

Board of Health Meeting Summary – September

Written by [Communications](#), September 18, 2018

Hiawatha First Nation Treaty 20 Settlement Update

Chief Laurie Carr provided a brief history of **Hiawatha First Nation** as context to the current treaty resolutions that started in the 1990s. Currently there are 650 citizens of Hiawatha, 205 of whom presently live on their 2100 acre territory located on the north shore of Rice Lake. Hiawatha First Nation people have occupied this area since the 1600s. They are one of seven First Nation signatories of Treaty 20 (along with Curve Lake First Nation), one of the **Williams Treaties**. These various 18th and 19th century treaties covered lands in different parts of south central Ontario. In 1923, the Chippewas and Mississaugas signed the Williams Treaties and together, over 90 years later, the Williams Treaties First Nations have joined to ensure their rights to and the relationship with the land is respected. An agreement has been reached between the federal government and these seven First Nations regarding Treaty 20, settling 95 years of disagreement. The settlement includes lands, harvesting and financial components and will be made public once the process is finalized.

Hiawatha First Nation: Health and Social Services Program Overview

Health and Social Services Manager Tina Howard presented on the current work at the L.I.F.E. Centre. They run 37 different program areas including healthy child development, a child care centre, health promotion and mental wellness, disease prevention, healthy living, drinking water, health planning, and social services. On September 13, Hiawatha will open **Oshkii-Aya’Aa Manidoo-Gamick**, a new youth centre. This centre includes a full kitchen and Peterborough Public Health is a partner in developing food and nutrition programs.

Other PPH partnerships include upcoming health promotion campaigns for limiting youth screen time, and encouraging youth to choose water over sugary drinks.

Modernized Ontario Public Health Standards: Infectious Disease and Immunization Programs

Manager Edwina Dusome described the scope and key activities of the Infectious Disease and Immunization programs in the modernized Ontario Public Health Standards (OPHS). These standards are very prescriptive with protocols that all public health agencies must follow. The scope of these programs includes responding to **diseases of public health significance**, preventing and treating sexually-transmitted and blood borne infections, containing outbreaks, managing and distributing vaccines, immunizing students, inspecting personal service settings and child care centres, and publically disclosing inspection results. Ms. Dusome noted that the new OPHS didn't bring many changes to her program areas, however there were some new expectations relating to personal service settings (e.g. spas, tattoo and piercing parlours, hair salons, etc.) that gives inspectors the ability to ticket operators who do not comply with safety regulations. New also is the requirement for veterinarians to report certain diseases they find in animals to public health agencies.

Future of the Travel Clinic at PPH

Public health agencies are no longer mandated to provide travel clinic services under the modernized OPHS so PPH undertook a six-month pilot to evaluate the financial sustainability of this program. PPH has operated a travel clinic for more than 15 years and it provides travel health counselling, including vaccinating against diseases local residents might be exposed to in other parts of the world, as well as staying safe and avoiding injuries when travelling. This pilot found that the travel clinic costs approximately \$132,656 annually to deliver. By the end of six months, \$5,563 was not covered by administrative fees charged to clients. Although there may be some variance according to seasonal demand, this program does have the potential to present the Board with an annual deficit of at least \$10,000 which would require a subsidy from locally funded reserves. It is anticipated if this program is discontinued that affected staff will be reassigned. The Board of Health accepted the report and approved the recommendation to discontinue the travel clinic services and to explore if other local health partners would like to provide these services in the community. In the coming months, Peterborough Public Health will develop an exit strategy.

Advancing a Public Health Approach to Drug Policy

Staff prepared a report recommending the Board of Health endorse the Canadian Public Health Association's 2017 position statement on the decriminalization of personal use of psychoactive substances. The Board was also encouraged to request additional institutional and financial supports from the province for local drug strategies across the province to strengthen place-based responses to drug use prevention, treatment, harm reduction, and enforcement. The Board approved and accepted these recommendations. Further details about the public health impact and social costs of decriminalization can be found in the September 12, 2018 Board of Health [meeting package](#) on pages 33-63.

Cannabis Tax Revenue

The Board of Health endorsed the resolution of Grey Bruce Health Unit and Hastings Prince Edward Health Unit urging the provincial government to dedicate a sufficient portion of the cannabis excise tax revenue from the federal government to local public health agencies in Ontario.

Next Meeting:

The next Board of Health meeting will take place on Wednesday, October 10, 2018 at 5:30 p.m. at Peterborough Public Health, Dr. J.K. Edwards Board Room, third floor, Jackson Square, 185 King St. in downtown Peterborough