Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, February 14, 2018 – 5:00 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough

1. **Call to Order**
   Councillor Henry Clarke, Chair

   1.1. **Welcome and Opening Statement**
   We acknowledge that where we meet is the land and territory of the Anishnaabeg [Ah-nish-naw-beg] people. We gather with gratitude to our Mississauga neighbours. We say "meegwetch" to thank them and other Aboriginal peoples for taking care of this land from time immemorial and for sharing this land with those of us who are newcomers. Out of that gratitude, we are called to treat the land, its plants, animals, stories, and its Peoples with honour and respect. We are all Treaty people.

   1.2. **Introduction: Donna Churipuy, Director Of Public Health Programs**
   Dr. Rosana Salvaterra, Medical Officer of Health

2. **Confirmation of the Agenda**

3. **Declaration of Pecuniary Interest**

4. **Consent Items to be Considered Separately**

   Board Members: *Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.2 a b c d e f g 9.3.1 9.3.2 9.3.3 9.3.4 9.3.5 9.3.6 9.3.7 9.4.1 a b c d e*

5. **Delegations and Presentations**

6. **Confirmation of the Minutes of the Previous Meeting**

   6.1. **January 13, 2018**

   - Cover Report (p. 5)

   a. Minutes – January 13, 2018

7. Business Arising From the Minutes

8. Staff Reports

8.1. Staff Presentation: Ontario Public Health Standards – Foundational Standard, Health Equity

Jane Hoffmeyer, Manager, Foundational Standards

- Cover Report (p. 12)
- Presentation

9. Consent Items

9.1. Correspondence for Direction *(nil)*

9.2. Correspondence for Information

- Cover Report (p. 18)

a. Karen McIntyre, Health Canada – Energy Drinks (p. 19)
b. Premier Wynne – Rowan's Law (p. 21)
c. MPP Jeff Leal to Minister Hoskins – Expert Panel Report (p. 22)
d. Dr. Salvaterra to Ministers Hoskins, Milczyn and Jaczek – Food Insecurity and Income Security (p. 23)
e. alPHa - Joint Letter OPHA – Income Security: A Roadmap for Change (p. 25)
f. alPHa - Email – Update for Board Chairs (p. 29)
g. Northwestern – Income Security: Roadmap for Change (p. 31)

9.3. Staff Reports

9.3.1. Report: Q4 2017 Peterborough Public Health Activities

Dr. Rosana Salvaterra, Medical Officer of Health

- Staff Report (p. 33)

a. Program Report
b. Communications and IT Report
c. Social Media Report
d. Finance Report

9.3.2. Staff Report: Health Equity Quality Improvement

Jane Hoffmeyer, Manager, Foundational Standards
Hallie Atter, Manager, Local Programs

- Staff Report (p. 46)

a. Health Equity Indicators 2017 Summary Report

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

9.3.3. Staff Report: Summary of Research Activities (2017)

Jane Hoffmeyer, Manager, Foundational Standards

- Staff Report (p. 53)

a. Summary Table of Peterborough Public Health Research Activities (2017)
b. OPHS 2018 Research Relevant Requirements

9.3.4. Staff Report: 2017 Complaints

Dr. Rosana Salvaterra, Medical Officer of Health

- Staff Report (p. 60)

9.3.5. Staff Report: 2017 Donations

Dale Bolton, Manager, Finance and Property

- Staff Report (p. 63)

9.3.6. Staff Report: 2017 Audit Letter of Engagement

Dale Bolton, Manager, Finance and Property

- Staff Report (p. 66)

a. Collins Barrow Kawarthas LLP Letter of Engagement

9.3.7. Staff Report: Signing Authorities

Larry Stinson, Director of Operations

- Staff Report (p. 74)

9.4. Committee Reports

9.4.1. Governance Committee

Mayor Mary Smith, Chair, Governance Committee

- Staff Report (p. 76)

a. Governance Committee Minutes, January 13, 2018
b. 2-60 Accommodations
c. 2-190 Sponsorship
d. 2-191 Sponsorship, EthicScan
e. 2-403 Ethics Reporting Policy

10. New Business

11. In Camera to Discuss Confidential Matters *(nil)*

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

12. Motions for Open Session ***(nil)***

13. Date, Time, and Place of the Next Meeting

Date: March 14, 2018
Location: Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough

14. Adjournment

ACCESSIBILITY INFORMATION: Peterborough Public Health is committed to providing information in a format that meets your needs. To request this document in an alternate format, please call us at 705-743-1000.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Board of Health Minutes – January 13, 2018**

Date: February 14, 2018

Proposed Recommendation:

That the minutes of the meeting held on January 13, 2018, of the Board of Health for Peterborough Public Health, be approved as circulated.

Attachments:

Attachment A – Board of Health Minutes, January 13, 2018

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, January 13, 2018 – 9:00 a.m.
Dr. J.K. Edwards Board Room
Jackson Square, 185 King Street

<u>In Attendance:</u>

Board Members:	**Councillor Gary Baldwin**
	Councillor Henry Clarke, Chair
	Mr. Gregory Connolley
	Ms. Kerri Davies
	Deputy Mayor John Fallis
	Councillor Lesley Parnell
	Ms. Catherine Praamsma
	Mr. Andy Sharpe
	Mayor Mary Smith
	Mr. Michael Williams
	Chief Phyllis Williams
	Councillor Kathryn Wilson
Regrets:	**Mayor Rick Woodcock**
Staff:	**Mr. Larry Stinson, Director of Operations**
	Ms. Natalie Garnett, Recorder
	Dr. Rosana Salvaterra, Medical Officer of Health
	Ms. Alida Gorizzan, Executive Assistant
	Ms. Brittany Cadence, Manager, Communications Services

---

1. <u>Call to Order</u>

Dr. Salvaterra, Medical Officer of Health called the meeting to order at 9:03 a.m.

1.1 <u>Recognition of Outgoing Board of Health Chair – Mayor Mary Smith</u>

Dr. Salvaterra, Medical Officer of Health thanked Mayor Smith for serving as Chair in 2017.

2. <u>Elections and Appointments</u>

2.1 Chairperson

Dr. Salvaterra, Medical Officer of Health called for nominations for the position of Chairperson.

MOTION:
That Councillor Clarke be appointed as Chairperson of the Board of Health for Peterborough Public Health for 2018.
Moved: Councillor Parnell
Seconded: Mr. Connolley
Motion carried. (M-2018-001)

Councillor Clarke assumed the Chair.

2.2 Vice-Chairperson

Councillor Clarke, Chair, called for nominations for the position of Vice-Chairperson.

MOTION:
That Councillor Wilson, be appointed as Vice-Chairperson of the Board of Health for Peterborough Public Health for 2018.
Moved: Mr. Connolley
Seconded: Mayor Smith
Motion carried. (M-2018-002)

MOTION:
- *That Mr. Sharpe, Mr. Connolley, Councillor Parnell, Mayor Smith, and Mr. Williams be appointed as members of the Governance Committee for 2018.*
- *That Ms. Davies, Deputy Mayor Fallis, Chief Williams, Councillor Wilson and Ms. Lori Flynn be appointed as members of the First Nations Committee for 2018*
- *That Councillor Baldwin, Ms. Praamsma, Chief Williams and Mayor Woodcock be appointed as members of the Stewardship Committee for 2018.*

Moved: Mr. Connolley
Seconded: Mr. Sharpe
Motion carried. (M-2018-003)

3. Establishment of Date and Time of Regular Meetings

MOTION:
That the regular meetings for the Board of Health in 2018 be held on the second Wednesday of each month (excluding July, August and December) starting at 5:30 p.m., or at the call of the

Chairperson.
Moved: Councillor Parnell
Seconded: Councillor Wilson
Motion carried. (M-2018-004)

4. Establishment of Honourarium for 2018

MOTION:
That the Board of Health for Peterborough Public Health defer establishing its honourarium for 2018 until 2017 compensation rates for employees are confirmed and that any subsequent increase then be made to Board members retroactive to January 1, 2018.
Moved: Councillor Parnell
Seconded: Councillor Baldwin
Motion carried. (M-2018-005)

5. Confirmation of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved: Deputy Mayor Fallis
Seconded: Mr. Connolley
Motion carried. (M-2018-006)

6. Declaration of Pecuniary Interest

7. Consent Items to be Considered Separately

MOTION:
That the following items be passed as part of the Consent Agenda: 12.2 a b c d e f g, 12.3, 12.4 and 12.5.
Moved: Councillor Parnell
Seconded: Mr. Sharpe
Motion carried. (M-2018-007)

MOTION (12.2):
That the Board of Health for Peterborough Public Health receive the following for information:

a. Letter dated December 19, 2017 from Premier Wynne in response to the Board Chair's initial letter dated November 29, 2017 regarding Child Care Worker Immunization.
b. Letter dated January 2, 2018 from the County of Peterborough to Minister Hoskins regarding the Expert Panel Report.
c. Letter dated January 9, 2018 from the Board Chair to Premier Wynne regarding Rowan's Law.

Correspondence from the Association of Local Public Health Agencies (alPHa):
d. Email dated December 12, 2017 regarding alPHa 2018 Provincial Election Policy Priorities
e. E-newsletter dated December 13, 2017
Letters/Resolutions from other Local Public Health Agencies:
<u>Nutritious Food Basket</u>
f. Sudbury and District
<u>Ontario Public Health Standards and Funding</u>
g. Renfrew

Moved: Councillor Parnell
Seconded: Mr. Sharpe
Motion carried. (M-2018-007)

MOTION (12.3):
That the Board of Health for Peterborough Public Health receive the staff report, Update: Guarding Minds at Work, for information.

Moved: Councillor Parnell
Seconded: Mr. Sharpe
Motion carried. (M-2018-007)

MOTION (12.4):
That the Board of Health for Peterborough Public Health receive the staff report, Procurement for Dental Clinic Renovation 2018, for information.

Moved: Councillor Parnell
Seconded: Mr. Sharpe
Motion carried. (M-2018-007)

MOTION (12.5):
That the Board of Health for Peterborough Public Health receive the staff update, Cannabis Legalization, for information.

Moved: Councillor Parnell
Seconded: Mr. Sharpe
Motion carried. (M-2018-007)

8. <u>Delegations and Presentations</u>

9. <u>Confirmation of the Minutes of the Previous Meeting</u>

9.1. <u>December 13, 2017</u>

MOTION:
That the minutes of the Board of Health for the Peterborough Public Health meeting held on December 13, 2017 be approved as circulated.

Moved: Councillor Parnell
Seconded: Deputy Mayor Fallis
Motion carried. (M-2018-008)

10. Business Arising From the Minutes

11. Staff Reports

11.1. Staff Presentation: Ontario Public Health Standards – Organizational Requirements

Dr. Salvaterra, Medical Officer of Health, provided a presentation on "Ontario Public Health Standards – Organizational Requirements."

MOTION:
That the Board of Health for Peterborough Public Health receive the following for information: Presentation: Ontario Public Health Standards – Organizational Requirements
Moved: Ms. Davies
Seconded: Mr. Connolley
Motion carried. (M-2018-009)

12. Consent Items

13. New Business

14. In Camera to Discuss Confidential Matters

15. Motions from In Camera for Open Session

16. Date, Time, and Place of the Next Meeting

The next meeting will be held February 14, 2018 in the Dr. J.K. Edwards Board Room, 3rd Floor, Peterborough Public Health, Jackson Square, 185 King Street, Peterborough, 5:30 p.m.

17. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Deputy Mayor Fallis
Seconded by: Councillor Parnell
Motion carried. (M-2018-010)

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

The meeting was adjourned at 10:03 a.m.

____________________________	____________________________
Chairperson	Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Ontario Public Health Standards – Foundational Standard, Health Equity**

Date: February 14, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health, receive the presentation, Ontario Public Health Standards – Foundational Standard, Health Equity, for information.

Attachments:

Staff Presentation: Ontario Public Health Standards – Foundational Standard, Health Equity

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Health Equity at Peterborough Public Health

Presentation to: Board of Health

Presentation by: Jane Hoffmeyer, Manager, Foundational Standards

Date: February 14, 2018

Defining Health Equity

- **Health Inequalities:** Differences in health status between groups.
- **Health Inequities:** Health inequalities that have the potential to be decreased by social action. Systemic, socially produced, unjust.
- **Health Equity:** When all people can reach their full health potential, without disadvantage due to socially determined circumstances.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Health Equity at PPH

- Working on Health Equity since 2003
  - Leader across the province
  - 2013-17 Strategic Plan key direction
- Staffing:
  - 2007, 1 Health Promoter
  - 2011, 2 Public Health Nurses
  - Current allocation is 4.2 full-time equivalent staff
- Internal working group/committees

Past Activities

- Data collection and reporting
- Public education campaigns
- Strengthening community partnerships
- Advocacy for healthy public policy
- Building capacity for health equity planning and programming at PPH
- Knowledge development and exchange

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Health Equity in the New OPHS

- A new Health Equity Standard is one of four Foundational Standards in the Ontario Public Health Standards (OPHS)
- Four new Requirements, six Program Outcomes
- Also in Organizational Requirements and specific Program Standards
- Health Equity Guideline provides details on approaches and strategies

New Health Equity Requirements

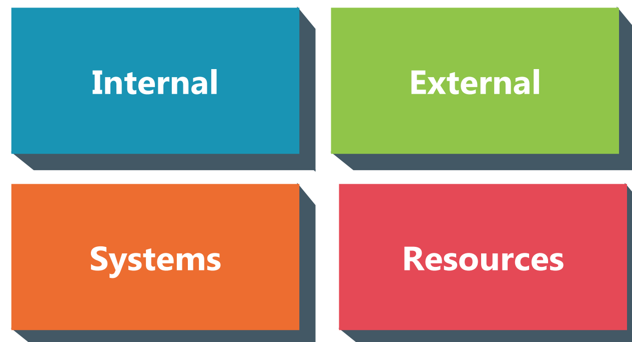
- Assess and report to the community
- Modify and orient interventions
  - Engage priority populations
  - Implement targeted strategies
- Engage in multi-sectoral collaboration with municipalities, LHINs, Indigenous communities and others
- Lead and support healthy public policies

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Monitoring PPH's progress

- PPH led the development of a standardized evidence-informed quality improvement tool in 2016 containing 15 indicators
- Staff report describes the initial application of this tool at PPH
- Recommendations need to be prioritized in view of new standards, guidelines

Moving Forward



NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Moving Forward

- Engagement with those most affected
- PPH will continue to provide leadership and innovation
- Exciting opportunity to enhance our lens and mindset, creating a culture of health equity – convergence of historical strategic direction with ministry directive
- Aligns with our values and approaches
- Make a difference

Questions?

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence for Information

Date: February 14, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the following for information:

a. Letter dated January 3, 2018 from Karen McIntyre, Health Canada to the Board Chair, in response to the initial letter dated October 31, 2017 regarding energy drinks.

b. Letter dated January 11, 2018 from Premier Wynne to the Board Chair, in response to the initial letter dated January 8, 2011, regarding Rowan's Law.

c. Letter dated January 16, 2018 from MPP Leal to Minister Hoskins regarding the Expert Panel report.

d. Letter dated February 1, 2018 from Dr. Salvaterra on behalf of the Board Chair, to Ministers Hoskins, Milczyn and Jaczek regarding food insecurity and income security.
(Note: This letter comments on the income security report referenced below, items e & g)

Correspondence from the Association of Local Public Health Agencies (alPHa):

e. Letter, January 5, 2018 – Joint letter with the Ontario Public Health Agency regarding the report Income Security: A Roadmap for Change.
References:
Full Report - Income Security: A Roadmap for Change (web hyperlink)
https://www.ontario.ca/page/income-security-roadmap-change#section-16
Backgrounder: Prepared by the Income Security Advocacy Centre (web hyperlink)
http://incomesecurity.org/publications/social-assistance-reform/Income-Security-Roadmap-for-Change-ISAC-Backgrounder-Nov-17-2017.docx

f. E-mail, January 22, 2018 – Update for Board Chairs

Letters/Resolutions from other Local Public Health Agencies:

Income Security: Roadmap For Change

g. Northwestern

RECEIVED

JAN 11 2018 R.S.

Peterborough Public Health

Santé Canada Health Canada

251 Sir Frederick Banting Driveway
Tunney's Pasture,
Ottawa, Ontario K1A 0K9

January 3, 2018

Her Worship Mary Smith
Board of Health Chair
Peterborough Public Health
Jackson Square, 185 King Street
Peterborough, ON K9J 2R8

Dear Mayor Smith:

Thank you for your correspondence of October 31, 2017, concerning the restriction of marketing and sale of caffeinated energy drinks (CEDs) to children and youth. I apologize for the delay in responding.

At Health Canada, we are committed to helping Canadians maintain and improve their health. As part of this commitment, Health Canada has launched the Healthy Eating Strategy in October 2016, which aims to help make the healthier choice the easier choice for Canadians, through several complementary initiatives that improve the food environment. Restricting the marketing of unhealthy food and beverages to children is one component of this strategy. We are also looking at improving healthy eating information, strengthening labelling and claims, improving the nutritional quality of foods, and supporting increased access to and availability of nutritious foods.

With regard to restricting the marketing of unhealthy food and beverages to children, Health Canada is considering the nutrient profiles of foods rather than targeting specific food categories. Specifically, Health Canada is proposing to define "unhealthy" foods as those containing sugars, sodium and/or saturated fats in excess of set thresholds. These three nutrients were selected given their association with increased risk of diet-related chronic disease. For more information, please see our June 2017 pre-consultation document, *Toward Restricting Unhealthy Food and Beverage Marketing to Children* and our recently released *Consultation Report*.

At this time, caffeine content alone would not impact whether a product would be considered "unhealthy" for the purposes of child marketing restrictions. That said, we note that many (if not most) CEDs are high in sugar and would likely exceed set thresholds and, as such, would be captured within the definition of "unhealthy" and subject to marketing restrictions. CEDs high in sugar would be subject to the proposed mandatory front-of-package labelling requirements as well. Furthermore, all labels of CEDs are required to carry caution statements, including the statement "Not

recommended for children, pregnant or breastfeeding women and individuals sensitive to caffeine".

In terms of other measures, Health Canada is still in the process of collecting and assessing data related to the safety and consumption of caffeinated products. As you may know, Health Canada has not yet developed definitive advice for adolescents 13 and older because of insufficient data. Data collected as part of the Temporary Marketing Authorization for CEDs will help us address information gaps and revise, as necessary, federal policies and regulations regarding caffeine. Please rest assured that we are closely monitoring the situation and that any action taken by the Department will be done with the view to protect the health and safety of Canadians, especially vulnerable populations such as children.

Concerning your suggestion about restricting the point of sale of CEDs, I would like to note that point of sale falls under provincial jurisdiction. I have taken the liberty of forwarding your correspondence to the Honourable Dr. Eric Hoskins, Ontario's Minister of Health and Long-term Care, for his consideration.

I hope that my comments are helpful in addressing your concerns.

Thank you for writing.

Yours sincerely,

Karen McIntyre
Director General, Food Directorate

Canada

The Premier of Ontario

Legislative Building, Queen's Park
Toronto, Ontario M7A 1A1

La première ministre de l'Ontario

Édifice de l'Assemblée législative, Queen's Park
Toronto (Ontario) M7A 1A1

January 11, 2018

Her Worship Mary Smith
Chair, Board of Health
Peterborough Public Health
Jackson Square
185 King Street
Peterborough, Ontario
K9J 2R8

Dear Mayor Smith:

Thank you for taking the time to send your letter on behalf of the Board of Health for Peterborough Public Health regarding Rowan's Law Day and Bill 193, An Act to enact Rowan's Law (Concussion Safety), 2017. I appreciate your support and your kind words for the work our government is doing to protect amateur athletes.

My colleagues in government and I are committed to ensuring the safe participation of all Ontarians in amateur sport. Bill 193, if passed, will make Ontario a national leader in concussion management and prevention.

Once again, thank you for your support. Please accept my best wishes.

Sincerely,

Kathleen Wynne
Premier

c: The Honourable Eleanor McMahon

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

JEFF LEAL, MPP

Peterborough

RECEIVED

JAN 24 2018 R.S.

Peterborough Public Health

January 16, 2018

The Honourable Dr. Eric Hoskins
Minister of Health and Long - Term Care
10th Floor, Hepburn Block
Toronto, Ontario
M7A 2C4

Dear Eric,

I recently had the opportunity to meet with the chair, Ms. Mary Smith, and senior staff from Peterborough Public Health, to discuss their response to your Ministry's Expert Panel on Public Health in Ontario. It was a very productive conversation. I have included for your review the backgrounder prepared by Peterborough Public Health on this matter. I have also included a briefing note from A.M.O. on this same issue.

I want to thank you for taking the time to review this matter.

Yours sincerely,

Original Signed by
Jeff Leal, MPP

Jeff Leal

Cc: Ms. Mary Smith
Mayor – Municipality of Selwyn
Chair – Peterborough Public Health
185 King Street
Peterborough, Ontario
K9J 2R8

Constituency Office
236 King Street, Peterborough, ON K9J 7L8
Tel 705-742-3777 | Fax 705-742-1822 | Email jleal.mpp.co@liberal.ola.org

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

February 1, 2018

Hon. Dr. Eric Hoskins, MPP
Minister of Health and Long-Term Care
ehoskins.mpp.co@liberal.ola.org

Hon. Helena Jaczek, MPP
Minister of Community and Social Services
hjaczek.mpp@liberal.ola.org

Hon. Peter Milczyn, MPP
Minister Responsible for Poverty Reduction, Minister of Housing
pmilczyn.mpp.co@liberal.ola.org

Dear Honourable Ministers:

We are writing to provide an update on food insecurity in our community. The results of the 2017 Nutritious Food Basket costing for Peterborough Public Health were accepted at the October 2017 Board of Health meeting and released to the public, raising the concern that local poverty and food insecurity rates continue to rise. There is an urgent need to address the economic barriers that people living with low incomes experience in accessing nutritious food. Food insecurity is a serious public health issue because individual's health and well-being are tightly linked to their household food security.[1]

The cost of the Nutritious Food Basket in Peterborough City and County in May, 2017, for a reference family of four (male between 31-50 years of age, female 31-50 years of age, 14 year old boy, 8 year old girl) is $899 per month. For many in our community, incomes are too low and people do not have enough money to pay for their basic needs including shelter and healthy food. This issue poses serious health risks for our community. Some groups are of particular concern due to their high rates of food insecurity. These include those who live on fixed incomes (30% of households with children under the age of 18 years and 38% of low-income households) (CCHS, 2011/12 – 2013/14).

Families who rely on social assistance for income support are highly vulnerable. A single mother in Peterborough with two children whose source of income is Ontario Works can expect 42% of her income to be required for rent. According to Canada Mortgage and Housing, housing is affordable when it costs 30% or less of monthly income. Based on the Nutritious Food Basket calculations, this family would also need to spend 35% of their total income to eat a nutritious diet, leaving almost nothing left over for other necessities. The situation of a single man receiving Ontario Works in Peterborough is even more dire. He could expect to spend 87% of his income on rent alone. In order to cover the costs of both shelter and nutritious food, he would be in a deficit of $198 each month. It is clear that social assistance rates in Ontario do not reflect the actual costs of shelter and nutritious food.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Being food insecure means that people are unable to take advantage of the benefits of a healthy diet that impacts physical and mental health and overall wellbeing. Adults in food insecure households have higher rates of numerous chronic conditions including depression, diabetes and heart disease.[2]

We ask that you consider the real-life scenarios described above when making decisions at the Cabinet table and within your Ministries that can impact food insecurity along with the livelihoods and health of all Ontarians. In particular, we urge that the evaluation of the Ontario Basic Income Pilot includes measures of food insecurity rates using the Household Food Security Measurement Module of the Canadian Community Health Survey.

It is also critical that the recommended changes to social assistance programs, as outlined in ***Income Security: A Roadmap for Change*** be implemented to support the health of Ontario citizens currently receiving Ontario Works and Ontario Disability Support Program benefits. We agree with the recommendations in the October, 2017 report, but believe that the 10-year timetable for implementation should be greatly accelerated, particularly for those related to achieving income adequacy and the proposed "Ontario Housing Benefit". Both the costing of the Nutritious Food Basket and local housing must be considered when determining social assistance rates. As well, it is imperative that additional benefits such as the Special Diet Allowance must be continued as a critical component in support of the health of food insecure individuals with diagnosed health conditions.

We look forward to following the implementation of social assistance reform and the Ontario Basic Income Pilot as promising ways to decrease food insecurity and improve the health of Peterborough residents.

Sincerely,

Original signed by

Rosana Salvaterra, MD, MSc, CCFP, FRCPC
Medical Officer of Health
on behalf of
Councillor Henry Clarke
Chair, Board of Health

cc: Dr. David Williams, Ontario Chief Medical Officer of Health
Local MPPs
The Association of Local Public Health Agencies
Ontario Boards of Health

[1] Tarasuk, V, Mitchell, A, Dachner, N. (2016). Household food insecurity in Canada, 2014. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from http://proof.utoronto.ca

[2] Ibid.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

January 5, 2018

Hon. Helena Jaczek
Minister of Community and Social Services
6th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 1E9

Dear Minister Jaczek,

On behalf of the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA), we are writing to provide feedback on the recently released "Income Security: A Roadmap for Change" report.

Our associations, representing the public health sector, are member-based and not-for-profit. OPHA represents the public health workforce and is comprised of a diverse membership of 10 public health and community health associations and individuals from the public health, health care, academic, voluntary and private sector. alPHa provides leadership to the boards of health and public health units in Ontario. Membership is open to the 36 public health units in Ontario. alPHa works closely with board of health members, medical and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration.

Together, our associations have established a joint Work Group on Health Equity. The Work Group focuses on advocating for policies at all levels that reduce inequities in health and on promoting activities that address the social and economic determinants of health within the mandate of public health units in Ontario. The interest of our members in seeing improvements made to the provincial social security system arises from our understanding of current research linking lower incomes with poorer health status and outcomes. This link is also well outlined in the Roadmap Report. Our Health Equity Work Group reviewed the Report and prepared this response.

Previously, one or both of our associations have made submissions on related issues such as Basic Income (in 2015), the Ontario Poverty Reduction Strategy (in 2013 and 2008), the minimum wage (in 2013), and the 2012 report from the Commission for the Review of Social Assistance in Ontario. In 2017, alPHa and OPHA passed Resolutions on the Public Health sector's Response to the Truth and Reconciliation Commission Calls to Action.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

First, we want to commend your government for commissioning this broad review of the Ontario income security system. The three working groups represented a wide range of perspectives layering expertise with lived experience and Indigenous representation to focus on low income and income security issues.

The Roadmap promotes taking a fundamentally different approach, putting people – and their needs and rights – at the centre of the income security system. We believe the major directions and recommendations of this report are insightful and far-reaching. If implemented, we believe that the proposed changes would have a significant impact on income and health.

We are particularly supportive of the following areas:

- Adoption of the six guiding principles as a basis for change is a crucial step needed to move away from the current 'punitive' system. The six guiding principles: adequacy, human rights, reconciliation, access to services, economic and social inclusion, and equity and fairness follow from the recommended new vision for Ontario's income security system, in which:

  "All individuals are treated with respect and dignity and are inspired and equipped to reach their full potential. People have equitable access to a comprehensive and accountable system of income and in-kind support that provides an adequate level of financial assistance and promotes economic and social inclusion, with particular attention to the needs and experience of Indigenous peoples" (p.69).

- Making a commitment to moving towards income adequacy
  - Establishing an adequate Minimum Income Standard that sets a goal for income assistance programs as per the recommendations made in the Report about first using the Low Income Measure (LIM) - with 30% more for people with disabilities - and eventually moving towards developing a transparent Ontario Market Basket Measure.

- Providing immediate help to those in deepest poverty and continuing to raise income assistance rates to meet the goal of the Minimum Income Standard
  - It is imperative to move on making regular and sustained increases in income support levels - the steps as outlined in the Report provide a solid plan to follow to progress toward income adequacy. We strongly urge the government to provide immediate increases in assistance levels to those in greatest need.

- Improving the broader income security system
  - Ensuring that all low-income adults receive Pharmacare, dental, vision, hearing, and medical transportation benefits, phased in over the next ten years starting with prescription drug coverage for all low-income adults.
  - Creating a portable housing benefit is critically needed now in Ontario.

- Transforming the social assistance system, including a First Nations-based approach
  - Transforming social assistance including legislative reform and establishing a culture of collaboration and problem solving, trauma-informed, equity-informed and anti-racist practices.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

    - Taking an ‘assured income’ approach for disability, that is, establishing a basic income for those with a disability.
    - Creating a flat rate structure in Ontario Works and modernizing Ontario Works income and asset rules

- Respecting First Nations jurisdiction and ensuring adequate funding
    - It is reassuring to see a substantial focus on Indigenous populations as having considerable need and a very unique context, including the recommendation for self governance of social assistance.

- In order to increase accountability, we support the Roadmap’s recommendation to ensure government reporting take place, with follow-up by a third party, concerning the changes that are planned. A performance measurement framework should be put in place on both an individual and system level to assess how these policy changes are affecting our communities and health.

We would like to see reform of the income security system go further than proposed in the Report in certain areas, as follows:

- In terms of Recommendation #5 about making essential health benefits available to all low-income people starting with those in the deepest poverty, we believe dental coverage should be extended to low income Ontarians beyond the age of 65 as many low income seniors do not have insurance coverage.
- We also recommend that access to mental health counselling services be extended to all low income individuals.
- In addition to the portable housing benefit recommended in the Report, which we strongly support, we believe the provincial government needs to take more measures to increase the supply of affordable, livable housing. As part of this, we urge the government to explore provincial participation in the recently announced National Housing Strategy.
- We believe a basic income approach should be taken to Ontario Works and the entire low income population - working or not.

In summary, we are very supportive of the recommendations and general direction of the Roadmap, and hope that it receives positive and swift action by your government. The Report sets out a progressive, phased ten-year plan for how change should happen, and the investments that government should make in the first three years. As a first priority, we emphasize the need for your government to act immediately to increase social security rates. This government must take action now to make life better for low-income people in Ontario.

We understand the Ministry will release its own report taking into consideration the strategies presented in this document. With this in mind, please accept our appreciation for the opportunity to share our thoughts with you.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

We would value an opportunity to engage further with the government on this issue. Should you wish to discuss our feedback in greater detail, please contact Pegeen Walsh, Executive Director, OPHA at pwalsh@opha.on.ca or Loretta Ryan, Executive Director, alPHa at loretta@alphaweb.org.

Sincerely,

President
Association of Local Public Health Agencies

President
Ontario Public Health Association

cc:

Hon. Kathleen Wynne, Premier of Ontario
Hon. Charles Sousa, Minister of Finance
Hon. Peter Milczyn, Minister of Housing and Minister Responsible for the Poverty Reduction Strategy

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

alPHa
Association of Local
PUBLIC HEALTH
Agencies

2 Carlton Street, Suite 1306
Toronto ON M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

Providing leadership in public health management

UPDATE FOR BOH CHAIRS – January 2018

2018 Provincial Election Policy Priorities

In anticipation of the June provincial election, alPHa sent Ontario's party leaders, health critics and the Minister of Health and Long-Term Care its five key election policy priorities (tobacco endgame, oral health for adults, universal pharmacare, opioid strategy, and cannabis legalization). Developed by the alPHa Election Task Force, the priorities each contain a call to action to government to improve Ontarians' health in a specific area and to support a strong, local public health system. In January, alPHa made customizable templates of these priority actions available to boards of health and health units for distribution to electoral candidates in their jurisdictions. Boards of health have also been encouraged to meet with their candidates to discuss the policy priorities. The goal is to influence election policies and platforms while raising awareness on these important public health issues.
View alPHa's 2018 election policy priorities

Patients First Activities

Activities related to Patients First continue to be monitored by alPHa. Both alPHa and the COMOH section submitted their responses to government on the Expert Panel on Public Health's report, *Public Health within an Integrated Health System*. The submissions have been shared widely with the alPHa membership, and can be viewed by clicking the links below. A special resource page has also been created on the alPHa website to house these responses as well as those by various health units, and other background materials related to the Expert Panel's report. The alPHa Board of Directors has also compiled a summary table of over 40 responses to the report, many of which include submissions by health units. Four major themes common to the health unit responses were identified and suggest the need for ongoing dialogue with the province concerning the report recommendations.
Read alPHa's response to the Expert Panel report
Read COMOH's response to the Expert Panel report
View the summary table of over 40 public health responses to the Expert Panel report

As as a follow up to the November BOH Section meeting (see below) and next step, the BOH Executive Committee prepared a communications package to help boards of health and their municipalities to express further concerns on the Expert Panel recommendations. Boards of health were asked to encourage their municipalities to write the Minister of Health on these concerns and endorse municipal resolutions that do not support the recommendations. Templates for the letter and resolutions were provided by alPHa.

Ontario Public Health Standards

Many health unit staff, including alPHa representatives, attended the Ministry of Health and Long-Term Care's Public Health Summit held on November 16. The summit was held to officially launch the modernized *Ontario Public Health Standards: Requirements, Services, and Accountability*, which identify the minimum expectations for public health programs and services to be delivered by the 36 boards of healt. Ministry staff also used the event to provide more context on the various transformation activities

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

affecting the public health sector. These include the Expert Panel, the new Standards, regulatory changes, and health system planning with Local Health Integration Networks and implementation issues. Commitment was expressed by Ministry staff to continue collaborating with the sector on these changes.

Provincial Auditor's Report

In December, alPHa wrote the Minister of Health in response to last month's release of the 2017 Report of the Office of the Auditor General. alPHa's letter focused on the report's chapter related to public health and Chronic Disease Prevention, and welcomed the opportunity to review the Auditor General's recommendations together with the Minister to further strengthen chronic disease prevention and increase population health outcomes.

Recap: Boards of Health Section Meeting, Nov. 3, 2017

The alPHa Boards of Health Section held a successful meeting on November 3 in Toronto. Representatives from 20 boards of health heard guest presentations on the recent changes to the *Municipal Act, 2001*; research on collaboration between Public Health Units and Local Health Integration Networks; reflections on the Expert Panel report by the Association of Municipalities of Ontario; and an update from the Chief Medical Officer of Health on Zika virus and the Ontario Opioids Strategy. Closing out the day was an informative workshop on the drivers of and barriers to transformational change (i.e. large-scale change in which the end state is unclear). The next scheduled BOH Section meeting is February 23, 2018 (see below).

Upcoming Events and Meetings for All Board of Health Members

February 23, 2018 - alPHa Boards of Health Section Meeting, Novotel Toronto Centre, 45 The Esplanade, Toronto. View draft agenda here and to attend, register here.

June 10-12, 2018 – alPHa 2018 Annual Conference, Novotel Toronto Centre, 45 The Esplanade, Toronto.

June 12, 2018 (during alPHa Annual Conference) – alPHa Boards of Health Section Meeting, Novotel Toronto Centre, 45 The Esplanade, Toronto.

Next alPHa Board of Directors Meeting

The alPHa Board of Directors will meet next on February 2, 2018. If your board of health has any issues it would like raised at the alPHa Board meeting, please contact your regional representative on the alPHa Boards of Health Section Executive Committee.

This update was brought to you by your regional representative on the Boards of Health Section Executive Committee of the alPHa Board of Directors. alPHa provides a forum for member boards of health and public health units in Ontario to work together to improve the health of all Ontarians. Any individual who sits on a board of health that is a member organization of alPHa is entitled to attend alPHa events and sit on its various committees.

January 5, 2018

Sent via email to: incomesecurity@ontario.ca; mcssinfo.css@ontario.ca

Ministry of Community and Social Services
80 Grosvenor St - Hepburn Block - 6th Floor
Toronto ON M7A 1E9

Dear Minister Jaczek,

I am writing as the Medical Officer of Health of Northwestern Health Unit to provide feedback on the recently released report called “Income Security: A Roadmap for Change”. As the Medical Officer of Health, I lead the local public health agency in Northwestern Ontario that covers part of the Kenora District and the Rainy River District, and includes 19 municipalities and 40 First Nation communities[1]. Local public health agencies implement programs and services that promote health, prevent illness and protect from disease.

Research has established the strong relationship between income and health. With increasing income, there are improvements in a wide scope of health outcomes including life expectancy, mortality and morbidity of cancers, heart disease, lung disease, mental health, addictions and substance misuse, and infectious diseases[2]. For the population of Northwestern Ontario, there are high rates of mental health, addictions, chronic diseases such as cancer and lung disease, and life threatening infectious diseases such as hepatitis C and invasive group A streptococcus[3]. Poverty/low income is a significant contributor to the high rates of these diseases.

Poverty and low-income intersect and impact other social determinants of health including housing, education, early childhood development, access to affordable and healthy foods (food security) and social inclusion[2]. Inequities in health brought about by these social factors can be challenging to change. Poverty/low-income is a core issue that must be addressed in order to improve food insecurity, early childhood vulnerability, housing inadequacy and overall health.

I applaud the work that has been carried out in to produce “Roadmap for Change”. The recommendations of the report can have substantial population health improvements for the individual, the family, the community, and future generations.

1. Northwestern Health Unit 2. The Canadian Facts 3. Health Statistics - Northwestern Health Unit 4. Cost of Eating in Northwestern Ontario

Northwestern Health Unit

www.nwhu.on.ca

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

In particular, I stress the importance of the following:

1. ***Income adequacy*** to ensure affordable housing and food security. Northwestern Health Unit often has the highest cost of food in Ontario with remote First Nation communities being particularly affected. Northwestern Ontario statistics indicate that current social assistance rates are distressingly inadequate considering the cost of food and housing[4].
2. Income as it relates to ***early childhood development***. Early childhood experiences are affected by family income[2]. Poverty/low-income contributes to family stress, food insecurity, social exclusion, and decreased opportunities which can have detrimental effects on the critical period of the early years. Early childhood development has lifelong impacts on health outcomes, high school completion rates, educational attainment, employment success and subsequent demands on the social service and criminal justice system. I strongly support the recommendations under *Income Supports for Children*
3. Income as it relates to ***housing***. Safe, stable and affordable housing is necessary for addressing health concerns and maintaining good health[2]. Northwestern Ontario is plagued with high rates of mental health and addictions. Recovery from such illnesses would be challenging for anyone and is particularly difficult without stable housing. I strongly support the recommendations under *Ontario Housing Benefit.*

As a public health and preventive medicine specialist and a Medical Officer of Health, I fully support the recommendations of "Roadmap to Change". Moving forward with the recommendations of this report will be **investing in human health and wellbeing**, will lead to the improvements in population health, and will decrease future demands on the health care system, social service system and justice/enforcement system.

Sincerely,

Dr. Kit Young Hoon, Medical Officer of Health
Northwestern Health Unit

Copy: Hon. Kathleen Wynne, Premier of Ontario
Hon. Peter Milczyn, Minister Responsible for the Poverty Reduction Strategy
Hon. Eric Hoskins, Minister of Health and Long-term Care
Hon. Michael Coteau, Minister of Child and Youth Services
Sarah Campbell, MPP, Kenora – Rainy River
Dr. David Williams, Chief Medical Officer of Health, Ontario
Board of Health, Northwestern Health Unit

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Report: Q4 2017 Peterborough Public Health Activities**

Date: February 14, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the report, Q4 2017 Peterborough Public Health Activities, for information.

Attachments:

Attachment A – Program Report
Attachment B – Communications and IT Report
Attachment C – Social Media Report
Attachment D – Finance Report

Quarter 4 2017 Status Report
(Oct. 1 – Dec. 31, 2017)

Overall Compliance Status

Ontario Public Health Standard Mandated Programs	Status
Child Health	7/7
Chronic Disease Prevention	11/14
Food Safety	7/7
Foundational Standards	11/13
Health Hazard Prevention and Management	9/9
Infectious Diseases (including tuberculosis) Prevention and Control	24/24
Oral Health	14/14
Prevention of Injury and Substance Misuse	0/5
Public Health Emergency Preparedness	8/8
Rabies Prevention and Control	7/8
Reproductive Health	6/6
Safe Water	13/14
Sexual Health, Sexually Transmitted Infections and Blood-borne Infections	12/12
Vaccine Preventable Diseases	12/13
100% Funded Programs	**Status**
Healthy Babies, Healthy Children	ME
Infant and Toddler Development	ME
Safe Sewage Disposal	ME

ME: Meeting Expectations   PME: Partially Meeting Expectations

Chronic Disease Prevention
Hallie Atter, Manager, Community Health

Program Compliance:
Requirement 3, 4, 11: Due to limited staff capacity, not all areas of focus listed in the requirements can be completed. Areas that are not fully addressed include healthy eating, healthy weights, physical activity and alcohol use.

Foundational Standards
Jane Hoffmeyer, Manager, Community Health;

Program Compliance:
Recruitment of Epidemiologists (1.0 Full Time Equivalent (FTE) Regular and 1.0 FTE Temporary) and a Health Promoter has enhanced capacity. With staffing shortfalls in previous quarters full compliance has not been achieved.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Program Policy and Funding Issues:
Early analysis of new 2018 Standards and available protocols and guidelines suggest the need for a review of team and organizational capacity to meet minimum requirements.
Bill 148 has passed. Implementation will take place in January, 2018 and is anticipated that it will be a topic area requiring further education and advocacy support.

Peterborough Public Health staff provided a coordinated response and input into City and County Official Plan update processes.

Prevention of Injury and Substance Misuse
Hallie Atter, Manager, Community Health

Program Compliance:
Requirement 1,2,3,4 &5: All five requirements include comprehensive work to be completed in four areas. Due to staffing resource limitations, we are partially compliant in all five requirements.

Program Policy and Funding Issues:
Provincial Cannabis Legislation
Provincial legislation was passed on December 12, 2017. The details released this fall clarified that recreational cannabis can only be used by adults 19 years of age and older and only in private residences. The legislation will be enforced by police services. As the enforcement will be done by the police, we anticipate minimal staff time to refer callers/complainants to the appropriate enforcement service. Public health however, will be responsible for enforcing legislation related to the use of medical marijuana in public spaces through the Smoke Free Ontario Act. We are not anticipating many complaints except, possibly, for multi-unit dwellings.

The Ontario Cannabis Retail Corporation has been established and the government plan is to have 40 stores open for the 2018 deadline. Peterborough has been chosen to have one of these first 40 stores. While the specific site has not been determined, both regional school boards have met with the City of Peterborough to ensure that the site is not close to schools.

Rabies Prevention and Control
Atul Jain, Manager, Environmental Health

Program Compliance:
There was one (1) case of rabies that was not reported to this organization within the 24 hour time period by external agencies. This provides a total completion rate for 2017 of 99% (323/326), as compared 2016 (95%) and 2015 (93%). Overall, there was a decrease of 41 cases in 2017, compared to 2016. This indicates that the PPH education and outreach program conducted in early 2017, has been successful with regards to reporting of rabies cases by external agencies.

Safe Water
Atul Jain, Manager, Environmental Health

Program Compliance:
There were two (2) inspections for public pools (in one facility) that were not completed in the fourth quarter. This provides a completion rate of 18/20 (90%) as each pool receives four compliance inspections per year. Inspections were not competed due to capacity issues and other environmental health program priority issues, such as foodborne illnesses, outbreaks and extensive health hazard investigations.

Vaccine Preventable Diseases
Edwina Dusome, Manager, Communicable Diseases

Program Compliance:
All but one of the Program Requirements have been met. The collection and assessment of child care attendees was not completed in 2017. A plan is in place to obtain immunization information from these attendees using the immunization portal. Assessment of records will occur in 2018.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Communications – Q4 2017

Brittany Cadence, Manager, Communications & IT Services

Media Relations

Activity	Q4 comparison	
	2017	2016
Total media products produced (news releases, audio files, letters to the editor, monthly Examiner columns, op eds, BOH meeting summaries, etc.)	46	43
Number of media interviews	24	17
Number of media stories captured directly covering PPH activities	80	52

Activity	Yearly Totals				
	2017 (ytd)	2016	2015	2014	2013
Press releases/media products issued	181	158	165	111	141
Media interviews	86	92	82	109	118
Number of media stories directly covering PPH activities	329	340	540	475	427

Communications Highlights:

- Completed 163 Communications tickets (work requests) this quarter, for a year-end total of 680 tickets for 2017.
- Collaborated extensively with community partners to support communications regarding the mumps outbreak.

Information Technology - 2017 Q4

Note: this report is provided from the Information Technology (IT) team and is intended to summarize major projects and provide a snapshot of the overall health of PPH systems.

System Status This Quarter:

Service Description	Planned Outage Time/ % downtime of total	Unplanned Outage Time/ % downtime of total	Total Uptime
MS Exchange Email server	0 / 0%	0 mins	100%
Phone server	0 / 0%	0 mins	100%
File server	0 mins/ 0%	80 mins	99.99%
Backup server	0 mins/ 0%	0 mins	100%

Total Number of Helpdesk Tickets Served:

- 397 tickets (work requests) from October 1, 2017 – December 31, 2017, for a year-end total of 1426 tickets for 2017.

IT Highlights:

- Installed *BookAnItem* inventory management software.
- Upgraded staff to Microsoft Office 2013.
- Cleaned up global contacts to match Emergency Response Management System (ERMS).

Peterborough Public Health

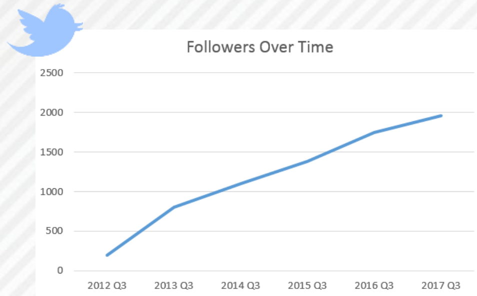
Follow us @Ptbohealth

SOCIAL MEDIA Q4 REPORT

Oct 1 – Dec 31/17

Breadth… How many people are connecting with us on our social media channels?

Twitter: In Q4 our followers grew **2.2%** to **2001**



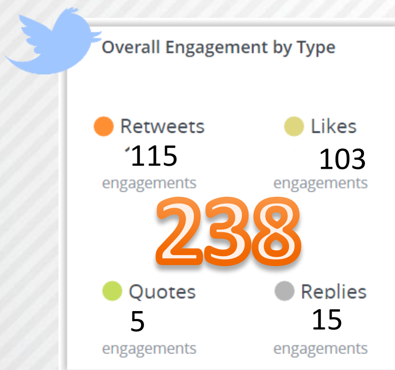
94 tweets *Q4*
+13

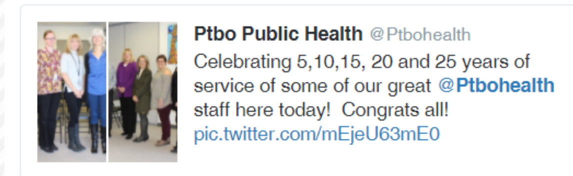
822 fans

18 new fans

41,895 *webpage views* *-11%*

Direct Engagement… How did people interact with us on social media?

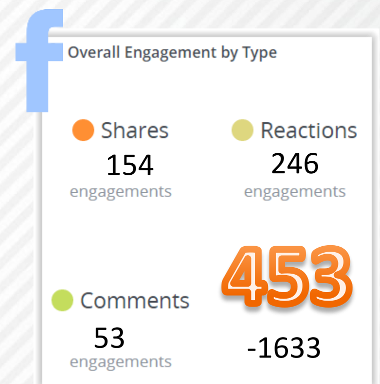




most popular tweet

11.9% **engagement rate**

86 engagements



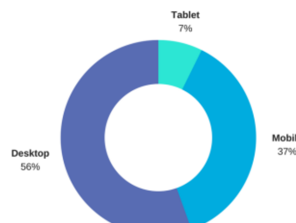
Depth… How are people reaching us and what are they looking for?

TOP 10

pages: peterboroughpublichealth.ca

Homepage: 7583
Employment: 2596
Contact Us: 2068
Food Handler Course: 1308
Influenza Clinics: 1233
Clinics and Classes: 815
For Professionals: 631
My Life and Health: 601
Food Handler Course Dates: 582

website visitors by device



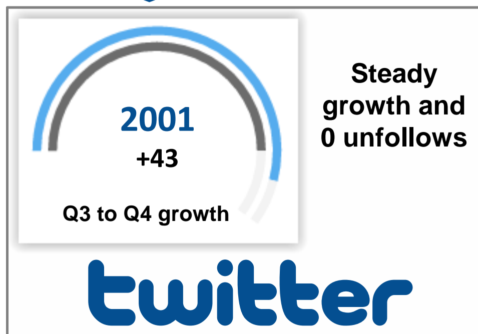
Click throughs from tweet/post to our website

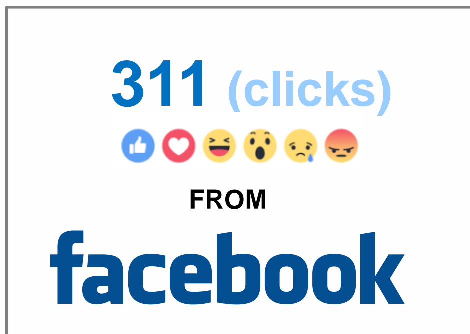
187

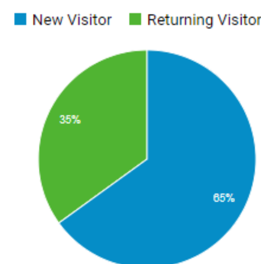
311

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Loyalty… How are we doing at keeping our visitors engaged?







www.peterboroughpublichealth.ca

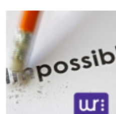
Customer Experience… What are people saying about us on social media?

Campaigns… How did our coordinated social projects perform?

Ad Campaigns – No ad campaigns this quarter

Social Media Push Campaigns –

Ptbo Public Health @Ptbohealth
Be tobacco-free by the end of fall and quit smoking for good this #thanksgiving. Order FREE patches/gum @ http://ltpb.org/nrt pic.twitter.com/lVZfMHDIMr



Ptbo Public Health @Ptbohealth
18-29 and looking to quit smoking? Quitting doesn't have to be impossible! Make quitting smoking a possibility! Register for the chance to win up to $2,500 and double your chances

Ptbo Public Health @Ptbohealth
#makequitmemorable this #Thanksgiving and order 8 weeks of free nicotine patches/gum to quit for good @ http://ltpb.org/nrt pic.twitter.com/ZazbhBcNfz

Ptbo Public Health @Ptbohealth
Today is the day. Win $1,000 for cutting back your smoking!
Not ready to quit? Cut back your smoking and you could win $1,000! Register today! Open to 18-29 yr olds. #leavethepackbehind #quitsmoking http://ow.ly/rAT830gL7df pic.twitter.com/xwbsq7nVdj

Engagements Total number of times a user interacted with a Tweet.

Engagement rate: Number of engagements divided by impressions

Impression: Times a user is served a Tweet in timeline or search results

Promoted Tweet: Are ordinary Tweets purchased by advertisers who want to reach a wider group of users to spark engagement

Impression: Times a user is served a Tweet in a timeline or search results

Handle: another word for username specific to Twitter and represented by an @ symbol (e.g. @Ptbohealth)

Mention: A Tweet that contains another user's @handle anywhere in the body of the Tweet. Used to "call out" to someone and will land in their notifications timeline.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Finance – Q4 2017
Dale Bolton, Manager, Finance

Highlights:

- The financial report compares the approved budgets and results from the fourth quarter financial operations of 2017. Most programs operated within the approved Ministry budgets. The report (attachment A) is not audited and is presented given the most up-to-date information and estimates of accruals available. The status of the Board's financial operations and any significant variances are provided in the comments.

- There were two areas of significant variance from approved allocation: the Needle Exchange Program; and the Healthy Smiles Ontario Program.

  The Needle Exchange Program is funded 100% by the MOHLTC. The funding request for 2017 was $60,000 as program expenditures have continued to increase over the past few years. In the Ministry approval received in November 2017, the Ministry did not approve an increase in base funding. Instead one-time funding of $15,000 was approved until March 31, 2018. On January 24, 2018, PPH received an amended approval for the Needle Exchange Program with an annualized base funding increase of $12,000. In 2017, the program will receive a pro-rated portion of the funding of $9,000. These additional on-going base funds will provide the needed financial support to address the increasing demand for the program.

  The Healthy Smiles Ontario Program reported underspending in 2017 due primarily because some staffing positions planned to support the new protocol and outreach were not filled during the year. In 2018, plans for full implementation of the HSO protocol are in progress with anticipated expenditures in line with the current Ministry approval.

- The Ministry did not approve requested funding increases for the 100% Ministry Funded programs. In 2017, the costs for the 100% programs can be managed through mandatory programs and other related programs due to savings recognized. Unfortunately, without increases in the 100% Funded programs it is becoming increasingly difficult to balance these budgets. Without additional funding, existing programs and services will be impacted. The Board will need to continue communicating with the Province about the funding shortfalls and the potential impact this will have on program operations without funding increases.

Attachments:
Attachment A – Q4 2017 Financial Update

Financial Update Q4 2017 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2017									
	Type	2017 Funding Request	Approved by Board	Approved By Province $	Approved by Province	Expenditures to Dec. 31	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared (CS)	7,202,667	09-Nov-16	7,202,667	15-Nov-17	7,202,667	100.0%	MOHLTC	Operated within approved Ministry budget.
Mandatory Public Health Programs - Occupancy costs	CS	518,267	09-Nov-16	518,267	15-Nov-17	518,267	100.0%	MOHLTC	Operated within approved Ministry budget.
Small Drinking Water Systems	CS	90,800	09-Nov-16	90,800	15-Nov-17	90,800	100.0%	MOHLTC	Operated within approved Ministry budget.
Vector- Borne Disease (West Nile Virus)	CS	76,133	09-Nov-16	76,133	15-Nov-17	59,588	78.3%	MOHLTC	West Nile Virus program finished end of September. Anticipated being underspent for 2017.
Infectious Disease Control	100%	228,345	11-Feb-17	222,300	15-Nov-17	222,300	100.0%	MOHLTC	Operat within approved Ministry budget.
Infection Prev. & Control Nurses	100%	94,300	11-Feb-17	90,100	15-Nov-17	90,100	100.0%	MOHLTC	Operated within approved Ministry budget.
Healthy Smiles Ontario (HSO)	100%	763,100	11-Feb-17	763,100	15-Nov-17	671,250	88.0%	MOHLTC	**Operating within budget. Overall results from 2017 show program significantly underspent as some staffing positions planned for program were not hired during the year due to potential uncertainty of budget approval.**

	Type	2017 Funding Request	Approved by Board	Approved By Province $	Approved by Province	Expenditures to Dec 31.	% of Budget	Funding	Comments
Enhanced Food Safety	100%	25,000	11-Feb-17	25,000	15-Nov-17	25,000	100.0%	MOHLTC	Operating within budget.
Enhanced Safe Water	100%	15,500	11-Feb-17	15,500	15-Nov-17	15,500	100.0%	MOHLTC	Operated within approved Ministry budget.
Needle Exchange Initiative	100%	60,000	11-Feb-17	54,000	24-Jan-18	51,057	94.6%	MOHLTC	Operated within approved Ministry budget, received on January 24/18. MOH approved a increase in annual base funding of $12,000. In 2017, a pro-rated portion of the funding will be received, in the amount of $9,000 to support the increased demand.
Social Determinants of Health Nurses Initiative - Nurses Commitment	100%	190,675	11-Feb-17	180,500	15-Nov-17	180,500	100.0%	MOHLTC	Operated within approved Ministry budget.
Chief Nursing Officer Initiative	100%	126,250	11-Feb-17	121,500	15-Nov-17	121,500	100.0%	MOHLTC	Operated within approved Ministry budget.
Smoke Free Ontario (SFO) - Control	100%	100,000	11-Feb-17	100,000	15-Nov-17	100,000	100.0%	MOHLTC	Operated within approved Ministry budget.
SFO - Enforcement	100%	202,100	11-Feb-17	202,100	15-Nov-17	202,100	100.0%	MOHLTC	Operated within approved Ministry budget.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

	Type	2017 Funding Request	Approved by Board	Approved By Province $	Approved by Province	Expenditures to Dec. 31	% of Budget	Funding	Comments
SFO - Youth Prevention	100%	80,000	11-Feb-17	80,000	15-Nov-17	80,000	100.0%	MOHLTC	Operated within approved Ministry budget.
SFO - Prosecution	100%	6,700	11-Feb-17	6,700	15-Nov-17	3,803	56.8%	MOHLTC	Operated within approved Ministry budget.
Electronic Cigarettes Act - Protection & Enforcement	100%	30,500	11-Feb-17	29,300	15-Nov-17	29,300	100.0%	MOHLTC	Operated within approved Ministry budget.
Harm Reduction Enhancement	100%	0	13-Sep-17	150,000	15-Nov-17	150,000	100.0%	MOHLTC	Ministry did not request budget submission for 2017. Ministry approval sufficient in current year to support program activities.
Medical Officer of Health Compensation	100%	51,054	NA	51,054	15-Nov-17	51,054	100.0%	MOHLTC	Operated within approved Ministry budget.
Healthy Babies, Healthy Children	100%	928,413	12-Apr-17	928,413	15-Nov-17	928,413	100.0%	MCYS	Operated within approved Ministry budget.

One-Time Programs Funded April 1, 2017 to March 31, 2018

	Type	2017 Funding Request	Approved by Board	Approved By Province $	Approved by Province	Expenditures to Dec. 31	% of Budget	Funding	Comments
AODA Website	100%	26,500	11-Feb-17	26,500	15-Nov-17	0	0.0%	MOHLTC	Funding will be spent before March 31, 2018 within Ministry guidelines.
Healthy Menu	100%	50,300	11-Feb-17	12,500	15-Nov-17	0	0.0%	MOHLTC	Funding will support the hiring PHI for 8 weeks during Jan. - Mar. 2018 for initiative.
PHI Practicum	100%	30,000	11-Feb-17	10,000	15-Nov-17	0	0.0%	MOHLTC	Funding will support the hiring of 1 practicum students for 12 weeks during Jan. - Mar. 2018.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Needle Exchange Initiative	100%	0	11-Feb-17	41,539	15-Nov-17 24-Jan-18	0	0.0%	MOHLTC	MOH approved in November 2017, one-time funding of $15,000. Amended approval of one-time funding received on January 24, 2018, for program in the amount $26,539. Funding will be spent before March 31, 2018 within Ministry guidelines.
Radon Kits	100%	10,000	11-Feb-17	10,000	15-Nov-17	0	0.0%	MOHLTC	Funding will be spent before March 31, 2018 within Ministry guidelines.
Healthy Smiles Ontario Outreach	100%	0	11-Feb-17	15,000	15-Nov-17	0	0.0%	MOHLTC	Funding will be spent before March 31, 2018 within Ministry guidelines.
Enhanced Tobacco Cessation	100%	30,000	11-Feb-17	30,000	15-Nov-17	7,946	26.5%	MOHLTC	Operating within budget. Efforts will be made to spend budget before March 31, 2018 within Ministry guidelines.

Programs funded April 1, 2017 to March 31, 2018

	Type	2017 - 2018	Approved by Board	Approved By Province $	Approved	Expenditures to Dec. 31	% of Budget	Funding	Comments
Infant Toddler and Development Program	100%	245,821	08-Mar-17	245,821	26-Jun-17	184,965	75.2%	MCSS	Operating just above budget. Anticipate being within budget by end of fiscal period.
Speech	100%	12,670	Annual Approval	NA	NA	9,503	75.0%	FCCC	Operating within budget
Healthy Communities Challenge Fund		206,250	NA		NA	180,923	87.7%		Original budget was initially until December 31, 2017. Ministry approval to carry forward funds until March 31, 2018. Anticipate spending balance of program funds before the end of March.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Funded Entirely by User Fees January 1 to December 31, 2017									
	Type	**2017**	**Approved By Board**	**Approved By Province $**	**Approved By Province**	**Expenditures to Dec. 31**	**% of Budget**	**Funding**	**Comments**
Safe Sewage Program		382,389	12-Nov-14	NA	NA	376,222	98.4%	FEES	Program funded entirely by user fees. Expenditures are within budget. Revenue from User Fees exceeded expenditures resulting in a small surplus for the year.
Mandatory and Non-Mandatory Re-inspection Program		99,500	12-Nov-14	NA	NA	83,494	83.9%	FEES	Program funded entirely by user fees. Expenditures are within budget. Revenue from User Fees exceeded expenditures resulting in a surplus for the year.

Programs funded through donations and other revenue sources January 1 to December 31, 2017									
	Type	**2017**	**Approved By Board**	**Approved By Province $**	**Approved By Province**	**Expenditures to Dec. 31**	**% of Budget**	**Funding**	**Comments**
Food For Kids, Breakfast Program & Collective		50,042	NA	NA	NA	57,689	115.3%	Donations	Budget based 2016 actuals. Operating above budget. Excess expenditures offset by donations.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Peterborough Public Health

Staff Report

Health Equity Quality Improvement

Date:	February 14, 2018
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Hallie Atter, Manager Community Health Jane Hoffmeyer, Manager Foundational Standards

Proposed Recommendations

That the Board of Health for Peterborough Public Health (PPH) receive the report, *Health Equity Indicators 2017 Summary Report,* for information.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

The Board of Health has not previously made a decision with regards to this matter.

Background

In April 2016, a Public Health Ontario-funded Locally Delivered Collaborative Project (LDCP) published a new tool comprised of evidence-based, pilot-tested indicators intended to support the work of local public health agencies to address healthy inequity as required by the Ontario Public Health Standards. This new set of indicators was based on a set of important public health roles identified by the National Collaborating Centre for Determinants of Health (NCCDH). These roles are broadly conceptualized into four categories as follows: 1) Assess and Report, 2) Modify/Orient, 3) Engage and 4) Lead/Participate. The LDCP research also identified the need for an additional (fifth) role referred to as 5) Organizational and System Development.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Use of the tool by Ontario public health agencies is currently voluntary. In effect, it is a quality improvement tool that is available to be applied at the public health agency level. But since it was supported by a review of the existing research and pilot tested in four different Ontario public health units it also holds the potential to encourage knowledge exchange and learning across the local public health field.

Within PPH, the new indicator tool was embraced by the internal Health Equity Coordinating Committee. The Committee agreed that the use of the tool was a priority action for their 2017 work plan. The summary report generated from the first application of this tool is attached (Attachment A). A link to the 70 page tool is included in the summary report.

Rationale

2018 Ontario Public Health Standards require that the board of health is informed about staff activities to assess organizational effectiveness and to ensure "that a culture of quality and continuous organizational self-improvement" exists. (OPHS 2018: pg. 67)

Strategic Direction

This staff report is directly relevant to the following thematic areas of the current PPH Strategic Plan.

- Determinants of Health and Health Equity.
- Quality and Performance.

Contact:

Jane Hoffmeyer
Manager, Foundational Standards
705) 743-1000, ext.332
jhoffmeyer@peterboroughpublichealth.ca

Hallie Atter
Manager, Community Health
(705) 743-1000, ext. 380
hatter@peterboroughpublichealth.ca

Attachments:

Attachment A – Health Equity Indicators 2017 Summary Report

References:

Ministry of Health and Long-Term Care. 2018. Ontario Public Health Standards (OPHS).

Attachment A

Health Equity Indicators 2017 Summary Report

Prepared by:
Hallie Atter, Manager – Community Health
Jane Hoffmeyer, Manager – Foundational Standards
January, 2018

Background:

In April 2016, a Public Health Ontario-funded Locally Delivered Collaborative Project (LDCP) published a new tool comprised of evidence-based, pilot-tested indicators intended to support the work of local boards of health and their organizations to address healthy inequity as required by the Ontario Public Health Standards[1]. This new set of indicators are based on the public health roles identified by the National Collaborating Centre for Determinants of Health[2] with the enhancement of a fifth role that arose from the research process. These roles are broadly conceptualized into the following categories:

1) Assess and Report - Public health agencies are expected to use reliable and valid data to identify the needs of populations then engage the community to understand the meaning of the information and foster action.

2) Modify/Orient - Public health agencies are expected to modify and orient their programs to meet local needs. To attain this they must first engage and understand the needs among local populations as well as the availability of existing services that support those needs.

3) Engage - Addressing systemic influences on health cannot be achieved in isolation. Public health agencies should engage in a variety of ways with people who are most affected, local service providers and system influencers to prioritize and engage in shared action.

4) Lead/Support/Participate - Public health agencies should collaborate with multiple sectors and their leadership to advocate for action on public policy that will strengthen the determinants of health and result in lessened health inequities.

5) Organizational and System Development - This level of action focusses on the existence of internal policies and practices as evidenced by strategic plans or human resource practices especially those that enable a diverse and knowledgeable workforce.

Use of the tool by Ontario public health agencies is voluntary. In effect, it is a quality improvement tool that is applied at the public health agency level but since it was created in a collaborative manner under the guidance of a research team funded by PHO it also holds the potential to encourage knowledge exchange and learning between local public health agencies.

Within Peterborough Public Health (PPH), the new indicator tool was embraced by the Health Equity Coordinating Committee. The Committee agreed that the use of the tool was a priority action for their 2017 work plan.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Tool Description:

The tool is comprised of 15 different indicators. Each indicator, in turn, includes of a mix of closed and open-ended questions. The indicators are organized by the five aforementioned public health role categories. For example, the "Engage" role category has two indicators: one assesses the status of an organizational community engagement strategy and the other assesses the status of community-based collaborations in which the public health agency participates. The final question within each indicator requires the respondent(s) to generate recommendations specific to that indicator.

The tool is designed to collect data from within a 12 month period previous to the data collection point (i.e. it is retrospective and a point in time assessment).

Methodology:

Data collection. The indicator tool was completed with input through a two stage process. First, a working group within the PPH's internal Health Equity Coordinating Committee completed the tool using a consensus group technique. Next, program managers were forwarded the semi-completed tool with a request to complete sections that the working group wanted confirmed or completed by the managers.

Data analysis. The content within the completed tool was analyzed by the authors to generate a summarized assessment of organizational strengths as well as areas of potential growth. In addition, the authors offer their assessment of the process of applying the tool along with recommendations for the future use of the Health Equity Indicators User Guide.

Findings:

Key Strengths

Assess and Report

PPH routinely conducts analyses of available quantitative data that can be stratified by a range of demographic and/or socioeconomic variables when data is available. Examples of recent reports include the Nutritious Food Basket Report (annual) and the Low Income and Health Report (2017). These reports are circulated to partner organizations and are posted on the PPH website.

A new procedure to ensure consistent practices in the development and dissemination of health status reports was implemented in 2016.

Modify/Orient

PPH actively modifies and re-orients its programs and services so that they better meet the needs of priority populations through the use of three different tools: a pre-operational planning checklist, a health equity mapping checklist, and an "addressing barriers" checklist. Program reviews that were conducted between 2014 and 2016 included time for teams to

reflect on their use of these tools and the changes that occurred in their programming as a result.

Engage

There are a variety of examples demonstrating that members of priority populations experiencing health inequities have participated in the development and delivery of public health agency-led programs and services. We also have developed a Community Engagement Strategy which includes a guiding framework, logic model and work plan.

Lead/Support/Participate

The data collected suggests that PPH has a large range and depth of engagement levels with a large scope of partner organizations. One example is PPH's action on improved communications and collaboration with local governments.

Organizational and System Development

PPH staff have been engaged in cross-sectoral advocacy for policy development ranging from employment to gender issues to early childhood development.

Identified Areas of Potential Growth

Assess and Report

PPH has limited access to disaggregated data that would allow for the valid measurement of absolute inequity or relative health inequity levels. Analyses based on cause-specific outcomes has not been conducted. The primary challenge for the Peterborough region is that sample size of existing national or provincial data sets are too small to enable valid trending analyses at the neighbourhood level or within some sub-populations (e.g. new immigrants).

Modify/Reorient

Some of our programs/services provided to priority populations experiencing health inequities have been assessed to ensure that they are provided in a culturally competent manner. There is recognition of the need to strive for improved cultural competency, however no formal or consistent organizational approach has been developed yet.

Engage

There is room to improve staff awareness of the community engagement framework that has been endorsed by the Management Committee and encourage the framework's application during program planning and implementation**.** The implementation of the community engagement strategy has been limited by capacity and competing demands.

Lead support Participate

Currently all Board of Health motions are tracked in a database. The analysis of motions related to health advocacy in this database relied on an inexact filtering process so there is a potential that not all relevant motions were identified. Preliminary discussions have suggested a need to rank advocacy priorities to ensure efficient and effective use of limited resources.

Organizational and System Development
Currently PPH does not have a human resources strategy to ensure diversity in our workforce. The results also identified a need for an HR mechanism for setting staff health equity professional development goals and identification of needs for staff training.

Process of Collecting Data

Some questions within the tool appeared to be interpreted differently by those respondents who were not part of the consensus group. This resulted in a range of responses and differing levels of specificity. For example, a review of the responses within Role #1 “Assess and Report”, suggests that respondents didn’t apply a consistent understanding of what it means to have community members from priority populations “involved in data collection”.

The data collection process seems to require a significant investment of staff time to enable input from both the “consensus group” and directly from program managers or other relevant staff. The data collection phase extended beyond a six month period making the data start and end dates less clear.

Finally, the tool was not designed to facilitate an exploration of barriers to achieving an indicator prior to generating recommendations. As a result, the recommendations that were generated reflect more of a brainstorming approach rather than an evidence-informed or strategically-framed set of recommendations.

Next Steps/Recommendations:

Overall, it is recommended that the Manager of Foundational Standards provide leadership in ensuring that PPH continues to collect and act on evidence that will ensure continued quality improvements related to our health equity-focused activities. The five roles proposed by the Guide provide a strong framework to follow.

The following action items should be used to set improvement objectives with the additional consideration of: a) the new Health Equity Standards and Guidelines (pending) issued by the Ministry of Health and Long Term Care, b) organizational readiness and evidence from the literature, and c) organizational capacity.

Assess and Report

- Improve the design, coordination and cross-analysis of health status reports to ensure a common focus on health equity.
- Increase access to sustained valid and reliable local data (e.g. additional funding to purchase or collect raw data, organizational partnerships, sector collaboration, advocate for enhancement of existing data sets).
- Improve skill of staff to analyze data in order to produce stratified reports.
- Review PPH’s new health status report guidelines and make improvements to dissemination guidelines.

Modify/Re-orient

- Develop a consistent organizational approach to ensure culturally appropriate programming.
- Ensure that cultural competency training is ongoing.
- Ensure all staff can articulate the definition of priority population in use by PPH.
- Assess client experience for cultural competency/safety.

Engage

- Advance the existing Community Engagement Strategy including guidance on how to include priority populations in identifying needs or in developing and evaluating initiatives/programs.

Lead/Support/Participate

- Improve database filtering strategy to ensure all relevant Board of Health motions related to health equity are captured.

Organizational and System Development

- Consider the potential to make changes to human resource tools (e.g. performance reviews) and hiring practices.
- Explore how the health equity direction within the current PPH strategic plan will be considered within new strategic plan.

Process of collecting data

- Adapt the guide/tool to incorporate new Ministry requirements/guidelines specific to Health Equity.
- Consider using a different process for collecting data and allocate sufficient staff time for data collection to shorten the data collection phase for this tool. For example, the validity of results would be improved by performing key informant interviews led by one interviewer so that question interpretation is consistent between program managers and staff.
- Expand the process for generating recommendations to allow for deeper analysis (e.g. apply the 5 W's) and a consideration of evidence from the literature.

References:

1. Public Health Ontario; April 2016. Health Equity Indicators for Ontario Local Public Health Agencies: User Guide.

2. National Collaborating Centre for Determinants of Health; 2013. Let's Talk: Public health roles for improving health equity.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Peterborough Public Health

Staff Report

Summary of Research Activities (2017)

Date:	February 14, 2018
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Jane Hoffmeyer, Manager, Foundational Standards

Proposed Recommendations

That the Board of Health for Peterborough Public Health receive the staff report, *Summary of Research Activities (2017),* for information.

Financial Implications and Impact

There is no direct financial impact.

Decision History

Board of Health policy requires staff to provide a summary of research activities on an annual basis for information purposes.

Background

Until very recently, local public health agencies (LPHAs) in Ontario have been guided by the Ontario Public Health Standards (OPHS) established in 2008 by the Ministry of Health and Long-Term Care (MOHLTC), and the Organizational Standards developed by the MOHLTC and the Ministry of Health Promotion and Sport. Within these now past set of standards there were a total of five requirements related to research activities.

An internal Research Committee was active between 2008-2016 and over that time period developed a set of policy and procedures (Organizational Policy #15-100:"Evidence Generating Activities") and put in place organizational systems to document the level of PPH research activity. The practice of providing an annual report to the Board of Health was initiated by the Committee to ensure board of health members were knowledgeable about this aspect of PPH operations. To date, the PPH Board of Health has received two prior Research Summary reports describing nine separate research projects in which the organization has either led or been a co-contributor.

The positive role of research continues to be acknowledged within the new set of public health standards in effect as of January 1, 2018. These standards view research as being fundamental to effective public health practice and PPH research practices should be considered during organizational transparency and quality improvement processes.

The internal Research Committee no longer exists but the implementation of new research-related requirements has been assigned to the Manager, Foundational Standards.

Rationale

2018 Ontario Public Health Standards require that the board health is informed about organizational activities related to research and evaluation.

Strategic Direction

This staff report is directly relevant to the following thematic areas of the current PPH Strategic Plan.

- Capacity and Infrastructure
- Quality and Performance

Contact:

Jane Hoffmeyer
Manager, Foundational Standards
(705) 743-1000, ext. 332
jhoffmeyer@peterboroughpublichealth.ca

Attachments:

Attachment A – Summary Table of Peterborough Public Health Research Activities (2017)
Attachment B – OPHS 2018 Research Relevant Requirements

Attachment A - Summary Table of Peterborough Public Health Research Activities (2017)

General Overview

In 2017, PPH became involved in one new research project. Three projects that were active in 2016* continued their work into 2017. The table below provides a summary of research projects. PPH's role is either as lead investigator or as a co-contributor to the research.

Principle Investigator Organization (s)	Project Title	Summary	Status
Peterborough Public Health; Trent University; Fleming College	**Sexual Health Survey***	The purpose of this study is to examine the sexual health-related behavioural practices of the local community. This information is intended to assist in the design and delivery of sexual health services and programming for local residents and students.	Phase 1 data being gathered at Trent, Fleming and PPH Sexual health Clinic. Data collection completion date extended into 2018 due to Fall 2017 strike at community colleges across Ontario.
Halliburton Kawartha and Pine Ridge District Health Unit; Middlesex London Health Unit (Locally Driven Collaborative Project)	**Measuring Food Literacy***	Year 1: To identify and summarize the attributes* of food literacy including food skills, in the literature. Determine which attributes of food literacy, including food skills, are priorities for measurement and tool development. *Attribute defined: The quality or feature regarded as a characteristic or inherent part of someone or something Year 2 and 3: (December 2017 to May 2019) To develop a food literacy measurement tool for use with youth (age 16-19 years), and	Year 1 funding completed June, 2017. Year 1 Outputs include: • Rigorous and systematic review of peer reviewed and grey literature completed. • 15 food literacy attributes with descriptors, identified and organized into 5 categories: Food and Nutrition Knowledge, Food Skills, Self-efficacy and Confidence, Ecologic, and Food Decisions. • Final Scoping Review report completed and manuscript published in Public Health Nutrition -Identifying attributes

Principle Investigator Organization (s)	Project Title	Summary	Status
		young parents and pregnant women (aged 16-25 years) at risk for poorer health.	of food literacy: a scoping review. (Note this paper was highlighted as the Nutrition Society Paper of the Month in August) • 3 Delphi rounds completed with key stakeholders (n= 47 -80) , Sept. – Nov., 2016 • 15 food literacy attributes identified via scoping review - revised and reduced to 11 • Manuscript under final review for submission
Precarious Employment Research Initiative (PERI) Project Group Group membership includes: Peterborough Public Health; Workforce Development Board;	**Precarious Employment Research Initiative (PERI)*** (previously referenced in 2016 report as "PEPSO Employment Research Study")	This study is based on research done by McMaster University within the Poverty and Employment Precarity in Southern Ontario (PEPSO) work. PERI replicated the process used in Toronto and London. The goal is to have local information about people's employment and working conditions as well as the impact on their health. The research will be used by Peterborough Public Health as well as several community partners in identifying future areas of focus for program and service delivery, public	Data collected by Leger (completed December 18, 2016) Several general data reports were generated by Dr. Lewchuk (February to April, 2017) The Committee developed a research framework where an overview and seven themes will be highlighted in separate information briefs. The thematic chapters include income, employment relationship, discrimination, health, household well-being, children, and community participation.

Principle Investigator Organization (s)	Project Title	Summary	Status
City of Peterborough Social Services; Peterborough and District Labour Council; United Way of Peterborough; Literacy Ontario Central South; and Dr. Fergal O'Hagan. Financial and initial analysis support from Dr. Wayne Lewchuk, McMaster University		awareness and education and policy development.	Workforce Development Board staff are doing further data analysis and interpretation work and Peterborough Public Health staff is providing report writing and graphic design services. In addition, Dr. Fergal O'Hagan, Assistant Professor at Trent University will supervise an upper year student in conducting an analysis of the health data from the survey. This work will be done in partnership with PPH. The overview report is anticipated to be released in March. The Health report will be completed in early 2018 as well. It is the group's goal to have all the InfoBriefs released by mid-year.
Windsor Essex County Health Unit (Locally Driven Collaborative Project)	**Children Count Pilot Study**	This pilot study will utilize the school climate survey currently mandated by the Ministry of Education for coordinated health surveillance and planning for children and youth in Ontario. The pilot study will test the feasibility of a coordinated data collection system by expanding climate survey content to incorporate a health	Two year project underway. REB approval granted Project steering committee to be formed School pilot sites being recruited in 2018 Memorandums of Understanding and questions for survey module to be developed subsequently.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Principle Investigator Organization (s)	Project Title	Summary	Status
		module. The proposed health module will capture priority areas identified by the Children Count Report including: mental health, healthy eating and physical activity. Research findings will be disseminated through an implementation guide.	

Attachment B – Research specific Requirements within the 2018 OPHS

Foundational Standards

“5. The board of health shall engage in knowledge exchange activities with public health practitioners across the province, policy-makers, academic and community partners, health care providers, and the public regarding factors that determine the health of the population as informed by population health assessment, surveillance, research, and program evaluation.

6. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange activities, which may include those conducted by the board of health alone or in partnership or collaboration with other organizations.

7. The board of health shall use a variety of communication modalities, including social media, taking advantage of existing resources where possible, and complementing national/provincial health communications strategies.” (OPHS, 2018: pg. 25)

Good Governance

14. The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: a) Delivery of programs and services; b) Organizational effectiveness through evaluation of the organization and strategic planning; c) Stakeholder relations and partnership building; (OPHS, 2018: pg.67-8)

Reference: Ministry of Health and Long-Term Care. 2018. Ontario Public Health Standards.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Staff Report

2017 Complaints

Date:	February 14, 2018	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
Original approved by		
Rosana Salvaterra, M.D.		

Proposed Recommendations

That the Board of Health for Peterborough Public Health receive the staff report, *2017 Complaints,* for information.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

The Board of Health's policy and procedure (2-280, Complaints) requires the Board be advised annually about complaints received.

Background

During the 2016 calendar year, the organization received four complaints. In comparison, there were no complaints in 2016, and five complaints were received in 2015.

All were responded to within the fourteen days of receipt. A summary of the complaints has been included below:

No.	Nature of Complaint	Comments	Status
1	Complaint regarding a food premise inspection.		Resolved.
2	Complaint regarding perceived additional expectations	The complainant reacted to written materials that were provided at a workshop. An in person meeting took place to address these concerns. PPH received helpful feedback for future communications with this sector.	Resolved.
3	Complaint regarding a food premise inspection.	The complainant took issue with the conduct of a Public Health Inspector (PHI) which was assigned to the premise. The complaint was investigated, and it was determined that the actions of the PHI were within the scope of their duties. A supervisor accompanied the PHI on the follow-up inspection.	Resolved.
4	Complaint regarding a food premise inspection.	The complainant took issue with the conduct of a Public Health Inspector (PHI) which was assigned to the premise. The complaint was investigated, and it was determined that the actions of the PHI were within the scope of their duties. A supervisor accompanied the PHI on the follow-up inspection.	Resolved.

Comments

Peterborough Public Health strives to respond to all complaints in a timely and respectful manner.

Strategic Direction

This staff report applies to the Board of Health strategic direction of *Quality and Performance.*

Contact:

Dr. Rosana Salvaterra
Medical Officer of Health
(705) 743-1000 x264
agorizzan@peterboroughpublichealth.ca

Peterborough Public Health

Staff Report

2017 Donations

Date:	February 14, 2018
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Dale Bolton, Manager, Finance and Property

Proposed Recommendation

That the Board of Health for Peterborough Public Health receive the staff report, *2017 Donations*, for information.

Financial Implications and Impact

For the year ending December 31, 2017, Peterborough Public Health (PPH) received a total of $32,787 in charitable donations for programs.

Decision History

Organizational policy requires the Board of Health be advised annually about donations received.

Background

Peterborough Public Health received its charitable status in 2010 and is able to issue charitable receipts.

To provide the Board with information on donations, an analysis was completed for the last two years comparing the number of external donations, donations by designation and donations by donor type.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

An “external” donation is defined as the donor writing a cheque to PPH and receiving a charitable receipt.

Internal charitable donations from our employees are received through payroll deduction, which are receipted through their T4. In 2017, seventy-nine employees made charitable donations through payroll deductions, with donations being directed to the public health programs and/or the United Way. A total of $12,588 was donated by PPH employees through payroll contributions to the United Way and PPH programs.

Board members have also made donations to the organization over the two years. These donations are included in the Individual Donations table below.

In 2017, Peterborough Public Health received $2,089 after transactions fees through the donation web site *Canada Helps*. The funds are reflected below under individual donations.

Table 1: Donations Year over Year – Peterborough Public Health Programs

Year	**2016**	**2017**
Total Cheques / Cash Received	$97,932 (59 donors)	$25,712 *(35 donors)*
Total On-Line Canada Helps	$2,482 (50 donors)	$2,089 *(36 donors)*
Total Payroll Deductions	$3,964 (45 donors)	$4,986 *(43 donors)*
Total Donations	**$104,378**	**$32,787**

Table 2: External and Payroll Donations by Designation

Program	**2016**	**2017**
Collective Kitchens	$5,703	$5,914
Community Kitchen	$70,342	$334
Contraceptive Assistance Fund	$951	$979
Dental Treatment Assistance Fund (DTAF)	$3,128	$3,419
Food for Kids (FFK)	$22,974	$20,449
Food Security	$168	$659
Healthy Babies, Health Children (HBHC) Equipment and Supply Fund	$680	$984
Prenatal Classes for Young Parents	$236	$50
Undesignated	$196	$ -

Table 3: Donations by Donor Type

Donor Type	**2016**	**2017**
Business	$80,183	$15,358
Church	$7,695	$7,485
Individual	$4,749	$7,075

Payroll Deduction	$3,964	$1,190
Service Clubs/Foundations	$7,787	$1,679

Comments

Food for Kids, Dental Treatment Assistance Fund and Collective Kitchens activities rely heavily on donations. FFK continues to receive some larger donations from a local service club and food supply businesses to support ongoing school breakfast program activities. The Community Kitchen donations for 2017 decreased significantly from the prior year as the fundraising campaign for the establishment of Myrtle's Kitchen finished with the opening in June 2016. Overall, donations for most public health programs increased in 2017 allowing programs to continue and to support members of the community in 2018.

Conclusions

The generous donations from community residents, local businesses, our employees and Board members demonstrate their willingness to provide financial support to programs that positively impact the members of the community.

In 2017, the Board gave direction to staff to seek support for a fundraising planning, referred to as a legacy campaign. Philanthropy specialists would be asked to develop promotional tools for ongoing donations from public heath supporters. The Board has engaged in a contract with The Dennis Group Inc. for this work. A report on phase one of the project will be shared with the Board in June 2018.

Peterborough Public Health will continue to:

- inform the public we are a charitable organization and welcome donations;
- use www.canadahelps.org as a convenient way to make donations;
- develop a legacy fundraising campaign in 2018; and,
- profile these specific programs/funds on the PPH website, and in applicable PPH publications and resources.

Strategic Direction

Donations enable Peterborough Public Health to achieve the strategic goals of Capacity and Infrastructure and Determinants of Health and Health Equity by enhancing program resources and improving access to programs, services and resources for those individuals and families in the community.

Contact:

Dale Bolton, Manager, Finance and Property
(705) 743-1000, ext. 302
dbolton@peterboroughpublichealth.ca

Peterborough Public Health

Staff Report

2017 Audit Letter of Engagement

Date:	February 14, 2018
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Dale Bolton, Manager, Finance and Property

Proposed Recommendation

That the Board of Health for Peterborough Public Health:
- Receive the staff report, *2017 Audit Letter of Engagement*, for information;
- engage the audit services of Collins Barrow Chartered Accountants LLP; and
- authorize the Chair and Vice-Chair to sign the Letter of Engagement.

Financial Implications and Impact

Agreement will result in the annual audit fees which are part of the approved budget.
If the Letter of Engagement is not signed, the auditor will not be able to carry out the audit.

Decision History

Approval of the Letter of Engagement is required annually.

Background

Before the turn of this century auditors required their clients to sign a “Letter of Engagement” appointing the auditor, directing the auditor to audit the books of account and committing the organization to pay for the audit once the work was done. Then due to accounting scandals (such as Worldcom or Encon) the audit societies increased the responsibilities and requirements of auditors, including reporting to the Board any relationships they may have with the Board.

These relationships include:

- Holding a financial interest, directly or indirectly, in the Board;
- Holding a position, directly or indirectly, that gives the right or responsibility to exert
- significant influence over the financial or accounting policies of the Board;
- A personal or business relationship with immediate family, close relatives, partners or retired partners of the Board;
- Having an economic dependence on the work of the Board; and
- Providing services to the Board other than auditing (for example: consulting services).

The auditors have not identified any relationship.

The auditors have committed to expressing an opinion on whether our Financial Statements fairly represent, in a material way, the financial position of the Board.

The auditors note that their obligation is to obtain reasonable, but not absolute assurance that the financial statements are free of material misstatement. That is: the auditor will examine our records but will not guarantee they will find a misstatement, if one is present. This also means that there may be small misstatements but the misstatement will not have a significant bearing on our Financial Statements.

The auditors will:

- Assess the risk that the financial statements contain misstatement(s) that are material to the Financial Statements;
- Examine on a test basis the evidence supporting amounts and disclosures to the financial statements (for example: compare invoices to cheque amounts, lease commitments, etc.);
- Assess the accounting principles used and their application;
- Assess the estimates made; and
- Examine internal controls in place.

The Board is required to:

- Meet with the auditors prior to the release and approval of the financial statements to review audit, disclosure and compliance issues;
- If necessary, review matters raised by the auditors with management, and if necessary report back to the auditors on the Board's findings;
- Make known to the auditors any issues of fraud or illegal acts or non-compliance with any laws or regulatory requirements known to the Board that may affect the financial statements;
- Provide direction to the auditor on any additional work the auditor feels should be undertaken in response to issued raised or concerns expressed;
- Make enquiries into the findings of the auditor with respect to corporate governance, management conduct, management cooperation, information flow and systems of internal control;
- Review the draft financial statements; and
- Pre-approve all professional and consulting services to be provided by the auditors. In our case, there are none.

Rationale

This is a standard letter as required by the Canadian Institute of Chartered Accountants (CICA). An annual audit by external auditors is required by legislation and under Board Policy 2-130.

Contact:

Dale Bolton
Manager, Finance and Property
(705) 743-1000, ext. 302
dbolton@peterboroughpublichealth.ca

Attachments:

Attachment A: Collins Barrow Kawarthas LLP Letter of Engagement

COLLINS BARROW

Collins Barrow Kawarthas LLP
272 Charlotte Street
Peterborough, Ontario K9J 2V4
Canada
T: 705.742.3418
F: 705.742.9775
www.collinsbarrow.com

December 15, 2017

Members of the Board of Health
Peterborough Public Health
Jackson Square
185 King Street
Peterborough, Ontario
K9J 2R8

Re: Audit of the consolidated Financial Statements of Peterborough Public Health

Dear Sirs and Mesdames:

This report is intended solely for the use of the Board of Health and should not be distributed without our prior consent. We accept no responsibility to a third party who uses this communication.

We have been engaged to express an audit opinion on the consolidated financial statements of Peterborough Public Health ("the organization") for the year ended December 31, 2017. Canadian Auditing Standards ("CAS") require that we communicate the following information with you in relation to your audit.

Management is responsible for establishing and maintaining an adequate internal control structure and procedures for financial reporting. This includes the design and maintenance of accounting records, recording transactions, selecting and applying accounting policies, safeguarding of assets and preventing and detecting fraud and error.

Auditor Independence

CAS require communications with audit committees, or other appropriate parties responsible for governance, at least annually, regarding all relationships between the organization and our Firm that, in our professional judgement, may reasonably be thought to bear on our independence.

We will, through our planning process, identify any potential independence threats and will communicate any concerns we identify. The organization, management and the Board of Health have a proactive role in this process, and are responsible for understanding the independence requirements applicable to the organization and its auditor. You must also bring to our attention any concerns you may have, or any knowledge of situations or relationships between the organization, management, personnel (acting in an oversight or financial reporting role) and our Firm, its partners/principals and audit team personnel that may reasonably be thought to bear on our independence.

In determining which relationships to report, these standards require us to consider relevant rules and related interpretations prescribed by the Chartered Professional Accountants of Ontario (registered name of The Institute of Chartered Accountants of Ontario) and applicable legislation, covering such matters as:

(a) holding a financial interest, either directly or indirectly, in a client;

(b) holding a position, either directly or indirectly, that gives the right or responsibility to exert significant influence over the financial or accounting policies of a client;

This office is independently owned and operated by Collins Barrow Kawarthas LLP
The Collins Barrow trademarks are owned by Collins Barrow National Cooperative Incorporated and are used under license.

An independent member of BAKER TILLY INTERNATIONAL

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

(c) personal or business relationships of immediate family, close relatives, partners or retired partners, either directly or indirectly, with a client;

(d) economic dependence on a client; and

(e) provision of services in addition to the audit engagement.

In accordance with our professional requirements, we advise you that we are not aware of any relationships between the organization and our Firm that, in our professional judgement, may reasonably be thought to bear on our independence.

Accordingly, we hereby confirm that our audit engagement team, our Firm and the other Collins Barrow offices are independent with respect to the organization within the meaning of the Rules of Professional Conduct Rule 204 of the Chartered Professional Accountants of Ontario (registered name of The Institute of Chartered Accountants of Ontario).

Our Responsibilities as Auditor

As stated in the engagement letter, our responsibility as auditor of your organization is to express an opinion on whether the consolidated financial statements present fairly, in all material respects, the financial position, results of operations and cash flows of the organization in accordance with Canadian Public Sector Accounting Standards.

An audit is performed to obtain reasonable but not absolute assurance as to whether the financial statements are free of material misstatement. Due to the inherent limitations of an audit, there is an unavoidable risk that some misstatements of the financial statements will not be detected (particularly intentional misstatements concealed through collusion), even though the audit is properly planned and performed.

Our audit includes:

- Assessing the risk that the financial statements may contain material misstatements that, individually or in the aggregate, are material to the financial statements taken as a whole;
- Examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements;
- Assessing the accounting principles used, and their application; and
- Assessing the significant estimates made by management.

As part of our audit, we will obtain a sufficient understanding of the business and internal control structure of the organization to plan the audit. This will include management's assessment of:

- The risk that the financial statements may be materially misstated as a result of fraud and error; and
- The internal controls put in place by management to address such risks.

The engagement team must undertake a documented planning process prior to commencement of the audit to identify concerns, address independence considerations, assess the engagement team requirements, and plan the audit work and timing. It may be necessary to contact members of the Board of Health if significant matters arise from planning procedures.

An audit does not relieve management or those responsible for governance of their responsibilities for the preparation of the organization's financial statements.

Board of Health Members' Responsibilities

The Board of Health's role is to act in an objective, independent capacity as a liaison between the auditor and management to ensure the auditor has a facility to consider and discuss governance and audit issues with parties not directly responsible for operations.

The Board of Health's responsibilities include:

- Being available to assist and provide direction in the audit planning process when and where appropriate;
- Meeting with the auditor as necessary and prior to release and approval of financial statements to review audit, disclosure and compliance issues;
- Where necessary, reviewing matters raised by the auditor with appropriate levels of management, and reporting back to the auditor their findings;
- Making known to the auditor any issues of disclosure, corporate governance, fraud or illegal acts, non-compliance with laws or regulatory requirements that are known to them, where such matters may impact the financial statements or the Independent Auditor's Report;
- Providing guidance and direction to the auditor on any additional work the auditor feels should be undertaken in response to issues raised or concerns expressed;
- Making such enquiries as appropriate into the findings of the auditor with respect to corporate governance, management conduct, cooperation, information flow and systems of internal controls; and
- Reviewing the draft financial statements prepared by management, including the presentation, disclosures and supporting notes and schedules, for accuracy, completeness and appropriateness, and then approve the draft financial statements.

Audit Approach

Outlined below are certain aspects of our audit approach which are intended to help you in discharging your oversight responsibilities. Our general approach to the audit of Peterborough Public Health is to assess the risks of material misstatement in the financial statements and then respond by designing audit procedures.

Illegal Acts, Fraud, Intentional Misstatements and Errors

Our auditing procedures, including tests of your accounting records, will be limited to those considered necessary in the circumstances and will not necessarily disclose all illegal acts, fraud, intentional misstatements or errors should any exist. We will conduct the audit under CAS, which include procedures to consider (based on the control environment, governance structure and circumstances encountered during the audit), the potential likelihood of fraud and illegal acts occurring.

These procedures are not designed to test for fraudulent or illegal acts, nor will they necessarily detect such acts or recognize them as such, even if the effect of its consequences on the financial statements is material. However, should we become aware that an illegal or possible illegal act or an act of fraud may have occurred, other than one considered clearly inconsequential, we will communicate this information directly to the Board of Health.

It is management's responsibility to detect and prevent illegal actions. If such acts are discovered or the Board of Health becomes aware of circumstances under which the organization may have been involved in fraudulent, illegal or regulatory non-compliance situations, such circumstances must be disclosed to us.

Related Party Transactions

During our audit, we conduct various tests and procedures to identify transactions considered to involve related parties. Related parties exist when one party has the ability to exercise, directly or indirectly, control, joint control or significant influence over the other. Two or more parties are related when they are subject to common control, joint control or common significant influence. Related parties also include management, directors and their immediate family members and companies with which these individuals have an economic interest.

We will ensure that any related party transactions that are identified during the audit have been represented by management to have been disclosed in the notes to financial statements, recorded in accordance with Canadian Public Sector Accounting Standards, and have been reviewed with you. Management is required to advise us if any related party transactions have occurred that have not been disclosed to us. The Board of Health is required to advise us if they are aware of or suspect any other related party transactions have occurred which have not been disclosed in the financial statements.

Significant Accounting Principles and Policies

The organization's financial statements will be prepared by management using various accounting principles, which have been incorporated into the organization's accounting policies and disclosed in the notes to the financial statements. Where accounting policies have changed from one period to the next, such changes will be noted and the effect of these changes will be disclosed.

The accounting policies adopted may be acceptable policies under Canadian Public Sector Accounting Standards; however, alternative policies may also be acceptable under Canadian Public Sector Accounting Standards. The organization and the Board of Health have a responsibility to not adopt extreme or inappropriate interpretations of Canadian Public Sector Accounting Standards that may have inappropriate or misleading results. Alternative policies, if adopted, may produce significant changes in the reported results of the operations, financial position and disclosures of the organization.

The Board of Health has a responsibility to review the accounting policies adopted by the organization, and where alternative policies are available, make determinations as to the most appropriate policies to be adopted in the circumstances. If members of the Board of Health are concerned that the adoption or change of an accounting policy may produce an inappropriate or misleading result in financial reporting or disclosure, this concern must be discussed with management and the auditor. If the Board of Health believes that a policy or policies adopted are inappropriate or produce a misleading result in the circumstances, these concerns should be discussed with us directly, either privately or in Board of Health meetings.

Risk-based

Our risk-based approach focuses on obtaining sufficient appropriate audit evidence to reduce the risk of material misstatement in the financial statements to an appropriately low level. This means that we focus our audit work on higher risk areas that have a higher risk of being materially misstated.

Materiality

Materiality is defined as:

Materiality is the term used to describe the significance of financial statement information to decision makers. An item of information, or an aggregate of items, is material if it is probable that its omission or misstatement would influence or change a decision. Materiality is a matter of professional judgement in the particular circumstances.

We plan to use an overall materiality of $370,000 and a performance materiality of $314,500. The overall materiality for last year's audit was $370,000 and the performance materiality was $314,500.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Materiality is used throughout the audit and in particular when:

a) Identifying and assessing risk of material misstatement;

b) Determining the nature, timing and extent of further audit procedures; and

c) Evaluating the effect of uncorrected misstatements, if any, on the financial statements and in forming an opinion on the auditor's report.

Audit Procedures

In responding to our risk assessment, we will use a combination of tests of controls, tests of details and substantive analytical procedures. The objective of the tests of controls is to evaluate whether certain controls operated effectively. The objective of the tests of details is to detect material misstatements in the account balances and transaction streams. Substantive analytical procedures are used to identify differences between recorded amounts and predictable expectations in larger volumes of transactions over time.

Should any member of the Board of Health wish to discuss or review any matter addressed in this letter or any other matters related to financial reporting, please do not hesitate to contact us at any time.

To ensure there is a clear understanding and record of the matters discussed, we ask that members of the Board of Health sign their acknowledgement in the spaces provided below.

Yours very truly,

Collins Barrow Kawarthas LLP

Richard Steiginga, CPA, CA

Acknowledgement of Board of Health:

We have read and reviewed the above disclosures and understand and agree with the comments therein:

Peterborough Public Health

Are you aware of any frauds, illegal acts or management override of internal controls at the organization?

Yes / No (please circle one)

If yes, please contact our office immediately

____________________	____________________
Name	Position
____________________	____________________
Name	Position

Peterborough Public Health

Staff Report

Signing Authorities

Date:	February 14, 2018	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
Original approved by		***Original approved by***
Rosana Salvaterra, M.D.		Larry Stinson, Director of Operations

Proposed Recommendations

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Signing Authorities*, for information; and
- approve the removal of Patti Fitzgerald (former Assistant Director); and the instatement of Donna Churipuy (new Director of Public Health Programs) as a signing authority with our banking institution.

Financial Implications and Impact

Appointing the Director, Public Health Programs, as a cheque signing officer will allow Peterborough Public Health to avoid late payment charges, take advantage of vendor discounts and may reduce the times it is necessary to call a Board Member in for urgent payments (resulting in a reduction in per diem and mileage costs).

Decision History

As changes have been made in Board and Senior Staff positions, the Board has been asked to approve the relevant changes to signing authority in accordance with by-laws and policies.

Background

Our banking by-law requires two individuals sign all cheques. With the recent management reorganization, and changes in senior management incumbents, the proposed changes are necessary to retain three internal signing authorities and to restrict this to senior management positions.

Rationale

Under normal circumstances, the Medical Officer of Health and Director of Operations sign all cheques. This normally works well, but when one of the two staff are on vacation or otherwise unavailable, it is important to have another signing authority available. With an additional member of the Executive team with cheque signing authority, delays can be avoided. It is common practice to have all the members of Executive delegated cheque signing authority for efficiency and effectiveness.

Strategic Direction

This addresses the board's priority of Capacity and Infrastructure.

Contact:

Larry Stinson
Director of Operations
(705) 743-1000, ext. 255
lstinson@peterboroughpublichealth.ca

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

To: All Members
Board of Health

From: Mayor Mary Smith, Chair, Governance Committee

Subject: **Committee Report: Governance**

Date: February 14, 2018

Proposed Recommendations:

a. *That the Board of Health for Peterborough Public Health receive meeting minutes of the Governance Committee from January 13, 2018, for information.*

b. *That the Board of Health for Peterborough Public Health retire 4-60 Accommodations (new);*

c. *That the Board of Health for Peterborough Public Health approve 2-190 Sponsorship (revised);*

d. *That the Board of Health for Peterborough Public Health approve 2-191 Sponsorship, EthicScan (revised);*

e. *That the Board of Health for Peterborough Public Health approve 2-403 Ethics Reporting Policy (new);*

Background:

The Governance Committee met last on February 6, 2018. At that meeting, the Committee requested that these items come forward to the Board of Health.

Attachments:

a. Governance Committee Minutes, January 13, 2018
b. 2-60 Accommodations
c. 2-190 Sponsorship
d. 2-191 Sponsorship, EthicScan
e. 2-403 Ethics Reporting Policy

Board of Health for
Peterborough Public Health
MINUTES
Governance Committee Meeting
Saturday, January 13, 2018 – 10:00 a.m.
Rice Lake Room, 185 King Street, Peterborough

Present:	**Mr. Greg Connolley** **Councillor Lesley Parnell** **Mr. Andy Sharpe** **Mayor Mary Smith** **Mr. Michael Williams**
Staff:	**Dr. Rosana Salvaterra, Medical Officer of Health** **Ms. Natalie Garnett, Recorder**

---

1. Call to Order

Dr. Salvaterra, Medical Officer of Health called the Governance Committee meeting to order at 10:10 a.m.

2. Elections

2.1 Chairperson

Dr. Salvaterra called for nominations for the position of Chairperson for the Governance Committee for Peterborough Public Health for the year 2018.

MOTION:
That Mayor Smith be appointed Chair of the Governance Committee for 2018.
Moved: Mr. Connolley
Seconded: Councillor Parnell
Motion carried. (M-2018-001-GV)

Mayor Smith assumed the Chair.

2.2 **Vice Chairperson**

Mayor Smith, Chair called for nominations for the position of Vice Chairperson for the Governance Committee for Peterborough Public Health for the year 2018.

MOTION:
That Mr. Williams be appointed Vice Chair of the Governance Committee for 2018.
Moved: Mr. Sharpe
Seconded: Councillor Parnell
Motion carried. (M-2018-002-GV)

3. Confirmation of the Agenda

MOTION:
That the Agenda be accepted as circulated.
Moved: Mr. Connolley
Seconded: Mr. Williams
Motion carried. (M-2018-003-GV)

4. Declaration of Pecuniary Interest

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

MOTION:
That the minutes of the Governance Meeting held November 15, 2017 be approved as circulated and provided to the Board of Health at its next meeting for information.
Moved: Mr. Connolley
Seconded: Councillor Parnell
Motion carried. (M-2018-004-GV)

7. Business Arising from the Minutes

8. Staff Reports

9. Consent Items

10. New Business

10.1 Review Committee Terms of Reference

MOTION:
That the Governance Committee recommend to the Board of Health for Peterborough Public Health that the Terms of Reference for the Governance Committee remain unchanged.
Moved: Councillor Parnell
Seconded: Mr. Williams
Motion carried. (M-2018-005-GV)

9.2 Establish Date and Time of 2018 Meetings

MOTION:
That the Governance Committee establish February 6, April 3, June 19, and September 18, as the dates for 2018 Committee meetings; and,

That the meetings be held from 5:00 p.m. – 6:30 p.m.
Moved: Councillor Parnell
Seconded: Mr. Connolley
Motion carried. (M-2018-06-GV)

11. In Camera to Discuss Confidential Matters

12. Motions from In Camera for Open Session

13. Date, Time and Place of Next Meeting

The next Governance Committee meeting will be held on February 6, 2018.

14. Adjournment

MOTION:
That the Governance Committee meeting be adjourned.
Moved by: Councillor Parnell
Seconded by: Mr. Sharpe
Motion carried. (M-2018-007-GV)

The meeting was adjourned at 10:25 a.m.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Chairperson

Medical Officer of Health

Peterborough Public Health

Board of Health
POLICY

Section: Board of Health	**Number:** 2-60	**Title:** Accommodation
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**:**
Signature:		**Author:** Director of Operations
Date (YYYY-MM-DD)**:**		
References:		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

POLICY

The Board of Health will endeavour to provide the best possible accommodation to ensure the efficient functioning of all programs under its jurisdiction.

Review/Revisions
On (YYYY-MM-DD): 1986-12-10
On (YYYY-MM-DD): 2007-12-10 (Medical Officer of Health)
On (YYYY-MM-DD): 2014-09-10
On (YYYY-MM-DD): 2018-08-10 (Executive, change to Board-level policy)

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-190	**Title:** Sponsorship
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 1994-06-08**
Signature:		**Author:**
Date (YYYY-MM-DD)**:** 2011-09-11		

Reference:
Board of Health Vision, Mission and Values 2-40
Canadian Public Health Association Corporate Relations/Corporate Sponsorship Policy (Approved December 9, 2008. Link: http://www.cpha.ca/en/legal/sponsorship.aspx)
Procedure - Sponsorship, EthicScan 2-191

Definitions:

High Profile Sponsorship

Any sponsorship that staff believe might damage or threaten the profile and credibility of the Board of Health.

Sponsorship

- A sponsorship arrangement is a business arrangement whereby the private sector partner commits resources (monies and/or in-kind resources) to support a specific project or activity, but does not share in the profits or underlying risks of the project. The private sector contributes funds to an event, program, or even a capital project and expects and receives a benefit (e.g. specific image and marketing opportunities) from the associated publicity.
- Sponsorship can occur when the two partners (e.g. ~~the Health Unit~~ Peterborough Public Health (PPH) and the private sector sponsor) share objectives and usually the private sector sponsor wants visibility. A sponsorship agreement covers a specific performance of work. The sponsor provides resources (e.g., money, staff, products, or services) and expects and receives a benefit (e.g. marketing or advertising opportunity).
- Sponsorship does not include paid advertising in ~~Health Unit~~ PPH publications.
- Sponsorship funds are not tax receipted like donations

Endorsement

A formal and explicit approval or a promotional statement for a product or service of a corporation.

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

Purpose

This policy describes specific criteria and a review and oversight process for evaluating potential relationships with corporate entities. This policy is intended to protect the mission and integrity of ~~the Peterborough County-City Health Unit (PCCHU)~~ Peterborough Public Health (PPH) while supporting fundraising efforts.

Application

This policy applies to all sponsorships received by ~~the PCCHU~~ PPH, solicited or unsolicited. Government contribution agreements, grants and contracts; and "gift or donations" from private or not-for-profit sources are not classified as sponsorships and need not be evaluated.

General Assumptions

The general assumptions that will shape the acceptance of all sponsorships are:

- ~~the PCCHU~~ PPH will solicit and accept support only for projects and activities that are consistent with ~~PCCHU's~~ PPH's vision, mission and values;
- acceptance of sponsorships must enhance, and will not impede, ~~the PCCHU's~~ PPH's ability to act in the best interest of the public at all times;
- ~~the PCCHU's~~ PPH's name, logo, and other intangible intellectual assets must be protected at all times.

1. Initial Evaluation of Sponsorships

The major determinants in evaluating sponsorships will be its value and from whom it is received. The proposed dollar amount will generally determine the level of review. In addition, irrespective of the dollar amount of a sponsorship, high-profile sponsorships which involve ~~Health Unit~~ organization-wide recognition or may be potentially contentious will require a review and recommendations by the Executive Committee and Board of Health review and approval. For smaller sponsorship (or advertising) opportunities, staff may request an Executive Committee review should there be a question of whether the sponsor organization's values and principles are congruent with those of ~~the PCCHU~~ PPH.
It is expected that all sponsors, particularly those from the corporate sector, making sponsorships of any amount will comply with the ~~Health Unit's~~ PPH's Principles for Corporate Sponsorship (see Appendix) and the criteria as stated in this policy.

1.1 High-Profile Sponsorships

All high profile sponsorships, regardless of the amount, must be reviewed by the Executive Committee for sponsor adherence to the policy and presented with recommendations to the Board of Health. The Board of Health must review and approve all decisions related to the recognition of potential ~~PCCHU~~ PPH sponsors that

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

involve high-profile recognition to ensure that these decisions preserve the credibility and reputation of ~~the~~ ~~PCCHU~~ PPH.

1.2 Sponsorships valued at $5,000 or more

All sponsorships of $5,000 or more will be reviewed by the Executive Committee for sponsor adherence to the criteria as stated in this policy. The Executive Committee through the Medical Officer of Health will report its recommendations periodically to the Board of Health.

The Board of Health will make final decisions about sponsor adherence to the policy on sponsorships of $25,000 or more.

1.3 Sponsorships valued at less than $5,000

All sponsorships under $5,000 will be reviewed for sponsor adherence to the policy by management staff applying the criteria outlined in this document, including:

1. unrestricted sponsorships (i.e., sponsorships which are not tied to specific programs or activities);
2. Sponsorships made in support of established ~~Health Unit~~ PPH programs or activities; and
3. Sponsorships made in support of new programs or activities.

2. Criteria for Reviewing a Sponsorship

Overall, the purpose of the review is to determine the balance of the benefit to the public in relation to the risks and costs of collaborating with the sponsor. On a case-by-case basis, the following conditions should be considered in determining the benefits and risks of accepting a sponsorship.

2.1 Are the specified proposed uses of the sponsorship congruent with the mission and priorities of ~~PCCHU~~ PPH?

Issues to consider in determining this congruence include:

1. How do the proposed uses of the sponsorship relate to ~~PCCHU's~~ PPH's mission and priorities?
2. Why does the organization want to sponsor ~~PCCHU~~ PPH?
3. How will the benefits to be derived from the intended purpose of the sponsorship compare with the ~~PCCHU's~~ PPH's resources required to fulfill the intended purpose?
4. Do the practices of the corporation fit with the adopted public policies of ~~PCCHU~~ PPH? Recognizing that socially responsible practices are a cornerstone of ~~PCCHU's~~

PPH's policies, and that good corporate citizenship should embody socially responsible practices, the following are among the types of issues that should be considered in assessing the benefits and the risks of accepting sponsorships from outside organizations, especially corporations:

- The types of core products or services produced or provided;
  Note: Sponsorships will not be accepted from tobacco companies, baby formula, alcohol companies, and manufacturers of firearms and weapons of mass destruction.
- Occupational health and safety conditions under which products or services are produced;
- Employment practices, including commitment to diversity and a living wage;
- Commitment to protection of the environment;
- Record of regulatory compliance;
- Marketing and advertising practices;
- Research and development policy and practices;
- Human rights record;
- Sponsor's relevant public policy positions;
- Record of support to public health organizations or public health-related issues and organizations;
- Other past activities will be weighed in relation to CPHA's public policies and public reputation.

It is recommended that a discreet initial assessment by staff be done as a prospect is identified or is self-identified as in the case of unsolicited requests to partner with the ~~PCCHU~~ PPH. The assessment will be based on available current knowledge, including web sites, a review of newspapers and contact with appropriate public health leaders. ~~PCCHU~~ PPH members contacted will be held to a level of confidentiality as it relates to discussing ~~PCCHU's~~ PPH's pursuit of potential sponsors until the information is made public.

As appropriate, ~~PCCHU~~ PPH staff will utilize the services of *EthicScan Canada Limited*, a Toronto-based business ethics consultancy, corporate responsibility research house and educational resource centre, the mission of which is to help organizations and individuals behave more ethically. *EthicScan* monitors the social, labour and environmental performance of 1500 companies in Canada. The organizations researched and independently-tracked include public and private Canadian corporations, non-publicly traded companies, and foreign-based transnationals operating in Canada. The areas of corporate social responsibility analysis include environmental performance, progressive staff policies, charitable giving and community responsibilities, sustainability management, military-related production, sensitive business activities, gender and family issues, and ethical sourcing and trading.

2.2 Are the sponsor's expectations pertaining to control, oversight, and outcome(s) of the sponsorship and/or project to which the funds are applied acceptable to ~~PCCHU~~ PPH?
As stated in the Principles for Corporate Sponsorship, ~~PCCHU~~ PPH will accept funds only when ~~PCCHU~~ PPH has control of the content of the activity and when ~~PCCHU~~ PPH has and maintains complete control of all funds.

Issues to consider:

1. Does ~~PCCHU~~ PPH have editorial control over the content of educational materials and publications and input into their dissemination?
2. Will ~~PCCHU~~ PPH be able to review and approve public statements about the project, its findings and/or implications? Will ~~PCCHU~~ PPH be in control of the funds at all times?
3. Are expectations on outcome, responsibilities, methods of implementation, and duration of funding feasible and agreeable? (Any special expectations of the sponsor need to be explicit and documented).

2.3 Are the sponsor's expectations regarding recognition or acknowledgment of their support acceptable to ~~PCCHU~~ PPH?

As stated in the Principles for Corporate Sponsorship, acknowledgments will be limited to company name, logos, slogans which are an established part of the supporter's identity, trade names, addresses and telephone numbers.

Issues to consider:

1. Is the extent to which the name of the corporation is affiliated with ~~PCCHU~~ PPH and the proposed project defined by ~~PCCHU~~ PPH acceptable to the sponsor?
2. What public recognition is expected by the sponsor?
3. Is the recognition appropriate for the amount of the sponsorship?
4. Is there an appearance of product endorsement?

2.4 Would acceptance of the sponsorship create any real or apparent conflicts of interest, and would the impact and/or benefits of accepting the sponsorship outweigh the risks of partnering with the sponsor?

In considering the following issues, ~~PCCHU~~ PPH recognizes the need to adhere to its principles and to weigh the benefits and risks of accepting the sponsorship from the sponsor as opposed to weighing just the opportunity of not accepting the actual dollar sponsorship.

Issues to consider:

1. Are there any personal, financial, or professional gains for ~~PCCHU~~ PPH staff, members or other volunteers, which create a conflict of interest?

2. What is the impact of the sponsorship and benefits to the public and public health?
3. Does the sponsor's image support or detract from ~~PCCHU~~ PPH?
4. Do the impact and/or benefit outweigh the risks of collaborating with the potential sponsor?

3. Process for Reviewing a Sponsorship

3.1 Role of the Executive Committee:

The Executive Committee is responsible for:

1. Reviewing all sponsorships of $5,000 or more for sponsor adherence to the criteria established in the policy;
2. Making the final decision about sponsor adherence to the policy on sponsorships of $5,000-$24,999;
3. Reporting to the full Board of Health through the Medical Officer of Health the outcomes of the reviews of sponsorships of $5,000-$24,999 and making recommendations for the Board's consideration on sponsorships of $25,000 or more;
4. Reviewing all sponsorships that provide high-profile recognition and making recommendations to the Board;
5. Identifying more efficient review procedures and/or gaps in the process; and
6. Proposing to the Board of Health modification to the policy.

Reviews of sponsorships may be done via conference calls or e-mail.

In the event that the Executive Committee cannot reach consensus, the Medical Officer of Health will carry the final decision (on sponsorships of $5,000-$24,999) or recommendation to the Board of Health (on sponsorships of $25,000 and more).

Review/Revisions

On (YYYY-MM-DD)**:** 2016-01-04 (Fundraising Committee review)
On (YYYY-MM-DD)**:** 2013-08-29 (Governance Committee review)
On (YYYY-MM-DD)**:** 2013-05-08 (Executive Committee housekeeping change)
On (YYYY-MM-DD)**:** 2011-09-11 (Board)
On (YYYY-MM-DD)**:** 2001-08-07 (MOH review)
On (YYYY-MM-DD)**:** 1994-06-08 (Board)

APPENDIX
Peterborough Public Health (PPH)
Principles for Corporate Sponsorship

~~PCCHU~~ PPH will focus on purposes consistent with its strategic priorities and comply with the following "Principles for Corporate Sponsorship" in soliciting all sponsorships. These Principles will be discussed with all sponsors during the early stages of discussions.

Principles for Commercial Support or Sponsorships

1. ~~PCCHU~~ PPH will at all times maintain an independent position on public health issues and concerns.
2. ~~PCCHU~~ PPH will solicit and accept support only for projects and activities that are consistent with the agency's mission.
3. ~~PCCHU~~ PPH will accept funds for informational and educational activities only when the content is to be determined or verified by ~~PCCHU~~ PPH or an independent body of public health professionals designated by ~~PCCHU~~ PPH.
4. ~~PCCHU~~ PPH will maintain complete control of all funds provided from commercial supporters for educational activities.
5. ~~PCCHU~~ PPH will not permit commercial product promotions as part of a Continuing Education activity.
6. Acknowledgments for commercial support will be limited to company name, logos or slogans which are an established part of the supporter's identity, trade names, addresses and telephone numbers.
7. ~~PCCHU's~~ PPH's intangible intellectual assets, including the agency's name and logo, will be protected at all times. Sponsors will not be permitted to use ~~PCCHU's~~ PPH's name or logo for any commercial purpose or in connection with the promotion of any product.
8. ~~PCCHU~~ PPH will be vigilant at all times to avoid any real or apparent conflict of interest in accepting sponsorships.

Any situation that may be an exception to this Policy or these Principles will be reviewed by the Executive Committee in consultation with the Chair of the Board of Health. Together, they shall interpret this policy in good faith.

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-191	**Title:** Sponsorship, EthicScan
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2011-09-14**
Signature:		**Author:**
Date (YYYY-MM-DD)**:** 2011-09-14		
Reference: Sponsorship Policy – 2-190		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

Prior to purchasing a report, ensure that ~~Health Unit~~ Peterborough Public Health (PPH) procurement policies and procedures are followed. Staff should also verify that a scan has not previously been done by the ~~Health Unit~~ organization; completed scans are saved in the following shared network file: *PCCHU > Sponsorships > Completed EthicScans.*

1. To access *EthicScan*, go to www.ethicscan.ca.

2. Proceed to the ~~Ethics Education~~ Products section on the web site.

3. ~~Select *Corporate Responsibility Database*.~~

   In this section, several options are available:

   Company List
   A list of the corporations for which reports are available, in index format.

   Search Tool
   A search function which can be used to search for a specific company.

   Report Ordering
   ~~Four types~~ A number of reports are available for purchase. For the purposes of ~~the Health Unit~~ PPH, only ‘Rating’ or ‘Profile’ reports would be applicable; samples of these reports can be viewed on the web site.

Fees for these reports (as of ~~May, 2013~~ January, 2018) are as follows:

Rating report - $100.00
Profile report - $500.00

Proceed to the check out section on the web site to purchase the report required.

4. Save the completed EthicScan in the following shared network file: *PCCHU > Sponsorships > Completed EthicScans.*

<u>Review/Revisions</u>

On (YYYY-MM-DD)**:** 2016-01-04 (Fundraising Committee review)
On (YYYY-MM-DD)**:** 2013-08-29 (Governance Committee review, housekeeping change)
On (YYYY-MM-DD)**:** 2012-08-13 (Executive Committee housekeeping change)
On (YYYY-MM-DD)**:** 2011-09-14 (Board)

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Peterborough Public Health

Board of Health
POLICY AND PROCEDURE

<table>
<tr><td>Section: Board of Health</td><td>Number: 2-403</td><td>Title: Ethics Reporting Policy</td></tr>
<tr><td colspan="2" rowspan="2">Approved by: Board of Health

Signature:</td><td>Original Approved by Board of Health On (YYYY-MM-DD):</td></tr>
<tr><td>Author: Medical Officer of Health</td></tr>
<tr><td colspan="2">Date (YYYY-MM-DD):</td><td></td></tr>
<tr><td colspan="3">References:
2-200 Effective Governance by Effective Board Members
Peterborough Public Health Civility and Respect Guidelines
Public Servants Disclosure Protection Act, 2007
Public Service of Ontario Act, 2006</td></tr>
</table>

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

POLICY

The purpose of this policy is to provide direction regarding the communication of events or concerns, with respect to issues of integrity and honesty relating to Peterborough Public Health (PPH) and, in particular, of questionable financial or operational matters.

Definitions:

Whistleblower Event: For the purposes of this policy and as defined by Federal and Provincial legislation, a Whistleblower event is triggered if any one of the following incidents occur:

a) A contravention of any Act of Parliament or of the legislature of a Province;
b) A misuse of public funds or public assets;
c) A gross mismanagement or omission or neglect of duty;
d) An abuse of authority;
e) An act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment;
f) Conduct that contravenes board policy or PPH Civility and Respect Guidelines;
g) Breach of fiduciary duty and/or abuse of trust;
h) Knowingly directing a person to commit a wrongdoing set out above; or
i) Concealment of any of the above or any other breach of this policy.

A whistleblower event may also include activities or actions that are considered a wrongdoing, illegal, unethical, or misuse of PPH entitlements or benefits.

Policy Statement

Peterborough Public Health (PPH) is committed to conducting itself with honesty and integrity at all times. If, at any time, this commitment is not followed or appears in doubt, PPH seeks to identify and remedy such situations. Accordingly, it is the policy of PPH to ensure that when an individual has reasonable grounds to believe that a PPH employee, student, volunteer or board member has committed, or is about to commit, a financial or other wrongdoing:

a) The reporting person should disclose this information by following the procedure below;
b) The matter will be reviewed and if warranted and where possible, investigated by the designated individual (see procedure).
c) The employee, volunteer or board member will be protected from reprisals if reporting was done in good faith;
d) The subject of the disclosure will be provided with an opportunity to respond to the allegations;
e) All parties to an investigation will be treated fairly and equitability;
f) Privacy will be maintained to the greatest extent possible;
g) If wrongdoing is found, remedial and/or disciplinary action(s) will be taken as appropriate.

PPH cannot act on anonymous reporting as proper investigation may prove impossible without the opportunity to substantiate allegations by obtaining further facts and information and confirming good faith.

PROCEDURE:

1. Dependent on the individual involved in the financial or other wrongdoing, a written statement must be submitted to the following individuals:

    a) If the wrongdoing is with respect to any PPH employee, student or volunteer or party acting on behalf of PPH, the statement must be submitted to the Medical Officer of Health with a copy sent to the Manager, Human Resources.
    b) If the wrongdoing is with respect to a member of the Management Team, the statement must be submitted to the Medical Officer of Health with a copy sent to the Manager, Human Resources.
    c) If the wrongdoing is with respect to the Medical Officer of Health, the statement must be submitted to the Chair of the Board with a copy sent to the Director of Operations.
    d) If the wrongdoing is with respect to a Member(s) of the Board, the statement must be submitted to the Chair of the Board with a copy to the Medical Officer of Health.
    e) If the wrongdoing is with respect to the Chair of the Board, the statement must be submitted to the Vice Chair of the Board with a copy to the Medical Officer of Health.

2. The Whistleblower must immediately communicate the Whistleblower event or concern as soon as the Whistleblower becomes aware of such situations as reasonably possible. Details of the event or concern must be communicated and where possible received in writing, containing

information relating to direct observations or witnessed events; and sent to the appropriate individual(s) described above.

3. The Whistleblower will be protected from reprisal if reporting was done in good faith. The Whistleblower will not be threatened, harassed, or in any other manner discriminated against as a result of communicating a genuine Whistleblower event done in good faith.

   Any PPH employee found to be in violation of this policy (i.e., continued harassment of the Whistleblower) may be subject to corrective action up to and including termination of employment. Similarly, any student, volunteer or Board member found to be in violation of this policy may have their relationship with PPH terminated or suffer consequences appropriate to the situation (i.e., reporting to appropriate association etc…).

4. The Whistleblower is not required to prove the truth of an allegation, but he/she is required to act in good faith. Any individual who does not act in good faith in reporting a suspected violation may be subject to corrective action and/or disciplinary action up to and including termination of employment or relationship with PPH.

5. All reported Whistleblower events or concerns will be treated as confidential and sensitive to the degree possible. In addition, the Whistleblower shall be provided the opportunity to remain anonymous, save and except in those circumstances where the nature of the disclosure and/or the resultant investigation make it necessary to disclose their identity, for example where the resultant investigation or reporting may bring about criminal charges (e.g., legal investigations, criminal acts, etc.). In such cases, all reasonable steps shall be taken to protect the Whistleblower from harm as a result of having made a disclosure.

Review/Revisions
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**