

**HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT  
BOARD OF HEALTH MEETING  
October 21, 2021**

**M I N U T E S**

The meeting was convened by Mr. Elmslie at 9:38 am via Microsoft Teams.

Those in attendance were Messrs. Elmslie, Cane, Crate, Marshall, and Henderson, Mrs. Richardson, Mrs. Brown, Dr. Bocking, Mrs. Vickery, Mrs. Tremblay, and Mrs. Dickson.

Absent with regrets: Mrs. Roberts

**1. ADOPTION OF THE AGENDA**

Moved by Mrs. Richardson

Seconded by Mr. Crate

THAT the agenda be adopted as presented.

2021-117  
carried

**2. DECLARATION OF CONFLICT OF INTEREST**

None

**3. ADOPTION OF REGULAR MINUTES**

Moved by Mrs. Brown

Seconded by Mr. Cane

THAT the regular minutes of the Board of Health meeting held on September 16, 2021 be approved and signed electronically.

2021-118  
carried

**4. BUSINESS ARISING**

None

## **5. MEDICAL OFFICER OF HEALTH UPDATES**

### **HEALTH PROMOTION**

#### *Ontario Seniors Dental Care Program (OSDCP)*

The Ontario Seniors Dental Care Program (OSDCP) was launched in November 2019 and continues to provide access to publicly funded dental services for eligible seniors in the province.

In order to continue its commitment to seniors, and in keeping with provincial and federal income supports that are regularly adjusted for inflation, the ministry has recently updated the income thresholds for seniors applying to the OSDCP program. On August 1, 2021, the OSDCP income thresholds changed from \$19,300 to \$22,200 for single seniors and from \$32,300 to \$37,100 for seniors couples.

Health Unit staff collaborate with the Community Care of City of Kawartha Lakes and Port Hope Community Health Centres and the Haliburton Volunteer Dental Outreach to offer the Ontario Seniors Dental Care Program.

#### *Harm Reduction Program Enhancement*

In September, the harm reduction program enhancement team met with our police, Emergency Medical Services (EMS), and hospital partners to:

1. Review our opioid response plan components and outline a letter of commitment will be circulated later this month to request formal endorsement of the plan; and
2. Soft launch our new enhanced opioid surveillance dashboard and obtain feedback on promotional material that will be used in a hard community launch later this year. The opioid dashboard contains community opioid overdose epidemiological data trends and asks for partners and the general public to report known opioid overdose activity that may not be found in trends found in epidemiological data. [Microsoft Power BI](#)

### **HEALTH PROTECTION**

#### *Universal Influenza Immunization Program*

Official launch of the Universal Influenza Immunization Program (UIIP) took place on October 15<sup>th</sup>. The influenza vaccine will be available in local pharmacies

and through health care providers. The Health Unit will provide UIIP clinics for children less than 5 years of age on December 7<sup>th</sup> in the Lindsay office and on December 14<sup>th</sup> in the Port Hope office.

### *School Based Immunization Program*

Health Unit staff will be in schools starting in November to administer routine immunizations required under the School Based Immunization Program. We plan to complete immunizations for students in Grades 7 and 8 in the school environment. Students in Grade 9 will receive their routine immunizations through their primary care provider and Health Unit hosted catch-up clinics.

“No Family Doctor” clinics are being planned for October 26<sup>th</sup> at the Lindsay office and October 27<sup>th</sup> at the Port Hope office only at this time and will not be offered in November or December as our focus will be on immunization efforts within the schools.

### *Immunization of School Pupils Act*

The *Immunization of School Pupils Act* (ISPA) requires parents to get their children immunized against designated diseases and that a record of immunization be maintained by the local Medical Officer of Health.

Due to the pandemic, many students’ immunizations are not up-to-date and/or their records are not-up-to date at their local health unit. Medical Officers of Health have been directed to plan and undertake ISPA related activities in addition to COVID-19 vaccination and response work.

ISPA related activities include:

- A. Identifying and contacting families whose children may have missed doses to inform them of immunizations that will be required, and where they can access vaccinations or the process for obtaining a valid exemption;
- B. Working with school communities on messaging for students and their parents regarding the importance of routine vaccines and reporting immunizations to the Health Unit;
- C. Working with local sectors to reach special populations to ensure equity and access to vaccines; and
- D. Issuing orders of suspension under the ISPA that are deemed necessary for public health protection in the school setting with careful consideration to the fact that students have been away from in-person learning for an extended period of time and working with the school community to consider varied approaches that may be utilized including remote/virtual education.

The Health Unit is planning a communication campaign related to ICON updates (Immunization Connect Ontario is an online platform to record immunizations), and to ask parents to check their children’s immunization records to ensure they are not behind in late February/early March. First notices to all students who are overdue

for immunizations is planned for late April/early May for catch-up over the summer months.

## **CORPORATE SERVICES**

### *Insurance Renewal*

The Health Unit has renewed its insurance coverage with Intact Public Entities Inc. (Previously known as Frank Cowan Company) covering October 1, 2021 to September 30, 2022. The annual premium is \$151,274, up \$27,019 over last year, which is associated with standard inflation. Totten Group Insurance was awarded the contract for cyber insurance, resulting in an annual savings of \$11,200.

### *2020 Accessibility Compliance Report*

The attached report (attached to the agenda) was submitted to the Ministry for Seniors and Accessibility this past summer. The Health Unit is in compliance.

## **COVID-19 PANDEMIC RESPONSE**

### *COVID-19 Vaccine Roll-Out*

HKPRDHU staff continue to coordinate the ongoing roll-out of COVID-19 vaccination across all three geographic regions of the Health Unit. Work in September and October focused on targeted mobile clinics and school-based clinics to ensure that all residents have had easy access to vaccination.

In September, the Ministry of Health announced eligibility for third doses of vaccine for residents of long-term care homes and retirement homes as well as individuals with specific high-risk medical conditions. As of October 13, 1,398 residents had received their third COVID-19 vaccination.

We are anticipating a ramping up of COVID-19 vaccination efforts again this fall. Should the Ministry of Health expand 3<sup>rd</sup> dose eligibility to older community dwelling adults, or should vaccine be approved for 5 to 11 year olds, we will need to move back to a fixed site mass immunization clinic strategy.

### *Enforcement activities related to proof of vaccination compliance complaints*

The Health Unit is dealing with a limited number of premises that are not complying with proof of vaccination requirements as listed under Regulation 364/20 of the Reopening Ontario Act; however, the inspections are difficult and the enforcement process is progressive, involving a number of steps and engagement with our enforcement partners including police, local by-law officers, and the Alcohol and Gaming Commission as appropriate.

### *COVID-19 Surge Preparedness*

HKPRDHU staff hosted four “Table Top” sessions with key partners to support an integrated response to COVID-19 surges and outbreaks. Separate Tables were established for Northumberland County and for City of Kawartha Lakes/ Haliburton County. Participation was excellent and the exercises have helped to strengthen relationships with our many health sector partners.

### **OTHER**

#### *Organization of the Office of the Chief Medical Officer of Health*

The Office of the Chief Medical Officer of Health for Ontario recently announced changes to its structure. Associate Chief Medical Officers of Health (ACMOHs) are now assigned to each of the five Ontario Health-based regions, working with the public health units within them to facilitate communication, collaboration, and coordination across the province. ACMOHs will also participate at Ontario Health Regional tables alongside medical officers of health to bolster public health presence and to ensure there is a line of sight into where the province can be of assistance.

Moved by Mr. Henderson

Seconded by Mr. Crate

THAT the MOH Updates be received for information.

2021-119  
carried

## **6. REPORTS**

- 6.1 Kassandra Lemmon, Research Analyst, presented the Board with the Preliminary results of the Locally Driven Data Collection, Analysis, and Dissemination Initiative of Emergency Medical Services (EMS), Police Services, and Community Data

In 2017-2018, the Health Unit initiated the development of an Early Warning System using Acute Care Enhanced Surveillance (ACES) data and a regular PDF report with available local and provincial data. Due to challenges including a lack of dedicated resources, lack of community-based data from local first responders, and the structural composition of the Health Unit’s region (City of Kawartha Lakes and Haliburton and Northumberland Counties) having multiple paramedic and police services within the region, the early warning system required improvement.

In response to these challenges, the Health Unit applied for a grant through the Public Health Agency of Canada and received funding to design and implement an enhanced early warning system and hire a Research Analyst. The objectives of the enhanced early warning system were to automate the analysis and presentation of the data, and to develop, deliver, and evaluate a comprehensive opioid surveillance system.

Ms. Lemmon explained what each of the following project phases entailed: identifying data indicators to capture based on academic and grey literature and feedback from partners; data sharing agreements with regional paramedic and police services; processes for transferring data from partners to the Health Unit; developing a dashboard and form to provide local opioid-related information; conducting a process evaluation to gather feedback on project implementation; posting the dashboard live on the Health Unit's website; and creating resources for dissemination.

Several community partners supported the project. Cobourg, Kawartha Lakes, and Port Hope Police Services, and City of Kawartha Lakes, County of Haliburton, and Northumberland County EMS were all involved directly in the project processes. PARN, FourCast, Green Wood Coalition, Transition House, John Howard Society, Canadian Mental Health Association (and 4 County Crisis), Northumberland County, the City of Kawartha Lakes, and Ontario Health all provided feedback through the project development. Future partners the Health Unit hopes to engage are the OPP detachments from the City of Kawartha Lakes, Haliburton Highlands, and Northumberland.

Moved by Mr. Marshall

Seconded by Mr. Crate

THAT the presentation on the Locally Driven Data Collection, Analysis and Dissemination Initiative of EMS, Police Services and Community Data be received for information.

2021-120  
carried

- 6.2 Catherine MacDonald, Substances and Harm Reduction Coordinator, and Detective Nick Seguin, Kawartha Lakes Police Service, will present to the Board on harm reduction program enhancements and a proposed Position Statement

The Ontario Public Health Standards state that, "The board of health shall collaborate with local partners in health and other sectors to develop programs and services that address varying substance use patterns in order to reduce the burdens associated with substance use. Harm reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing substance consumption.

Harm reduction interventions respect the rights of individuals to use substances; increase awareness regarding lower risk use; and address risk and protective factors related to harms. Harm reduction components include distribution of harm reduction supplies, Ontario Harm Reduction Program Enhancement, and public awareness.

Ms. MacDonald shared opioid-related deaths data with the Board for the Health Unit's area with comparisons to the Ontario data.

Detective Seguin and Ms. MacDonald explained that decriminalization of personal or simple possession refers to people possessing a small amount of illicit drugs for personal use only and that these people would be diverted from the criminal justice system and be provided with increased access to health care, treatment, and social services instead.

Research has shown that laws to criminalize people simply for using and possessing drugs have created serious health and social harms. Investing in treatment and harm reduction services can provide major benefits for public safety and health. Countries that have adopted less punitive policies toward drug possession have not experienced any significant increases in drug use, drug-related harm, or crime relative to more punitive countries.

Ms. MacDonald and Detective Seguin shared statements from The Canadian Association of Chiefs of Police, Cobourg Town Council and Toronto Public Health, all supporting decriminalization. Ms. MacDonald proposed a position statement to the Board of Health for its consideration.

Moved by Mrs. Brown

Seconded by Mr. Marshall

THAT the presentation on harm reduction program enhancements be received for information.

2021-121  
carried

Moved by Mr. Henderson

Seconded by Mr. Marshall

THAT the following Position Statement be adopted: “Opioid overdose deaths are increasing both provincially and in the Haliburton, Kawartha, Pine Ridge District Health Unit region. This increase is believed to be related to increased social isolation, increased mental health concerns, and increased toxic street drugs, worsened by the COVID-19 pandemic.

2021-122  
carried

To address the worsening opioid crisis, strategies such as decriminalization of personal possession can help to prevent overdose death and injury.

Decriminalization of personal possession diverts people found to be in possession of small amounts of drugs to health care and social services rather than to the criminal justice system, improving the health equity and safety outcomes for people who use drugs while reducing property crime, repeat offences and the demand for drugs in communities.

The Haliburton, Kawartha, Pine Ridge District Health Unit supports the decriminalization of personal possession of drugs for personal use as a key strategy to help address the opioid crisis and save lives.”

## **7. NEW BUSINESS**

Moved by Mrs. Richardson

Seconded by Mr. Crate

THAT the draft non-audited Operating Statements for the nine-month period ending September 30, 2021 in the amount of \$16,977,527 be received for information.

2021-123  
carried

## **8. BUSINESS FROM BOARD MEMBERS**

Mr. Cane expressed concern about the impasse between the Province and the Ontario Association of Optometrists citing that people's vision care is being affected.

Board members agreed to remain neutral in the dispute, but wished to draw the government's attention to the public health issue.

Moved by Mr. Crate

Seconded by Mr. Cane

THAT staff draft a letter to the Ministry expressing concern over the impasse between the Ontario Association of Optometrists and the Ontario Government.

2021-124  
carried

## 9. CORRESPONDENCE

Moved by Mr. Henderson

Seconded Mrs. Richardson

THAT the following correspondence be received for information and filed:

2021-125  
carried

- Memo from Dr. Moore, Chief Medical Officer of Health, RE: *Immunization of School Pupils Act*
- Memo from the Ministry of Children, Community and Social Services RE: Early Intervention Services for Children and Families 2021-22 Service Delivery Plan
- Association of Local Public Health Agencies' August Information Break

## 10. IN-CAMERA SESSION

Moved by Mrs. Brown

Seconded by Mr. Cane

THAT the Board of Health move in-camera to review the minutes from the September 16, 2021 closed session, legal and personnel items.

2021-126  
carried

Moved by Mrs. Richardson

Seconded by Mr. Cane

THAT the in-camera session be dissolved, and the membership return to the Board of Health.

2021-127  
carried

Moved by Mrs. Richardson

Seconded by Mr. Cane

THAT the in-camera minutes from September 16, 2021 meeting be approved and signed electronically.

2021-128  
carried

Moved by Mrs. Brown

Seconded by Mr. Marshall

THAT legal item 10.3 be received for information.

2021-129  
carried



