b>FEDERAL FUNDING</b>								
Health Canada						39,000	39,000	39,000
<b>EXPENDITURE RECOVERIES</b>								
Contraceptive Sales	5,000		5,000				-	5,000
Food Handler Course Registrations	4,000		4,000				-	4,000
Menactra Vaccine	14,000		14,000				-	14,000
Human Papilloma Virus (HPV) Vaccine	17,000		17,000				-	17,000
Flu Vaccine	5,000		5,000				-	5,000
Other Vaccines	8,000		8,000				-	8,000
Seniors Dental Program	15,000		15,000				-	15,000
Lease Agreement - Bancroft	23,700		23,700				-	23,700
Interest/Other	110,000		110,000				-	110,000
	201,700	-	201,700	-	-	39,000	39,000	240,700
<b>TOTAL REVENUES</b>	<b>15,633,398</b>	<b>1,590,000</b>	<b>17,223,398</b>	<b>164,000</b>	<b>1,239,578</b>	<b>39,000</b>	<b>1,442,578</b>	<b>18,665,976</b>

**HASTINGS PRINCE EDWARD PUBLIC HEALTH**  
**2025 BUDGET - Explanatory Notes and Variance Analysis - REVENUES**  
**For Board of Health Approval, December 4, 2024**

	Approved Budget MoH/Board 2024	Budget 2025	Variance 2025 vs 2024
<b>1. MINISTRY OF HEALTH</b>			
a) <b><u>Mandatory Programs - Cost shared, change to 75/25</u></b>	\$ 10,614,900	\$ 10,721,100	\$ 106,200
<i>The Ministry of Health (MoH) issues an accountability agreement each year outlining the terms of transfer payments to public health. For 2025, the MoH has committed to 1% growth funding. The following program areas are covered by cost shared funding:</i>			
<b>Foundational Standards</b>			
Population Health Assessment			
Health Equity			
Effective Public Health Practice			
Emergency Management			
<b>Program Standards</b>			
Chronic Disease Prevention and Well-being			
Food Safety			
Healthy Environments			
Healthy Growth and Development			
Immunization			
Infectious and Communicable Diseases Prevention and Control			
Safe Water			
School Health			
Substance Use and Injury Prevention			
b) <b><u>100% Programs - Seniors Dental Program</u></b>	1,597,000	1,590,000	(7,000)
<b>Total Ministry of Health Accountability Agreement</b>	<b>\$ 12,211,900</b>	<b>\$ 12,311,100</b>	<b>\$ 99,200</b>
c) <b><u>Annual Grants and One-Time Grants</u></b>			
<i>A Compensation Grant is provided on an annual basis to offset the total compensation of the Medical Officer of Health. Funding will be requested for two students to complete their PHI Practicum at HPEPH over the summer of 2025.</i>			
MOH Compensation Grant	76,000	130,000	54,000
Public Health Inspector Practicum Student	32,000	34,000	2,000
Purpose Built Vaccine Fridge	-	-	-
Ontario Seniors Dental Care Program	-	-	-
<b>Total Annual and one-time funding Ministry of Health Grants</b>	<b>108,000</b>	<b>164,000</b>	<b>56,000</b>
<b>2. MUNICIPAL LEVY</b>			
<i>Municipal levies have been increased in the 2025 budget by six per cent.</i>			
City of Belleville	1,238,352	1,307,567	69,215
City of Quinte West	1,046,970	1,105,488	58,518
Hastings County	934,987	987,246	52,259
Prince Edward County	577,992	610,298	32,306
	<b>3,798,301</b>	<b>4,010,598</b>	<b>212,297</b>



<b>3. MINISTRY OF CHILDREN, COMMUNITY &amp; SOCIAL SERVICES</b>	1,160,543	1,239,578	79,035
<i>MCCSS funds the Healthy Babies, Healthy Children program; an increase was realized in 2024 and no increase is anticipated for 2025. The HBHC contract is based on a March 31 fiscal year.</i>			
<b>4. HEALTH CANADA</b>	39,000	39,000	-
<i>Health Canada funds the Children's Oral Health Program (COHP); no increase is anticipated for this contract. The program has a March 31 fiscal year.</i>			
<b>5. EXPENDITURE RECOVERIES</b>	150,500	201,700	51,200
<i>Expenditure recoveries include vaccine recoveries, seniors dental recoveries, contraceptives and interest earnings on transfer payments.</i>			
<b>6. TRANSFER FROM RESERVES</b>	459,000	700,000	241,000
<b>TOTAL BUDGETED REVENUES</b>	<b>\$ 17,927,244</b>	<b>\$ 18,665,976</b>	<b>\$ 738,732</b>

**HASTINGS PRINCE EDWARD PUBLIC HEALTH**  
**Budgeted Expenses - For the period January 1, 2025 to December 31, 2025**  
*For Board of Health Approval, December 4, 2024*

Expense Item	Ministry of Health	Other Grants & Contracts			TOTAL Other Grants & Contracts	Consolidated Budget
	Mandatory, Related and 100% Programs	Annual Grants and one-time grants	Healthy Babies Healthy Children	Federal Grants		
Salaries & Wages	10,341,348	102,880	846,080	27,168	976,128	11,317,476
Employee Benefits	3,190,550	61,120	249,598	8,732	319,450	3,510,000
Staff Training	162,000	-	-	-	-	162,000
Travel Expenses	151,500	-	30,000	500	30,500	182,000
Building Occupancy	1,075,400	-	56,600	-	56,600	1,132,000
Office Expenses, Printing, Postage	60,000	-	2,000	-	2,000	62,000
Program Materials, Supplies	380,500	-	4,000	500	4,500	385,000
Professional & Purchased Services	1,112,900	-	2,000	2,100	4,100	1,117,000
Communication Costs	113,900	-	9,100	-	9,100	123,000
Information Technology	554,800	-	40,200	-	40,200	595,000
Capital Expenditures	80,500	-	-	-	-	80,500
Transfer to Capital/Operating Funds	-	-	-	-	-	-
<b>TOTAL EXPENDITURES</b>	<b>17,223,398</b>	<b>164,000</b>	<b>1,239,578</b>	<b>39,000</b>	<b>1,442,578</b>	<b>18,665,976</b>

**HASTINGS PRINCE EDWARD PUBLIC HEALTH**  
**2025 BUDGET - Explanatory Notes and Variance Analysis - EXPENSES**  
***For Board of Health Approval, December 4, 2024***

**1. SALARIES & WAGES**

*This budget represents 128 full-time equivalent (FTE) positions, which is an overall increase of 2 FTEs from 2024; as well as a negotiated Cost of Living increase. This increase supports the addition of an IT Service Desk Analyst, as well as a shared Communications Manager. All efforts have been made to retain staff as we prepare for a merger.*

**2. EMPLOYEE BENEFITS**

*Employee benefits are expected to increase at a significant rate due to utilization. In addition, increases to the Enhanced CPP program. Overall, benefits amount to 31 per cent of salaries. This includes statutory benefits (CPP, EI, EHT and WSIB), OMERS pension plan contributions, group health, dental and life insurance and a per cent in lieu for part-time and contract staff.*

**3. STAFF TRAINING**

*The 2025 budget shows a reduction in overall training costs as more training is offered online. Training still required for program delivery (e.g., NFP, equity, etc.) and compliance training (e.g., WHMIS) remain intact.*

**4. TRAVEL EXPENSES**

*Travel expenses account for staff travel throughout Hastings and Prince Edward Counties to deliver services including the inspection of food and water premises, immunization and dental clinics in the community and healthy babies home visits.*

**5. BUILDING OCCUPANCY**

*Building occupancy expenses include the building loan, leases, maintenance costs, cleaning services and supplies for all locations of the organization. Inflationary increases are forecast to all ongoing maintenance costs. As we approach the ten year mark in this building, there are a number of upkeep items to be addressed. Costs for rental space in Quinte West will increase for 2025, as we renew for one year in anticipation for a move to the Trenton Hub in 2026.*

**6. OFFICE EXPENSES, PRINTING, POSTAGE**

*Office expenses are expected to remain steady for 2025. We anticipate small savings as we continue to search for competitive pricing.*

**7. PROGRAM MATERIALS, SUPPLIES**

*Program materials and supplies budget has increased based on individual program plans and expectations for 2025. Inflation has an impact on this budget line.*

**8. PROFESSIONAL & PURCHASED SERVICES**

*Similar to previous years, the majority of budget for professional and purchased services reflects dental, denturist and lab fees in the Seniors Dental program. We are actively tracking the impact of the Federal Dental program and its effects on the provincial program which are not yet clear.*

**9. COMMUNICATION COSTS**

*Minor increases here to reflect current expenses.*

**10. INFORMATION TECHNOLOGY**

*There are some inflationary increases to service agreements. With the potential for mergers, we have limited our investments to network hardware for 2025 as we consider the potential alignment of technology with future partners. To address potential physical risks (fire, flood, etc.) to critical server hardware, they have been moved to an off-site data centre.*

**11. CAPITAL EXPENDITURES**

*Planned expenditures include a required, end-of-life update to network hardware.*

**12. TRANSFER TO CAPITAL/OPERATING FUNDS**

*In an effort to reduce burden to our contributing municipalities, these funds will be used to offset increasing building occupancy expenses.*

**HASTINGS PRINCE EDWARD PUBLIC HEALTH  
2025 - Calculation of Municipal Levy**

*Municipal levy for 2025 includes a 6% increase, plus the maintenance of the Building fund levy.  
Allocation of municipal levy is based on 2021 Statistics Canada population figures.*

Contributing Municipalities	2024 Levy			2025 Levy				
	Population	% of Total	Levy	Population	% of Total	Levy	\$ Change	% Change
Base Levy	168,915	100.00%	3,538,300	168,915	100.00%	3,750,598	212,298	6.0%
Building Levy			260,000			260,000		
<b>Total Levy</b>			<b>3,798,300</b>			<b>4,010,598</b>		
City of Belleville	55,071	32.6%	1,238,352	55,071	32.6%	1,307,567	69,215	5.6%
City of Quinte West	46,560	27.6%	1,046,969	46,560	27.6%	1,105,488	58,518	5.6%
Hastings County	41,580	24.6%	934,987	41,580	24.6%	987,246	52,259	5.6%
Prince Edward County	25,704	15.2%	577,992	25,704	15.2%	610,298	32,306	5.6%
<b>TOTAL</b>			<b>3,798,300</b>			<b>4,010,598</b>		

## Board of Health Briefing Note


<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, December 4, 2024
<b>Subject:</b>	<b>Report of the Medical Officer of Health</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <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
<b>Action Required:</b>	No action required.
<b>Respiratory virus update</b>	<ul style="list-style-type: none"> <li>• With the holiday season nearly upon us, I am urging all residents to take action to reduce the spread of respiratory illness in the community.</li> <li>• Taking action now will help all local residents, especially the most vulnerable, stay healthy for the holidays.             <ul style="list-style-type: none"> <li>○ Stay up to date with your immunizations: COVID-19, flu, and RSV if you are eligible. Visit our <a href="#">website</a> to learn more, including eligibility and availability in Hastings and Prince Edward Counties.</li> <li>○ Skip the holiday party if you're not feeling well. It is critical to stay home when you are sick, and keep your children home if they are sick.</li> <li>○ Wear a mask in crowded indoor spaces, and when recovering from illness. If you are recovering from illness, it is especially important to wear a mask for 10 days after your symptoms started.</li> <li>○ Wash your hands often, and regularly clean high-touch surfaces. This is especially important to prevent the spread of influenza and RSV, both of which are easily spread on high-touch surfaces. If you host or attend a holiday gathering, clean high-touch surfaces and encourage guests to wash their hands frequently or use hand sanitizer.</li> </ul> </li> </ul>
<b>Avian influenza A (H5N1)</b>	<ul style="list-style-type: none"> <li>• On November 13, 2024 the Public Health Agency of Canada (PHAC) confirmed Canada's first human case of avian influenza (also known as bird flu) caused by the influenza A(H5N1) virus in a teenager in British Columbia (BC).</li> <li>• Genomic sequencing results indicate that the virus is related to the avian influenza H5N1 viruses from the ongoing outbreak in poultry in BC.</li> <li>• Human infection with avian influenza is rare and usually occurs after close contact with infected birds, other infected animals or highly contaminated environments.</li> </ul>

	<ul style="list-style-type: none"> <li>• While there is an ongoing outbreak of avian influenza A(H5N1) in dairy cattle in the U.S., no cases of avian influenza have been reported in dairy cattle in Canada. <ul style="list-style-type: none"> <li>○ Milk and milk products that have been pasteurized are safe to consume.</li> <li>○ The genotype of H5N1 avian influenza in dairy cattle in the U.S. is <b>not</b> the same as the genotype confirmed in the domestically acquired human case in BC.</li> </ul> </li> <li>• Based on current evidence, the risk of avian influenza infection for the general public remains low at this time.</li> </ul>
<b>Safe driving campaign</b>	<ul style="list-style-type: none"> <li>• As the holiday season approaches, cannabis and alcohol may be available at social gatherings. To keep yourself and those around you as safe as possible, make a plan to consume responsibly and get home safely.</li> <li>• Driving a vehicle while you are impaired by alcohol and/or cannabis is illegal and dangerous. Alcohol and cannabis can impair your judgement, coordination, and reaction time, increasing your chances of being in a collision.</li> <li>• Keep yourself and those around you safe this holiday by planning ahead for a safe ride home. Arrange a designated driver, call a taxi, ride share, friend, or take public transit, or plan to stay overnight.</li> <li>• Taking steps for a safe ride home is one way to keep yourself and others safe this holiday season. You can also take steps to reduce other health related harms associated with alcohol and cannabis use.</li> <li>• While consuming any amount of alcohol or any form of cannabis is associated with health harms, you can take steps to lower your risk. For more information, review <a href="#">Canada's Guidance on Alcohol and Health or Canada's Lower Risk Cannabis Use Guidelines</a>.</li> <li>• If you are concerned about your consumption of alcohol, cannabis, or other substances, you are not alone. Many <a href="#">programs and resources</a> are available to support you.</li> </ul>
<b>Holiday food safety</b>	<ul style="list-style-type: none"> <li>• As we gather with family and friends, food is often part of our celebrations. With the various parties and get-togethers the season brings, we must keep safe food practices top of mind to have a healthy and happy celebration.</li> <li>• Wondering how you can keep your food safe? <ul style="list-style-type: none"> <li>○ Cook foods to the proper temperature.</li> <li>○ Keep hot foods hot (60°C or more).</li> <li>○ Keep cold foods cold (4°C or less).</li> <li>○ Clean your work surfaces often.</li> <li>○ Wash your hands regularly.</li> </ul> </li> <li>• For more information on food safety, visit <a href="http://hpePublicHealth.ca">hpePublicHealth.ca</a>.</li> </ul>

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Alison Dubien and Suzanne White - Public Health Nurses
<b>Reviewed by:</b>	Michelle Yoksimovich - Manager, Healthy Families
<b>Date:</b>	Wednesday, December 4, 2024
<b>Subject:</b>	<b>Maternal Mental Health – Perinatal Mood Anxiety Disorders</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> <b>Compliance with Program Standards</b>
<b>Action Required:</b>	No action required
<b>Background:</b>	<p>OPHS-Program Standard: Healthy Growth and Development</p> <p><i>Requirement 2: The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to support healthy growth and development in the health unit population; 2a - The program of public health interventions shall be informed by: iv-Consideration of the following topics based on an assessment of local needs: Mental health promotion.</i></p> <p>Perinatal Mood Anxiety Disorders (PMADs) are recognized as one of the most commonly occurring mental illnesses and the most frequently under-diagnosed pregnancy complication. Postpartum depression (PPD) is the most common complication of childbirth, and the World Health Organization (WHO) indicates that mental health issues that occur around the time of pregnancy are a major public health concern.</p> <p>Current provincial data shows that pregnant and new parents in Hastings and Prince Edward Counties are at higher risk for PMADs than those in other health unit areas and the province as a whole. To address this elevated risk, and the current lack of targeted mental health supports in our community, the Healthy Families Team developed a strategy to assist families with screening and access to appropriate supports. In early 2023, nurses within the Healthy Families team were trained and supervised by psychiatrist, Dr. Ryan Van Lieshout, of McMaster University/St. Joseph's Hospital to deliver group-based Cognitive Behavioural Therapy (CBT) to pregnant and postpartum people experiencing symptoms of PMADs. In 2024, universal and targeted screening began, along with the implementation of the group-based CBT.</p>
<b>Approved By:</b>	Dr. Ethan Toumishey, Medical Officer of Health and CEO





# Maternal Mental Health


## Perinatal Mood Anxiety Disorders (PMADs)

Alison Dubien, RN BScN, IBCLC  
Suzanne White, RN BScN

Board of Health  
December 4, 2024

[hpePublicHealth.ca](http://hpePublicHealth.ca)

1




## Maternal Mental Health

### What are Perinatal Mood Anxiety Disorders (PMADs)?

- PMADs is an umbrella term used to describe mood disorders experienced during pregnancy and the postpartum period.
- Other terms we may hear include Postpartum Mood Disorders (PPMD)
  - These disorders can include:
    - Postpartum Depression (PPD)
    - Postpartum Anxiety (PPA)
    - Postpartum Psychosis
- Symptoms can occur during pregnancy and/or the postpartum period and can range from **mild to severe**.
- PMADs do not discriminate and can affect those from all income and socioeconomic status levels.

[hpePublicHealth.ca](http://hpePublicHealth.ca)

2



Maternal Mental Health

## Scope and Impact of PMADs

**Postpartum depression is the most common complication of childbirth**

**Parent:**


- Increased isolation and social withdrawal
- Increased risk of relationship problems
- Increased risk of poor breastfeeding outcomes

**Child:**

- Increased risk of Adverse Childhood Events (ACEs) due to impaired interaction(s) with depressed parent
- Developmental delays of language, motor, social and cognition – leading to delayed school readiness and behaviour issues as seen on the Early Development Instrument (EDI)
- Increased risk of child abuse and neglect

hpePublicHealth.ca

3




Maternal Mental Health

## Cost of Untreated PMADs

- PMADs are a significant cause of disease burden globally as measured by health care-costs, morbidity, mortality and the number of years lost to disease:
  - In Ontario, an estimated \$20 million is spent each year on complications from untreated prenatal depression
  - A single case costs as much as \$150,000 across the lifespan
  - Consequences can extend to the person’s partner, family members and social network

hpePublicHealth.ca

4



HASTINGS PRINCE EDWARD  
**Public Health**

Maternal Mental Health


## Barriers to Accessing Care and Services

- Just 10-15% of individuals with PMAD/PPD can access evidence-based care
  - Long waitlists for OHIP-insured services
  - Costs for private therapy (and limited availability)
  - Preference for psychotherapy
  - Concerns about antidepressant use (*with breastfeeding*)
- Those living with social inequities are at higher risk and have more barriers to accessing care
- Limited or lack of routine screening during the perinatal period by health care professionals

5

[hpePublicHealth.ca](http://hpePublicHealth.ca)

5



HASTINGS PRINCE EDWARD  
**Public Health**

Maternal Mental Health


## What is HPEPH currently doing?

- Awareness building within the community
- **Universal screening using the Edinburgh Postnatal Depression Screen (EPDS)**
- **Targeted screening using the EPDS**
- Healthy Babies Healthy Children home visiting
- Nurse-Family Partnership home visiting
- AccessMHA.ca partnership
- **9-week group-based Cognitive Behavioural Therapy**

6

[hpePublicHealth.ca](http://hpePublicHealth.ca)

6



HASTINGS PRINCE EDWARD  
**Public Health**

Maternal Mental Health

## Cognitive Behavioural Therapy (CBT)


CBT is an evidence-based prevention strategy that targets thinking errors, negative emotions and behaviours. CBT focuses on the interaction of thoughts, emotions and behaviours and has been found to significantly decrease depressive symptoms (*with efficacy being greater than or equal to medication use with a longer treatment affect*).

- **Group CBT is as effective as individual therapy in treating symptoms of PPD; and,**
  - Group CBT is more cost-effective
  - Has the potential to support more birthing parents
  - Decreases wait times for clients
  - Working along peers having similar experiences increases benefits of the psychotherapy while normalizing symptoms and life with a new baby

7

[hpePublicHealth.ca](http://hpePublicHealth.ca)

7



HASTINGS PRINCE EDWARD  
**Public Health**

Maternal Mental Health

## Cognitive Behavioural Therapy in Public Health


It was found that public health nurses (PHNs) can effectively deliver group-based CBT for PPD that benefits participants, infants and PHNs.

- Group CBT for PPD can be delivered in public health practice by trained public health nurses (within the scope of practice for RNs)
- PHN-delivered group CBT for PPD can – increase access, reduce waitlists, be scaled-up, be delivered online and benefit both birthing parents and their families

8

[hpePublicHealth.ca](http://hpePublicHealth.ca)

8



Maternal Mental Health

### CBT: Local Implementation

Since the HPEPH launch of the “Steps to Wellness” in January 2024:

- **Two** 9-week series have been completed; *third series in progress*
- **46** - participants have been referred/had access to the program\*
  - 13** - participants declined/withdrew/not able to contact
  - 20** - participants have attended a session
  - 11** - participants have completed a series

High retention of clients throughout the series


Statistically and clinically significant results (a decrease of at least 4 points) were seen on pre and post EPDS scores

The average decrease in score between the pre and post series screening showed a difference of **5 points**

9

[hpePublicHealth.ca](http://hpePublicHealth.ca)

9



Maternal Mental Health

### What clients have said.....

- "I liked the group because I realized I was not the only one going through these feelings." – "this allows us new moms to realize that we all go through the same issues raising a newborn baby."
- "I've learned different coping strategies to help me through difficult situations before I start to spiral into deeper depression and anxiety."
- "This program has helped me to realize I am important. My feelings and needs also need to be met while taking care of my baby."
- "Thank you so much for having this group available. It has been and will continue to be incredibly helpful for me. I really hope this program continues and the people that need it are able to access it and benefit as much as I have. This has made a huge impact on my life and hopefully my son's life as well."

10

[hpePublicHealth.ca](http://hpePublicHealth.ca)

10

# Perinatal Mental Health in Hastings Prince Edward - 2024

## The most common complication of childbirth

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

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

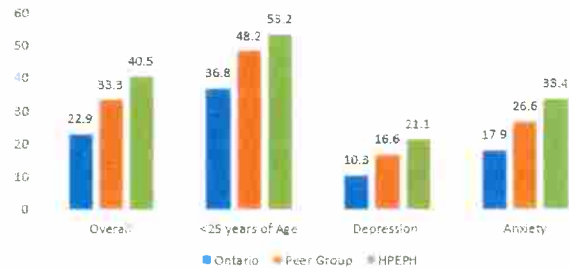
Living in a household with a parent who has unmanaged mental health problems can contribute to Adverse Childhood Experiences (ACEs) and can undermine a child's sense of safety, stability and bonding.

## PMADs can affect anyone

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



**Maternal Mental Health Concerns During Pregnancy (2021)**



## PMAD symptoms vary and can include:

- Having less interest and/or finding less enjoyment in things
- Feeling sad most of the time
- Feeling anxious or worried
- Changes in appetite, energy, sleep or concentration



## Cost of untreated PMADs

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

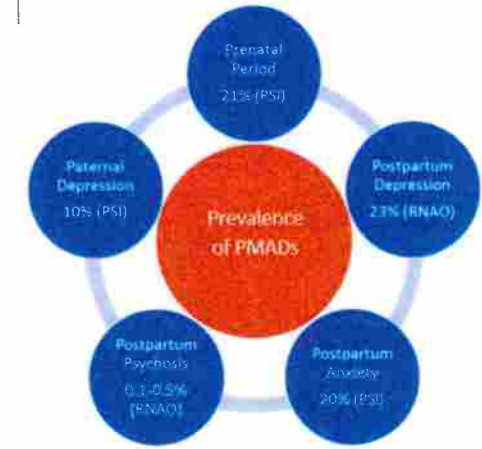
## Risks of untreated PMADs:

### Parent(s):

- Isolation, social withdrawal
- Relationship problems
- Increased risk of poor breastfeeding outcomes

### Child:

- Risk of Adverse Childhood Experiences (ACEs):
  - \* Developmental delays and behaviour problems in infants/children, delayed school readiness
  - \* Delayed language, motor, social and cognitive development in infants/children
  - \* Child abuse and neglect



## What HPEPH is currently doing:

- Awareness within the community
- Universal and targeted mental health screening for pregnant and postpartum persons
- Cognitive Behavioural Therapy (PHN-led)



## What HPEPH still needs to do:

- Strengthen relationships and develop referral mapping with community partners to aid in improving early access to mental health services
- Provide education within the community
- Continue to work to decrease stigma



Data sources: RNAO BPG Assessment and Interventions for Perinatal Depression, StatsCan, PHO Snapshots (2021), Postpartum Support International (2017), CDC ACEs Prevention (2019)

We are committed to providing accessible publications, programs and services to all. For assistance please call 613-966-5500; TTY: 711 or email [accessibility@hpeph.ca](mailto:accessibility@hpeph.ca). For more information, please visit [hpePublicHealth.ca](http://hpePublicHealth.ca).

**Main Office – Belleville**

179 North Park Street, Belleville, ON K8P 4P1

T: 613-966-5500 | 1-800-267-2803 | F: 613-966-9418

TTY: 711 or 1-800-267-6511

[hpePublicHealth.ca](http://hpePublicHealth.ca)**2025****Board of Health Proposed Meeting Schedule**

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

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

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

**It is requested that you RSVP your attendance as well as non-attendance to Catherine Lovell, Executive Assistant at [clovell@hpeph.ca](mailto:clovell@hpeph.ca) or call 613-966-5500 ext 231 or cell 613-921-2078.**

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

**Committee Meetings**

Committee meetings will be held on the **fourth Wednesday of the month**, where possible or as noted below, at **1:30 pm – 3:00 pm**, unless otherwise announced. These meetings will be virtual via ZOOM as per the amended Municipal Act.

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

**Governance Committee**

May 28, 2025 (or 21-3<sup>rd</sup> week)  
October 22, 2025

**Finance Committee**

February 26, 2025  
April 23, 2025  
September 24, 2025  
November 26, 2025

ROMA Conference – January 19 - 21, 2025 – Toronto, ON

alPHa Winter Symposium – February 12 – 14, 2025 (online)

TOPH Conference – Wed. March 26 (In-person) & Wed. April 2 (Virtual)

alPHa AGM & Conference – To be determined, usually held in June – Toronto, ON

AMO Conference – August 17-20, 2025 – Ottawa, ON

**North Hastings**

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

**Prince Edward County**

Suite 1, 35 Bridge St., Picton, ON K0K 2T0  
T: 613-966-5500 | F: 613-476-2919

**Quinte West**

499 Dundas St. W., Trenton, ON K8V 6C4  
T: 613-966-5500 | F: 613-965-6535

**Ministry of Health**

Office of the Deputy Premier  
and Minister of Health

777 Bay Street, 5<sup>th</sup> Floor  
Toronto ON M7A 1N3  
Telephone: 416 327-4300  
www.ontario.ca/health

**Ministère de la Santé**

Bureau du vice-premier ministre  
et du ministre de la Santé

777, rue Bay, 5<sup>e</sup> étage  
Toronto ON M7A 1N3  
Téléphone: 416 327-4300  
www.ontario.ca/sante



December 2, 2024

e-Approve-72-2024-734

Jan O'Neill  
Chair, Board of Health  
Hastings & Prince Edward Counties Health Unit  
179 North Park Street  
Belleville ON K8P 4P1

Dear Jan O'Neill:

I am pleased to advise you that the Ministry of Health (the "Ministry") will provide the Board of Health for the Hastings & Prince Edward Counties Health Unit up to \$4,628,700 in one-time funding for the 2024-25 funding year to support transition and stabilization costs, and up to \$350,000 in capital one-time funding for the 2024-25 funding year, to support the voluntary merger of your organization.

These investments support the proposed voluntary merger of the Hastings & Prince Edward Counties Health Unit, the Kingston, Frontenac and Lennox & Addington Health Unit and the Leeds, Grenville & Lanark District Health Unit and the government's commitment to provide 100% provincial funding support for this merger, and in principle, also provide commitment for eligible out-year merger costs, subject to regulatory changes and appropriate financial reporting. Voluntary mergers are a critical part of the work that the Ministry has initiated to strengthen the public health sector and it is our intention that there are no fiscal impacts to municipalities as a result of the merger. This work is a priority for our government and aligns with overall Ministry plans to optimize our health care system and improve health care outcomes by connecting Ontarians to faster and more convenient care.

The Ministry expects merging Boards of Health to apply any operational efficiencies, including any anticipated efficiencies realized through a reduction of full-time equivalent positions, to frontline operations/direct service delivery of your organization.

.../2



-2-

Jan O'Neill

The approved capital one-time funding includes the provision of a Stage 1 capital planning grant of up to \$300,000 to assist with costs associated with early capital planning for the proposed new proposed Premises for New Entity project. The Ministry remains committed to making capital investments across the health sector and will continue to work with your organization to assess needs. However, approval to proceed with a capital planning grant does not imply approval to proceed with design or implementation of the project. Government approval will be required prior to moving forward with the project.

The Executive Lead of the Office of Chief Medical Officer of Health, Public Health Division will write to the Hastings & Prince Edward Counties Health Unit shortly concerning the terms and conditions governing the funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,



Sylvia Jones  
Deputy Premier and Minister of Health

c: Dr. Ethan Toumishey, Medical Officer of Health, Hastings & Prince Edward Counties Health Unit  
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister  
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health  
Catherine Wang, Assistant Deputy Minister, Hospitals and Capital Division

**Listing of Information Items  
Board of Health Meeting – December 4, 2024**

1. Hastings Prince Edward Public Health – Letter of support re Hastings County for application for funding to The Bridge Integrated Care Hub through the John Howard Society – Belleville dated September 17, 2024
2. HKPR District Health Unit – Letter to Prime Minister Trudeau et al re Support for Bills S-233 and C-223 “An act to develop a national framework for a guaranteed livable basic income” dated September 19, 2024
3. Sudbury & Districts Public Health – Letter to Minister Mark Holland re New measures to help prevent harms to youth from nicotine replacement therapies dated September 11, 2024
4. Peterborough Public Health – Letter to Prime Minister Trudeau et al re Support for Bills S-233 and C-223 “An Act to develop a national framework for a guaranteed livable basic income dated October 2, 2024
5. Sudbury & Districts Public Health – Letter to Minister Jones and Mr. Michael Sherar re Support for Ontario to continue to protect the safety of private drinking water dated October 16, 2024 (see also Gore Bay and Manitoulin Islands letter)
6. Peterborough Public Health – Letter to Premier Doug Ford et al re Funding support for student nutrition programs dated October 29, 2024

---

*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](http://hpePublicHealth.ca).*