Board of Health for the
Peterborough County-City Health Unit
AGENDA
Board of Health Meeting
Wednesday, September 11, 2013 - 4:45 p.m.
General Committee Room, City Hall
500 George Street North, Peterborough

1. Call to Order

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

4.1. **Presentation: A Day In The Life – Mobile Dental Health Centre Staff**
Dorothy Park, Certified Dental Assistant (II)
Gwen Little, Certified Dental Hygienist

5. Confirmation of the Minutes of the Previous Meeting

5.1. **June 12, 2013**

6. Business Arising From the Minutes

7. Correspondence

8. New Business

8.1. **Staff Report: Six Month Breastfeeding Surveillance Data**
Dawn Hanes, Public Health Nurse

8.2. **Presentation: Information Technology Update**
Brittany Cadence, Supervisor, Communications Services
Mamdouh Mina, Computer Technician Analyst/IT Team Lead, Communications Services

8.3. **Presentation: 2013 Influenza Campaign**
Edwina Dusome, Manager, Infectious Diseases
Brittany Cadence, Supervisor, Communications Services

8.4. **Staff Report: Mandatory Re-Inspection of On-Site Sewage Systems County By-Law**
Atul Jain, Manager, Inspection Services

8.5. **Staff Report: Q2 2013 Program Update**
Larry Stinson, Director, Public Health Programs

8.6. **Staff Report: Q2 2013 Financial Update**
Brent Woodford, Director, Corporate Services

8.7. **2012 Audited Financial Statements and Ministry Settlement – Infant and Toddler Development Program**
Brent Woodford, Director, Corporate Services

8.8. **2012 Audited Financial Statements – Preschool Speech and Language Program**
Brent Woodford, Director, Corporate Services

8.9. **Staff Report: Banking Services**
Brent Woodford, Director, Corporate Services

8.10. **Oral Report: Association of Municipalities of Ontario Conference**
Mayor John Fallis
Councillor Lesley Parnell
Deputy Mayor Andy Sharpe
Mayor Mary Smith

8.11. **Committee Report: Governance**
Chief Williams, Chair, Governance Committee

8.12. **Committee Report: Property**
Deputy Mayor Sharpe, Chair, Property Committee

8.13. **Ontario Health Study – Pre-Launch Update**
Dr. Rosana Pellizzari, Medical Officer of Health

9. In Camera to Discuss Confidential Personal and Property Matters

10. Date, Time, and Place of the Next Meeting
October 9, 2013, 4:45 p.m.
General Committee Room, City Hall, 500 George St. N.

11. Adjournment

Board of Health for the
Peterborough County-City Health Unit
Minutes
Wednesday, June 12, 2013
Lower Hall, Administration Building,
123 Paudash Street, Hiawatha First Nation

Present:

Board Members: Mr. David Watton, Chair
Mr. Andrew Beamer
Mr. Jim Embrey
Mayor John Fallis
Councillor Lesley Parnell
Deputy Mayor Andy Sharpe
Councillor Trisha Shearer
Mayor Mary Smith

Regrets: Councillor Henry Clarke
Chief Phyllis Williams

Staff: Ms. Brittany Cadence, Supervisor, Communications Services
Mrs. Donna Churipuy, Manager, Environmental Health Programs
Ms. Miranda Doris, Peer Leader
Mrs. Barbara Matwey, Administrative Assistant (Recorder)
Mrs. Jane Naylor, Secretary
Dr. Rosana Pellizzari, Medical Officer of Health
Mr. Wes Sherman, Peer Leader
Mr. Larry Stinson, Director, Public Health Programs
Mrs. Alida Tanna, Administrative Assistant
Mrs. Kerri Tojcic, Computer Technician Analyst
Ms. Zoey Wilton, Peer Leader
Mr. Brent Woodford, Director, Corporate Services

1. Welcome

Mr. Watton introduced Councillor Shearer and welcomed her to the Board of Health.

2. Call to Order

2.1 New Member – Councillor Trisha Shearer, Hiawatha First Nation
Councillor Shearer gave a brief bio and expressed her excitement to be part of the Board of Health.

3. Confirmation of the Agenda

Moved by Councillor Parnell — Seconded by Mayor Smith

That the agenda be approved as circulated.

- Carried (M-13-83)

4. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

5. Delegations and Presentations

5.1 Presentation: A Day in the Life – Communications Secretary
Presenter: Jane Naylor, Secretary

5.2 Presentation: Hiawatha Health Services Update
Presenter: Trudy Heffernan, Health and Social Services Manager

Ms. Heffernan is to contact Larry Stinson to assist with the preparation of a letter to the Central-East Local Health Integration Network (CE-LHIN) for additional funding for home care services.

5.3 Presentation: Public Health – There's An App For That
Miranda Doris, Peer Leader
Zoey Wilton, Peer Leader
Wes Sherman, Peer Leader

6. Approval of Minutes

Moved by Councillor Parnell — Seconded by Mayor Fallis

That the minutes of the Board of Health meeting held on May 8, 2013 be approved as circulated.

- Carried (M-13-84)

7. Business Arising From The Minutes

Nil

8. Correspondence

Moved by Councillor Parnell — Seconded by Mayor Smith

That the following documents be received for information and acted upon as deemed appropriate.

1. Letter dated May 7, 2013 from the Ontario Lottery and Gaming Corporation to the Board Chair, in response to his initial letter dated April 17, 2013, regarding the provision of greater support to the prevention, treatment and research of problem gambling.
2. Letter dated May 13, 2013 from Dr. Pellizzari to Curve Lake First Nation, Hiawatha First Nation, County of Peterborough and Township Councils regarding the Emerald Ash Borer. *Note: This correspondence was also provided to appropriate City of Peterborough staff*
3. Letter dated May 28, 2013 from the Board Chair to Minister Flaherty regarding school nutrition programs.
4. Letter dated May 28, 2013 from Minister Piruzza to the Board Chair, in response to his initial letter dated April 17, 2013, regarding school nutrition programs.
5. Email received June 66, 2013 from the Association of Local Public Health Agencies (alPHa) regarding the disposition of the June 2013 alPHa Resolutions
6. Resolutions/Letters from other local public health agencies:

   Durham
   - Built Environment
   - Health Kids Strategy
   - Nicotine Replacement Therapy

   Porcupine
   - Built Environment
   - Oral Health

   Simcoe Muskoka
   - Menu Labelling

   Sudbury
   - Opportunity for All: The Path to Health Equity

   Toronto Public Health
   - Menu Labelling

- Carried - (M-13-85)

Moved by Mr. Embrey — Seconded by Mayor Smith

That the Board of Health for the Peterborough County-City Health Unit prepare a letter to the Ontario Government to support *Bill 59 Healthy Decisions for Healthy Eating Act, 2013.*

- Carried - (M-13-86)

9. New Business

9.1 Presentation: PCCHU Social Media Update

Brittany Cadence, Communications Supervisor
Kerri Tojcic, Computer Technician Analyst

Kerri Tojcic presented a detailed overview to the Board of Health on how the Peterborough County-City Health Unit and social media are impacting public health. Board members inquired about policies and procedures regarding social media, and would like to see policies and procedures from other agencies.

9.2 Presentation: Emergency Preparedness

Donna Churipuy, Manager, Environmental Health Programs

Donna Churipuy provided the Board of Health with a yearly overview of the emergency preparedness plans.

Moved by — Seconded by
Councillor Shearer — Mayor Fallis
That the Board of Health for the Peterborough County-City Health Unit receive the update on Emergency Preparedness for information.
-Carried- (M-13-87)

9.3 Staff Report: Smoke-Free Multi-Unit Dwellings Update

Donna Churipuy, Manager, Environmental Health Programs

Moved by — Seconded by
Mayor Smith — Mr. Embrey
That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *Smoke-Free Multi-Unit Dwellings: Update to the Board of Health*, for information, and

- Send a letter to the Peterborough Housing Corporation referencing other municipalities that have enforced smoke-free multi-unit dwellings.
- Send a letter to provincial government , with copies to our local municipalities, requesting provincial action, such as making smoke-free policies a condition for provincial funding for housing initiatives in order to facilitate the development of more smoke-free multi-unit dwellings.

- Carried - (M-13-88)

9.4 2012 Draft Audited Financial Statements

Brent Woodford, Director, Corporate Services
Richard Steiginga, CA, Partner, Collins Barrow Chartered Accountants

Moved by — Seconded by
Councillor Beamer — Deputy Mayor Sharpe

That the Board of Health for the Peterborough County-City Health Unit approve the 2012 Auditor's Report of the Consolidated Financial Statements of the Peterborough County-City Health Unit, as prepared by Collins Barrow Chartered Accountants.

- Carried - (M-13-89)

The in camera session was moved earlier in the agenda due to an early departure by Councillor Beamer at 7:15 p.m.

In Camera to discuss Confidential Personal and Property Matters

Moved by Councillor Parnell
Seconded by Mayor Fallis
That the Board of Health go In Camera to discuss confidential personal and property matters.

- Carried - (M-13-90)

Moved by Mayor Fallis
Seconded by Councillor Parnell
That the Board of Health rise from In Camera.

- Carried - (M-13-91)

Motions for Open Session

Moved by Mayor Smith
Seconded by Mr. Embrey
That the Board of Health for the Peterborough County-City Health Unit hire a Secretary to the Board, reporting to the Director Corporate Services.

-Carried – (M-13-92)

9.5 alPHa Conference and Annual General Meeting Update

Dr. Rosana Pellizzari, Medical Officer of Health
Jim Embrey, Board Member

Moved by Mayor Fallis
Seconded by Deputy Mayor Sharpe
That the Board of Health for the Peterborough County-City Health Unit direct staff to prepare a letter to Ministers Matthew and Piruzza pertaining to the Student Nutrition Promotion.

- Carried - (M-13-93)

9.6 Association of Municipalities of Ontario (AMO) Conference, August 18-21

Dr. Rosana Pellizzari, Medical Officer of Health

There will be four Board members attending the AMO conference this year. Councillor Shearer will consult with Hiawatha Council Members to see if there are issues they would like brought forward to the Minister at this conference. Dr. Pellizzari will consult with Chief Williams before preparing a request for the meeting.

9.7 Committee Report: Governance

Chief Williams, Chair, Governance Committee

Deferred.

9.8 Committee Report: Property

Deputy Mayor Sharpe, Chair, Property Committee

Deferred.

9.9 2013-2017 PCCHU Strategic Plan Approval

Dr. Rosana Pellizzari, Medical Officer of Health
Larry Stinson, Director, Public Health Programs

Moved by — Seconded by
Deputy Mayor Sharpe — Mr. Embrey
That the Board of Health for the Peterborough County-City Health Unit approve the 2013-17 Strategic Plan.

- Carried - (M-13-94)

10. In Camera to discuss Confidential Personal and Property Matters

This item was moved earlier in the agenda, please refer to item 9.4.

11. Date, Time, and Place of the Next Meetings

4:45 p.m., Wednesday September 11, 2013;
General Committee Room, City Hall, 500 George St. N.

12. Adjournment

Moved by — Seconded by
Councillor Parnell — Deputy Mayor Sharpe
That the meeting be adjourned.

- Carried - (M-13-95)

The meeting adjourned at 8:45 p.m.

_____ _____

Chairperson — Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Correspondence**

Date: September 11, 2013

Recommendation:

That the following documents be received for information and acted upon as deemed appropriate.

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1. Letter dated June 17, 2013 from Minister Flaherty, in response a letter sent by the Board Chair on May 28, 2013, regarding student nutrition programs. **REF. P. 4**

2. Letter dated June 17 from the Board Chair and Medical Officer of Health to M. Johnson, Association of Local Public Health Agencies regarding the exploration of greater alignment with the Ontario Public Health Agency. **REF. P. 5-6**

3. Letter dated June 18, 2013 from MPP Devolin in response to a letter sent by the Board Chair on May 28, 2013 regarding student nutrition programs. **REF. P. 7**

4. Letter dated June 21, 2013 to Ministers Matthews and Piruzza from the Board Chair regarding the Healthy Kids Panel report. **REF. P. 8-9**

5. Letter dated July 8, 2013 to Minister Wynne from the Board Chair regarding Bill 69: Healthy Decisions for Healthy Eating Act, 2013. **REF. P. 10-11**

6. Letter dated July 12, 2013 from Minister Aglukkaq to the Board Chair, in response to his original letter dated May 28, 2013 regarding student nutrition programs. **REF. P. 12-14**

7. Letter dated July 15, 2013 from Minister Piruzza in response to a letter sent by the Board Chair on June 21, 2013 regarding the Healthy Kids Panel report. **REF. P. 15-16**

8. Letter dated July 26, 2013 to B. Clark, Peterborough Housing Corporation, from the Board Chair, regarding smoking in multi-unit dwellings. **REF. P. 17-19**

9. Letter dated August 1, 2013 from Minister Matthews in response to a letter sent by the Board Chair on June 21, 2013 regarding the Healthy Kids Panel report. **REF. P. 20-21**

10. Letter dated August 12, 2013 to Minister Jeffrey from the Board Chair regarding smoke-free provincial housing. **REF. P. 22-23**

11. Letter dated August 15, 2013 from Minister Matthews to the Board Chair regarding 2013 funding. **REF. P. 24-25**

12. Email received August 26, 2012 from S. Lee, alPHa, regarding 2013 alPHa Fall Symposium. **REF. P. 26-27**

13. Letter dated August 27, 2013 to Minister Matthews from Councillor Parnell regarding Health Unit facilities and appropriate occupancy funding. **REF. P. 28**

14. Email received September 4, 2013 from the L. Stewart, alPHa regarding 2013-14 alPHa Officers. **REF. P. 29**

15. Resolutions/Letters from other local public health agencies:

Durham
- Children in Need of Treatment and Health Smiles Ontario **REF. P. 30-31**
- Health Inequities **REF. P. 32**
- Menu Labelling **REF. P. 33**
- Ontario's Action Plan for Seniors **REF. P. 34-35**
- Skin Cancer Prevention Act **REF. P. 36**

Grey Bruce
- Contraband Tobacco and Smoke Free Ontario Strategy **REF. P. 37**
- Menu Labelling **REF. P. 38**

Haliburton, Kawartha, Pine Ridge District
- Menu Labelling **REF. P. 39-41**
- Renewable Energy **REF. P. 42-43**

North Bay Parry Sound District
- Menu Labelling **REF. P. 44-45**
- Nicotine Replacement Therapy **REF. P. 46**

Perth
- Health Kids Panel Report **REF. P. 47**

Simcoe Muskoka
- Public Transportation and Highway Improvement Amendment Act **REF. P. 48-49**

Windsor Essex

- Contraband Tobacco **REF. P. 50-52**
- Nicotine Replacement Therapy* **REF. P. 53**
- Skin Cancer Prevention Act* **REF. P. 54**

**enclosures available upon request.*

Department of Finance Canada
Ministère des Finances Canada

Ottawa, Canada
K1A 0G5

2013FIN392788

JUIN JUN 17 2013

Mr. David Watton
Chair, Board of Health
Peterborough County-City Health Unit
10 Hospital Drive
Peterborough, ON K9J 8M1

Dear Mr. Watton:

Thank you for your correspondence of May 28, 2013, addressed to the Minister of Finance, the Honourable James M. Flaherty.

The matter you raise falls more directly within the jurisdiction of the Minister of Health, the Honourable Leona Aglukkaq. Therefore, we have forwarded a copy of your correspondence to her office.

Thank you for writing.

Sincerely,

N. Gauthier
Chief
Departmental Correspondence Unit

c. The Office of the Honourable Leona Aglukkaq, P.C., M.P.

Canada

Peterborough County-City
HEALTH UNIT
...because health matters!

June 17, 2013

SENT VIA E-MAIL: info@alphaweb.org

Mary Johnson
President, Board of Directors
Association of Local Public Health Agencies
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3

Dear Ms. Johnson:

Thank you for the update on the proposed strategic planning that the board is about to undergo. The provincial landscape has definitely changed over the years and it is time to take a look at our governance and structure in order to ensure that we are representative, strategic and effective.

As you will know, the Peterborough County-City Board of Health has asked in the past that alPHa explore opportunities for greater alignment with our other public health provincial association, the OPHA.

As a board, we currently support both organizations and believe that each one is making a valuable contribution. In these times of scarce resources, it may make even more sense to merge the two organizations in order to free up more resources to apply to healthy public policy and to supporting boards of health and their employees.

We encourage you to explore the options for creating one provincial association that could support both boards of health as well as the sector as a whole. We ask that these explorations be as transparent and inclusive as possible so that members can have input. We also recommend a facilitated dialogue between both organizations, recognizing that past efforts may have faltered due to the approach. It seems as if the timing is right for a thorough consideration of all options, including this one that we are respectfully recommending.

Thank you for considering this request. We look forward to being part of this process of renewal and to working with you in the future.

Yours in health,

Original signed by

David Watton
Chair, Board of Health

Original signed by

Rosana Pellizzari, MD, MSc, CCFP, FRCPC
Medical Officer of Health

10 Hospital Drive, Peterborough, ON K9J 8M1 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

/at

cc: Sue Makin, President, Board of Directors, OPHA
Linda Stewart, Executive Director, alPHa
Ontario Boards of Health

10 Hospital Drive, Peterborough, ON K9J 8M1 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

Copied to Halko Atkn Mr.

Ottawa
Centre Block, Room 437C
Ottawa, Ontario
K1A 0A6
Tel: (613) 992-2474
Fax: (613) 996-9656

HOUSE OF COMMONS

Constituency
68 McLaughlin Road, Unit 1
Lindsay, Ontario
K9V 6B5
Tel: (705) 324-2400
Toll Free: 1-866-688-9881
Fax: (705) 324-0880

Barry Devolin, M.P.
Haliburton—Kawartha Lakes—Brock

Peterborough County-City Health Unit
Attention: Mr. David Watton, Chair, Board of Health
10 Hospital Drive
Peterborough, ON K9J 8M1

June 18th, 2013

Dear Mr. Watton,

Thank you for copying me on your letter addressed to Minister Flaherty regarding Student Nutrition Programs in local elementary and secondary schools. As the Member of Parliament for Haliburton-Kawartha Lakes-Brock, I appreciate being copied on your letter.

I agree that nutrition programs do have value and believe that all children deserve a nutritious start to the day. In saying this, I trust that you will receive a response from Minister Flaherty.

Thanks again for copying me on your letter and please accept my best wishes.

Sincerely,

Barry Devolin, MP
Haliburton-Kawartha Lakes-Brock

Peterborough County-City
HEALTH UNIT
...because health matters!

June 21, 2013

Hon. Deb Matthews, Minister of Health and Long-Term Care
Hon. Teresa Piruzza, Minister of Children and Youth Services

Dear Ministers,

The Peterborough County-City Board of Health was delighted to learn from you earlier this month, at the Association of Local Public Health Agencies (alPHa) meeting in Toronto, that you have begun your meetings to consider the recommendations made to you by the Healthy Kids Panel. The panel has done an excellent job of presenting to your government evidence-informed strategies aimed at making all of Ontario's children healthier. All of the recommendations are sound and worthy of action. We'd like to highlight the ones that we as a board of health would be most eager to see as priorities.

The panel recommended that the first 12 months include the following key milestones:

- A cross-ministry committee be established and an implementation plan be developed with the support of key stakeholders;
- A pre-conception health visit be developed and funded for women and their partners contemplating a pregnancy;
- Legislation to ban Advertising to children and point of sale displays of sugar-sweetened beverages is introduced;
- Effective healthy eating and physical activity programs be expanded;
- At least 10 communities be involved in a pilot of the EPODE initiative; and
- Indicators for monitoring and outcome evaluation be established.

Improving the health of our children will take a multi-strategy approach and the first 6 priorities identified by the panel are a good start. Ontario's public health sector would be an effective partner for action on all of these. Although pre-conceptual visits would be an individualized service, just like the enhanced 18-month Well-Baby Visit, public health is already mandated to promote healthy pregnancies and could work collaboratively in identifying the content and assisting with implementation across all health care providers. As we did in the past with the Smoke-Free Ontario Act, we could mobilize communities and provide expertise to support legislated changes to protect children from the harmful effects of marketing and promotion.

Public Health has close ties with boards of education and schools to support the expansion of school nutrition programs and physical activity both inside and outside of schools. As well, public health staff have supported the development and implementation of comprehensive nutrition policies in both boards of education, based on the Ontario government's Foundations for a Healthy School, that will ensure the healthy choice is the easy choice for local students.

For example, here in Peterborough we have been working with our city to improve side walk connectivity so that children can walk to school. We have also been working with our local Active and

10 Hospital Drive, Peterborough, ON K9J 8M1 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

Safe Routes to School coalition on initiatives like School Travel Planning Maps so that children can safely travel to and from their schools. We also support the Food For Kids coalition which involves many partners including local businesses and is currently providing healthy breakfasts to 46 of our 52 schools. We'd like to see that increase to 100% of Peterborough areas schools and we hope that you will help us to make that happen. Given our strong agricultural connections, we also would like to see more local food in our schools, and stronger connections between farms and schools. Making the Local Food Act funding accessible to schools and public health units interested in establishing Farm to School programs would assist us in enhancing the health of our children and our agricultural future.

Our Nutrition staff support the Ontario Society of Nutrition Professionals in Public Health's recent Ontario license for *Sip Smart BC! (an evaluated initiative of the BC Pediatric Society and the Heart & Stroke Foundation of BC & Yukon).* It will be adapted as a teacher resource, linked to the Ontario Health and Physical Education curriculum to support students in making healthy drink choices with the goal of reducing the consumption of sugar-sweetened beverages. This is a first step towards advocacy and policy development on the marketing of sugar-sweetened beverages to children and youth.

We look forward to hearing what Ontario will do with the EPODE initiative. Potentially, this could be integrated into existing Healthy Communities work that is funded through Health Promotion and directed through boards of health. It would certainly reduce any duplication to channel this work through existing partnerships and collaborations. The Board would welcome the opportunity to see Peterborough as one of the funded pilot sites for this initiative.

As you have done with your Poverty Reduction strategy, the monitoring and reporting functions will be critical. One of public health's key functions is surveillance and we would welcome the opportunity to work with the primary care sector and the provincial information leads to capture data such as breastfeeding rates and physical measures of height and weight from the electronic medical record. We believe that several research teams in Ontario have demonstrated that this is possible. It is time to plan how we will make this happen.

Ministers, we are encouraged that you took the time to come to speak to us. We are eager to see measurable improvements in the health of our children. We look forward to working with you and hope that we can play an important role in making this a success!

Yours in health,

Original signed by

David Watton
Chair, Board of Health
Peterborough County-City Health Unit

cc: Hon. Kathleen Wynne, Premier of Ontario
Ontario Boards of Health
Association of Local Public Health Agencies

10 Hospital Drive, Peterborough, ON K9J 8M1 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

July 8, 2013

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building - Queen's Park
Room 281
111 Wellesley Street West
Toronto, Ontario M7A 1A1

Dear Premier Wynne:

On June 12, 2013, the Board of Health for the Peterborough County-City Health Unit received copies of correspondence from the Simcoe-Muskoka District Health Unit and the City of Toronto Board of Health regarding Menu Labelling and Bill 59: Healthy Decisions for Healthy Eating Act, 2013. In support of keeping consumers informed and ensuring they have the opportunity to make healthier choices when eating out, the Board of Health expresses its support for Bill 59 which will require food premises owners with a minimum of 5 locations in Ontario and a gross annual revenue of over $5 million to:

- display the number of calories for food and drink items sold and served through menu labeling;
- display the sodium content for food and drink items sold and served through menu labeling; and
- make available brochures that provide nutritional information for the food and drink items sold or served.

We have strongly supported the previous private members bills regarding Menu Labelling and feel that the inclusion of sodium and calorie disclosure makes the passage of this bill even more effective in impacting the health of all Ontarians and contributing to the reduction of chronic diseases.

On behalf of the Peterborough County-City Health Unit and our residents, we ask your government to ensure that this private members' Bill become law in Ontario. We believe that Bill 59 complements the work your government has already done in improving the nutritional value of foods and beverages served in schools. It also clearly aligns with recommendations from the section "Change the Food Environment" of the *Healthy Kids Strategy: No Time to Wait*, (Healthy Kids Panel, 2013).

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We look forward to your government's support for this important legislation that will help to make the healthy choice the easy choice for consumers.

Yours in health,

Original signed by

David Watton
Chair, Board of Health
Peterborough County-City Health Unit

cc: The Honourable Deb Matthews, Minister of Health and Long-Term Care
France Gélinas, MPP (Nickel Belt)

Minister of Health | Ministre de la Santé

Ottawa, Canada K1A 0K9

JUL 1 2 2013

RECEIVED
JUL 1 8 2013
PETERBOROUGH COUNTY
CITY HEALTH UNIT

Mr. David Watton
Chair, Board of Health
Peterborough County-City Health Unit
10 Hospital Drive
Peterborough, Ontario K9J 8M1

Dear Mr. Watton:

The Honourable James M. Flaherty, Minister of Finance, has forwarded to me a copy of your correspondence of May 28, 2013, concerning student nutrition programs.

The Government of Canada recognizes the important role that nutrition plays in promoting the health of children and youth, and works to reflect their unique needs in our national nutrition policies and strategies. The Government develops and promotes guidelines for healthy eating, including Canada's Food Guide. These guidelines underpin the nutrition and health policies, standards and education initiatives across the country, including in the school setting.

In September 2010, Canada's Health Ministers endorsed *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights* to address childhood obesity. At the November 2011 Health Ministers Meeting, the Ministers endorsed the report entitled *Actions Taken and Future Directions 2011* concerning the Framework. The report presents actions that have been undertaken to advance the Framework since September 2010, and proposes key areas of action that can be taken by the federal, provincial and territorial governments to support healthy weights and reduce childhood obesity. These actions have set the stage for unprecedented collaboration among federal, provincial and territorial governments on supporting good health. One of the key policy priorities includes looking at ways to increase the availability and accessibility of nutritious foods. Influencing the types and amounts of foods served and sold in places where children gather is one way to help improve the food environment to support healthy eating.

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Canada

The responsibility for the provision of food in settings like schools rests with the provinces and territories. Significant work is underway within the provinces and territories in the development and implementation of comprehensive school nutrition policies and guidelines, which include child and youth nutrition programs. Even though programs vary from province to province and between communities, many build upon standards and guidelines developed collaboratively at the national level, such as Canada's Food Guide.

The federal government does not systematically fund school feeding programs in the provinces and territories. Consistent with the federal role, it invests in community-based funding programs that support the health and development of pre-school aged children. These programs include the Community Action Program for Children (CAPC) and Aboriginal Head Start in Urban and Northern Communities (AHSUNC). The CAPC provides funding to community groups and coalitions to support projects that promote the health and social development of vulnerable children (0-6 years). Programming often includes a nutrition component such as the provision of healthy meals or snacks and collective kitchens. AHSUNC supports early childhood development strategies by promoting the health and well-being of children through comprehensive programming focussed on health promotion, parental involvement, Aboriginal culture and language, social support, education and nutrition. Children in AHSUNC are provided with healthy breakfasts and/or lunches and snacks to meet their nutritional needs. Parents and children also have opportunities to learn about how to further develop nutritious and healthy eating habits. You may wish to visit the Public Health Agency of Canada's website to learn more about these programs at http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/capc-pace/index-eng.php and http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/ahsunc-papacun/index-eng.php.

The Government of Canada provides leadership and co-ordination to the Federal/Provincial/Territorial Group on Nutrition (FPTGN), which brings together federal, provincial and territorial government officials working in public health and nutrition policy and program development. The FPTGN is working to improve the consistency of school food and beverage guidelines across jurisdictions. Revising and developing guidelines is an evolving, long-term process that requires a flexible approach to adapt to the changing food supply, evolving evidence and the unique needs and circumstances of each jurisdiction.

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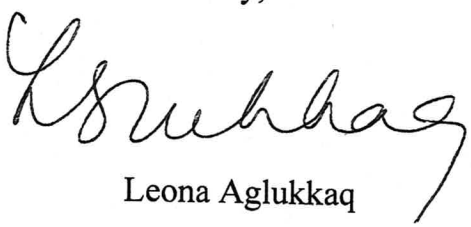
The federal government also works with the provinces and territories to promote the healthy development of children and youth in the school setting through the Joint Consortium for School Health. The Consortium brings together key representatives from the federal, provincial and territorial ministries of health and education responsible for school health. It provides leadership to promote comprehensive school health across multiple sectors, shares best practices and programs and builds capacity within the health and education ministries to improve the health of Canadian children and youth. For further information on this organization, you may wish to visit the Consortium's website at http://www.jcsh-cces.ca/.

I appreciate having had your concerns brought to my attention.

Sincerely,



Leona Aglukkaq

c.c. Mr. Dean Del Mastro, M.P.
Mr. Barry Devolin, M.P.

Ministry of Children and Youth Services

Minister's Office

56 Wellesley Street West
14th Floor
Toronto ON M5S 2S3
Tel.: 416 212-7432
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Ministère des Services à l'enfance et à la jeunesse

Bureau de la ministre

56, rue Wellesley Ouest
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Ontario

JUL 15 2013

File: CSS5111C-2013-1324

Mr. David Watton
Peterborough County-City
Health Unit
10 Hospital Drive
Peterborough, Ontario
K9J 8M1

Dear Mr. Watton:

Thank you for your letter to the Honourable Deb Matthews, Minister of Health and Long-Term Care and to me offering your support for the recommendations in the Healthy Kids Panel Report, *No Time to Wait: The Healthy Kids Strategy*. I appreciate your endorsement of the report and I welcome this opportunity to respond.

As you are aware, the Healthy Kids Panel has played an important role in helping to create an Ontario where children and youth have the best opportunity to succeed and reach their full potential. The panel identified three pillars that could have the largest impact on obesity:

- start all kids on the path to health through the early years with healthy preconception;
- change the food environment by promoting healthy eating and decreasing consumption of unhealthy foods; and
- create healthy communities with healthy environments.

I agree that the public health sector should have a key role to play in achieving these objectives. I commend your efforts to drive local change within existing resources and through partnership development. Innovative approaches, such as working with municipal partners to make it easier for children to walk to school and improving connections between farms and schools to expand local food use in schools, are initiatives that can set the foundation for good health and nutrition for life. Your efforts to work with community partners on local initiatives reflect the broader coordination and shared vision that is required across government, healthcare and children's services sectors to address the challenge of childhood obesity in Ontario.

.../cont'd

As co-chair of the inter-ministerial Working Group on the Healthy Kids Panel Report, I remain firmly committed to working with colleagues across ministries and local partners to review the recommendations and to inform our next steps. A challenge of this magnitude requires careful cross-government consideration and this important work has already begun.

Thank you for writing. I look forward to our continued partnership as we work together to make comprehensive improvements to the health and well-being of Ontario's children and youth.

Yours truly,

Teresa Piruzza
Minister

c: The Honourable Deb Matthews, Minister of Health and Long-Term Care

Peterborough County-City HEALTH UNIT
...because health matters!

July 26, 2013

Bonnie Clark, Chair, Board of Directors
Peterborough Housing Corporation
526 McDonnel Street
Peterborough, ON K9H 0A6

Dear Ms. Clark:

Thank you for your letter dated November 6, 2012 in regard to the presentation occurring much earlier on June 20th to the Board of Directors at Peterborough Housing Corporation (PHC).

We applaud PHC for implementing your newest building, Bradburn House, as smoke-free. However, we continue to receive numerous complaints from your tenants and know that the majority of Peterborough residents who live in social units, especially children, the elderly and persons with pre-existing health conditions, continue to be negatively affected by second-hand smoke exposure. As the largest social housing provider in Peterborough City and County, PHC's adoption of board-wide comprehensive smoke-free policies would significantly influence the health and wellbeing of this marginalized population.

As you are aware, and is included in the report attached, second-hand smoke is a toxic mix of over 7,000 chemicals, of which at least 250 are regulated toxins, and 69 are known carcinogens, or cancer causing agents.[1] There is no safe level of exposure to second-hand smoke and all exposure should be avoided. The only way to fully protect tenants' from this health hazard is to eliminate exposure in private units to avoid drifting smoke from one unit to another.

Results from a 2010 survey by the Ontario Smoke-Free Housing Coalition indicate that a third (32%) of respondents were regularly exposed to second-hand-smoke and that when asked to choose to between two identical buildings, 80% would select the one where smoking was prohibited.[2] Despite strong public support, and the fact that the vast majority (84%) of Ontarians do not smoke, demand for smoke-free housing options far exceed the supply in Ontario. Housing providers in other regions are responding. As of January 2013, there were approximately 70 community and social housing providers with no smoking policies in Ontario. Efforts in Waterloo, Ottawa, Barrie, and more closely in Northumberland County demonstrate that no-smoking policies can be successfully implemented and enforced in social housing units.
More specifically:

- in response to second-hand smoke complaints from tenants, in April 2010, the Region of Waterloo became the first Regional Municipality in Ontario to implement 100% smoke-free housing units, affecting 2,722 units. Existing tenants are grandfathered in unless they move to a new unit and thus sign a new lease.[3] As of this date, all new leases signed by Waterloo Regional Housing and Waterloo Community Housing Inc. state that tenants and their guests are not permitted to smoke or hold lit tobacco in the residential unit (including any balconies or patios).
- effective July 1, 2012 a smoke-free policy was implemented affecting all new leases signed in the 953 units operated by Barrie Municipal Non Profit Housing Corporation;[4]
- earlier this year, a smoke-free policy was implemented, affecting all 344 of Northumberland County's Community and Social Services housing units;[5] and

10 Hospital Drive, Peterborough, ON K9J 8M1 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

- expected early 2014, Ottawa Community Housing Corporation will be implementing smoke-free policies in its buildings which totals 14,800 units.[6]

Many social housing providers in Ontario recognize that they have a responsibility to protect their tenants and follow up on complaints, including those regarding second-hand smoke exposure. No-smoking policies are beneficial to the operator by reducing cleaning cost and damage to units, reducing the risk of fires, and creating more marketable units. For a more comprehensive list of social housing providers with smoke-free policies, please visit Smoke-Free Housing Ontario's website at www.smokefreehousingon.ca.

One common misperception is that smokers' rights will be violated if smoke-free policies are implemented. In fact, there is a notable difference between having a choice to smoke and an absolute right to smoke regardless of health consequences to others by involuntary exposure to second-hand smoke. There is no legislation protecting smokers when the other tenants are being negatively affected. It is the non-smoking tenant who is protected by provincial legislation such as the Smoke-Free Ontario Act, Residential Tenancies Act, and the Ontario Human Rights Code. Smoke-free policies in multi-unit dwellings are legal, enforceable and non-discriminatory.

We understand you recently completed a survey with tenants and the results showed a lack of support for a smoke-free policy. Depending on the survey design and implementation, response rates and results can vary and be misleading. Engaging residents, a key stakeholder, ensures they have a voice in the policy development process and are informed about possible policy changes; however, we suggest that the survey tool and results be reviewed to ensure strong design and methodology. If you are willing to share, we would be keen to see the survey questions and results and would be happy to support PHC as you move forward in this endeavour.

We are disappointed with PHC's receptiveness and progress to date, especially given the smoke-free policy advances being made in other similar jurisdictions. We strongly encourage you to prioritize the health and safety of your tenants and reconsider implementing smoke-free policies in all of your buildings and units.

Sincerely,

Original signed by

David Watton
Board of Health, Chair
Peterborough County-City Health Unit

/at

Encl.

10 Hospital Drive, Peterborough, ON K9J 8M1 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

[1] Non-Smokers' Rights Association. (2012). *Exposure to Second-hand Smoke*. Retrieved on May 9, 2013 from, www.nsra-adnf.ca/cms/page1464.cfm

[2] Smoke-Free Housing Coalition. (2010). *2010 Tenant Survey.* Retrieved on May 9, 2013 from, www.smokefreehousingon.ca/sfho/tenants-tenant-surveys.html

[3] McCammon-Tripp, L.1, Stich, C., & Region of Waterloo Public Health and Waterloo Region Housing Smoke-Free Multi-Unit Dwelling Committee. (2010). *The development of a smoke-free housing policy in the Region of Waterloo: Key success factors and lessons learned from practice*. Toronto, Canada: Program Training and Consultation Centre, LEARN Project.

[4] Smoke-Free Housing Ontario. (2013). *Ontario Community/Social Housing Providers with No-Smoking Policies.* Retrieved May 9, 2013, from www.smokefreehousingon.ca/hsfo/file/files/Community_Housing_Jan_2013.pdf

[5] MacDonald, V. (2013, January 16). *County to introduce no-smoking policy in social housing units.* Retrieved from, www.northumberlandtoday.com

[6] Spalding, D. (2013, June 14).*Smoking ban considered for city's social housing.* Retrieved from www.ottawacitizen.com

Ministry of Health and Long-Term Care

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Ontario

AUG 0 1 2013

HLTC2966MC-2013-6115

Mr. David Watton
Chair, Board of Health
Peterborough County-City Health Unit
10 Hospital Drive
Peterborough ON K9J 8M1

Dear ~~Mr Watton~~: David

Thank you for your letter sharing your support for the Healthy Kids Panel's report *No Time to Wait: The Healthy Kids Strategy.*

I'm both grateful and encouraged to have health care partners, like the Peterborough County-City Health Unit, who have as deep a concern as we do about healthy weights and a commitment to working to improve the health of the people of Ontario.

Our government understands that leading healthy lives benefits both Ontarians' well-being and the health care system as a whole. One of our top priorities identified in Ontario's Action Plan for Health Care is "Keeping Ontarians Healthy". I want Ontario to be the healthiest place to grow up and grow old and the recommendations contained in the Healthy Kids Panel's report will guide us on how best to achieve the goal of helping our children lead healthier lives. I appreciate your sharing the recommendations that your health unit sees as priorities going forward.

I also commend you for the important work your unit is already undertaking to improve the health of children, such as supporting nutrition policies in schools and improving sidewalk connectivity to encourage children to walk to school. I appreciate the perspective that you and your colleagues can provide to us as we move forward on implementing the panel's recommendations. We will be considering all of the panel's recommendations and appreciate any feedback from the people of Ontario, including any and all stakeholders, on this report and possible implementation.

As a first step, I've set up an inter-ministerial working group, which I will co-chair with my colleague, the Honourable Teresa Piruzza, Minister of Children and Youth Services, to direct our government's action on implementing the recommendations of the panel.

...2

Mr. David Watton

I also look forward to working with our health care partners, including public health units, as we continue this important work in the months and years ahead.

Again, thank you for taking the time to write about this issue.

Sincerely,

Deb Matthews

Deb Matthews
Minister

c: Hon. Teresa Piruzza, Minister

Peterborough County-City HEALTH UNIT
...because health matters!

August 12, 2013

The Honourable Linda Jeffrey
Ministry of Municipal Affairs and Housing
777 Bay Street, 17th Floor
Toronto, ON M5G 2E5

Dear Minster Jeffrey:

On June 12, 2013, the Board of Health for the Peterborough County-City Health Unit requested that I contact you as Minister of Municipal Affairs and Housing to request that the province implement a policy requiring that municipal and community recipients of provincial housing funding be designated smoke-free as a criteria for eligibility.

Tobacco use remains the leading cause of preventable illness and death in Ontario. There are more than 7,000 chemicals found in second-hand-smoke (SHS), of which at least 250 are regulated toxins, and 69 are known carcinogens, or cancer causing agents.[i] There is no safe level of exposure to SHS and all exposure should be avoided. The only way to fully protect residents from this health hazard is to eliminate exposure in private units to avoid drifting smoke from one unit to another; cleaning the air and ventilating buildings cannot eliminate SHS.[ii] Residents who live in social units, especially children, the elderly and persons with pre-existing health conditions, continue to be negatively affected by second-hand smoke exposure.

It is imperative that every effort be made to protect those most vulnerable as they often have no control or choice in regards to their living conditions. Smoke-free policies in multi-unit dwellings are legal, enforceable and non-discriminatory. Making this a priority for the Ministry of Municipal Affairs and Housing directly aligns with the Ministry's objectives to:

- Strengthen Ontario communities by promoting a housing market that serves the full range of housing needs, **protects tenants**, and encourages private sector building; and
- Address building safety, including structural soundness, **occupant safety**, and energy efficiency. [emphasis added]

Eliminating smoking in multi-unit dwellings (MUDs) is one component in a comprehensive tobacco control strategy to prevent and reduce the harms associated with tobacco use. Strong smoke-free MUD policies will support Ontario Action Plan's goal of the lowest smoking rates in Canada.

Now that most Ontarians are protected under the Smoke-Free Ontario Act (SFOA) in public places and workplaces, demand for other smoke-free environments is on the rise, particularly in multi-unit dwellings (MUDs). Under the SFOA, smoking is prohibited only in common areas and not inside individual units in shared housing. There is a growing need for smoke-free housing options as evident in a recent Ipsos Reid survey, where one-third of respondents indicated being regularly exposed to SHS in their homes and 80% would choose to live in a smoke-free building if given their preference.[iii] Despite strong public support, and the fact that the vast majority (84%) of Ontarians do not smoke,

demand for smoke-free housing options far exceed the supply in Ontario. At a local level, several housing providers have identified this as a priority and as of January 2013, there were approximately 70 community and social housing providers with no smoking policies in Ontario.[iv]

We strongly encourage you to prioritize the health and safety of Ontarians and consider implementing a smoke-free policy clause in any funding agreements made with social housing providers.

Yours in health,

Original signed by

David Watton
Chair, Board of Health
Peterborough County-City Health Unit

/at

cc: Minister Deb Matthews, Ministry of Health and Long-Term Care
Mayor Darryl Bennett, City of Peterborough
Warden J. Murray Jones, County of Peterborough; Mayor, Township of Douro-Dummer
Mayor Doug Pearcy, Township of Asphodel-Norwood
Mayor John Fallis, Township of Cavan Monaghan
Mayor Ron Gerow, Township of Havelock-Belmont-Methuen
Mayor Jim Whelan, Township of North Kawartha
Reeve Dave Nelson, Township of Otonabee-South Monaghan
Mayor Mary Smith, Township of Selwyn
Mayor Janet Clarkson, Municipality of Trent Lakes
Susan Bacque, Manager, Housing Division, City of Peterborough
Ontario Boards of Health

[i] Non-Smokers' Rights Association. (2012). *Exposure to Second-hand Smoke*. Retrieved on May 9, 2013 from, www.nsra-adnf.ca/cms/page1464.cfm

[ii] U.S. Department of Health and Human Services. (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[iii] Smoke-Free Housing Coalition. (2010). *2010 Tenant Survey.* Retrieved on May 9, 2013 from, www.smokefreehousingon.ca/sfho/tenants-tenant-surveys.html

[iv] Smoke-Free Housing Ontario. (2013). *Ontario Community/Social Housing Providers with No-Smoking Policies.* Retrieved May 9, 2013, from www.smokefreehousingon.ca/hsfo/file/files/Community_Housing_Jan_2013.pdf

Ministry of Health and Long-Term Care

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Ontario

AUG 15 2013

HLTC2976FL-2013-144

Mr. David Watton
Chair
Peterborough County-City Board of Health
10 Hospital Drive
Peterborough ON K9J 8M1

Dear ~~Mr. Watton~~: David

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Peterborough County-City Board of Health up to $6,894,408 in annual base funding for the 2013 funding year to support the provision of mandatory and related public health programs and services in your community, and up to $1,022,560 in one-time funding to support projects related to the delivery of these initiatives.

Roselle Martino, Executive Director of the Public Health Division and Office of the Chief Medical Officer of Health, and Kate Manson-Smith, Assistant Deputy Minister of the Health Promotion Division, will write to Dr. Rosana Pellizzari, Medical Officer of Health, Peterborough County-City Health Unit, shortly concerning the terms and conditions governing this funding.

Thank you for your continued dedication and commitment to Ontario's public health system.

Sincerely,

Deb Matthews

Deb Matthews
Minister

1671-01 (03/04)

.../2

Mr. David Watton

c: Hon. Jeff Leal, MPP, Peterborough
Dr. Rosana Pellizzari, Medical Officer of Health, Peterborough County-City Health Unit
Dr. Arlene King, Chief Medical Officer of Health
Roselle Martino, Executive Director, Public Health Division and
Office of the Chief Medical Officer of Health
Kate Manson-Smith, Assistant Deputy Minister, Health Promotion Division

SAVE THE DATE

Thursday, November 14 & Friday, November 15
Novotel Toronto Centre, 45 The Esplanade, Toronto

2013 FALL SYMPOSIUM ON HEALTHY KIDS

This event will focus on improving Ontario health units' understanding of the role of public health in advancing the March 2013 recommendations of the Healthy Kids Panel. Along with guest speakers, attendees will address the following questions: Which recommendations need to involve public health? Where can public health have the greatest impact? What should be public health's role—lead, partner, participant—on the Panel recommendations?

Book hotel guestroom by Oct. 18 | **Reservations ☎ 416-367-8900** | **Register online here**

A conference for:

- Medical officers of health
- Board of health members
- Senior public health managers
- Early childhood/family health staff
- Chronic Disease Prevention staff
- Nutrition staff

alPHa
Association of Local PUBLIC HEALTH Agencies

In addition to plenary sessions, there will be:

- COMOH meeting for Medical Officers of Health, Associate Medical Officers of Health
- BOH Section meeting for Board of Health members
- Networking reception for all attendees

Novotel Toronto Centre
45 The Esplanade
Downtown Toronto

Book your hotel guest accommodations by October 18.

Call hotel reservations at **416-367-8900** or e-mail H0931@accor.com and request the group rate for alPHa.

Register online at www.alphaweb.org

REGISTRATION INFORMATION

Conference Registration Fees

Full Conference: Includes 2 breakfasts, 4 breaks, 2 lunches, 1 reception, Thursday & Friday program sessions	$295 + HST
Daily Rate:	
Thursday - includes breakfast, breaks, lunch, reception and full day programs	$225 + HST
Friday - includes breakfast, breaks, lunch and scheduled meetings	$150 + HST
Emeritus:	
Full Conference	$147.50 + HST
Thursday - includes breakfast, breaks, lunch, reception and full day programs	$112.50 + HST
Friday - includes breakfast, breaks, lunch and scheduled meetings	$75 + HST
Public Health & Preventive Medicine Residents:	
Includes 2 breakfasts, 4 breaks, 2 lunches, 1 reception, all program sessions	Fee Waived

Registration & Payment

Online Registration / Credit Card Payment:
Register and pay online using Visa or Master Card by accessing our secure system. **Click here and register online today**.

If you wish to be billed an invoice, please indicate so when registering online.

Cancellation Policy:
Cancellations must be received at alPHa by **Thursday, November 7, 2013** for a full refund of your registration fee. Cancellations received November 8 are subject to a 20% administrative fee. There are no refunds for cancellations received November 9 and after; however, substitutions are allowed.

Important: Hotel room cancellations must be confirmed directly with the Novotel Toronto Centre at least 72 hours prior to arrival and *not* through alPHa.

Contact: For questions about registration and payment contact Karen Reece, at 416-595-0006 ext 24, by email at karen@alphaweb.org or fax 416-595-0030.

Peterborough County-City
HEALTH UNIT
...because health matters!

August 27, 2013

Hon. Deb Matthews,
Minister of Health and Long-Term Care,
Minister's Office, Hepburn Block
10th Floor, 80 Grosvenor St
Toronto ON M7A2C4

Dear Minister Matthews:

Reference: Peterborough County-City Health Unit Funding

On behalf of Deputy Mayor Sharpe and myself, I would like to thank you for taking the time to meet with us at the AMO conference in Ottawa.

As we discussed, prior to deciding to purchase a new building for the Health Unit our Board examined all our options and completed extensive research including an analysis on upgrading or expanding our existing facilities, a cost benefit analysis of leasing, leasing to own and leasing versus owning.

Our Board has owned its building since 1975 so over the last thirty-three years our occupancy costs have been substantially lower than other Boards. Our research indicates that high rental and occupancy costs in Peterborough combined with historically low interest rates makes it significantly less expensive to own rather than rent. While we are asking for an increase to our occupancy budget, it is substantially lower than what a lease rate would be for similar space and I would like to assure you we will maintain this rate until the building is paid off, after which the province can anticipate decades of savings.

As I mentioned in our meeting, yours is the last critical step in making this very beneficial move for the Health Unit, our clients, our region, our Downtown and, of course, the Province - short term and long term. All four of our other partners have agreed to the new funding model. We just need you now please.

During our meeting you shared you have a very special Peterborough connection. We would be delighted to offer a tour of our existing facilities and show you the proposed new facility if you have time during a future visit.

Again, thank you for meeting with us.

Respectfully Yours,

Originally signed by

Lesley Parnell
Board of Health Member and
City Councillor, City of Peterborough

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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alPHa's members are the 36 public health units in Ontario.

alPHa Sections:

- Boards of Health Section
- Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

- ANDSOOHA - Public Health Nursing Management
- Association of Ontario Public Health Business Administrators
- Association of Public Health Epidemiologists in Ontario
- Association of Supervisors of Public Health Inspectors of Ontario
- Health Promotion Ontario
- Ontario Association of Public Health Dentistry
- Ontario Society of Nutrition Professionals in Public Health

25 YEARS
1986 – 2011

September 3, 2013

Association of Local Public Health Agencies Announces Officers for 2013-14

Dear Colleague:

I am pleased to announce the following Association leadership that is now in place following alPHa's June Annual Conference for the 2013-14 fiscal year. Please join me in welcoming these officials into their roles. We look forward to a productive year together.

President	Mrs. Mary Johnson Board of Health Member Eastern Ontario Health Unit
Vice President	Dr. Robert Kyle Medical Officer of Health and Commissioner Durham Region Health Department

alPHa Section Leadership:

Chair, Board of Health Section	Mayor Al Edmondson Board of Health Member Middlesex-London Health Unit
Chair, Council of Medical Officers of Health (COMOH)	Dr. Valerie Jaeger Medical Officer of Health Niagara Region Public Health

For a fuller introduction to alPHa's Board, please visit http://www.alphaweb.org/?page=BOD_2013

Yours truly,

Linda Stewart
Executive Director

June 7, 2013

DURHAM REGION

The Honourable Kathleen Wynne
Premier
Room 281
111 Wellesley Street West
Queen's Park
Toronto ON M7A 1A1

RECEIVED
JUN 11 2013
PETERBOROUGH COUNTY CITY HEALTH UNIT

The Regional Municipality of Durham

Corporate Services Department - Legislative Services

605 ROSSLAND RD. E.
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CANADA
905-668-7711
Fax: 905-668-9935

www.durham.ca

Matthew L. Gaskell
Commissioner of Corporate Services

RE: MEMORANDUM FROM DR. ROBERT KYLE, COMMISSIONER & MEDICAL OFFICER OF HEALTH, DATED MAY 16, 2013, RE: CHILDREN IN NEED OF TREATMENT PROGRAM (CINOT) AND HEALTHY SMILES ONTARIO PROGRAM (HSO)
OUR FILE: P00-48

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on June 5, 2013 Council adopted the following recommendations of the Committee:

"WHEREAS people cannot be healthy without good oral health; and

WHEREAS the Children in Need of Treatment program (CINOT), which provides emergency/essential dental care free-of-charge to children in low-income families, was expanded to include children up to 18 years of age; and

WHEREAS the Healthy Smiles Ontario program (HSO) was launched on October 1, 2010; and

WHEREAS HSO ensures that Ontario kids can have no-cost regular visits with a dentist or dental hygienist; and

WHEREAS children who are 17 years and under, are members of a household with an Adjusted Family Net Income of $20,000 per year or less, and do not have access to any form of dental coverage are eligible to receive HSO services; and

WHEREAS CINOT and HSO are administered by Ontario's 36 boards of health; and

WHEREAS the value of these programs have been highlighted in the Ontario's Poverty Reduction Strategy Annual Reports; and

WHEREAS the CINOT expansion and HSO are 100% provincially funded; and

WHEREAS the provincial funding for these programs may sunset as early as the Fall of 2013;

NOW THEREFORE BE IT RESOLVED that the Council of the Regional Municipality of Durham urges the Ontario government to continue to provide boards of health with 100% provincial funding; and

BE IT FURTHER RESOLVED that all Ontario boards of health continue to administer these programs; and

BE IT FURTHER RESOLVED that the Premier of Ontario, Ministers of Children and Youth Services, Community and Social Services, Health and Long-Term Care, and Finance, Durham's MPPs, Chief Medical Officer of Health, alPHa, AMO, OAPHD, Provincial Advocate for Children and Youth, and all Ontario boards of health be so advised."

Deb Bowen

D. Bowen, AMCT
Regional Clerk/Director of Legislative Services

DB/lf

c: The Honourable T. Piruzza, Minister of Children and Youth Services
The Honourable T. McMeekin, Minister of Community and Social Services
The Honourable D. Matthews, Minister of Health & Long-Term Care
The Honourable C. Sousa, Minister of Finance
T. MacCharles, MPP (Pickering/Scarborough East)
C. Elliott, MPP (Whitby/Oshawa)
J. O'Toole, MPP (Durham)
J. Ouellette, MPP (Oshawa)
L. Scott, MPP (Haliburton/Kawartha Lakes/Brock)
J. Dickson, MPP (Ajax/Pickering)
A. King, Chief Medical Officer of Health
L. Stewart, Executive Director, alPHa
P. Vanini, Executive Director, AMO
P. Abbey, President, OAPHD
I. Elman, Provincial Advocate for Children and Youth
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health

June 28, 2013

The Honourable Kathleen Wynne
Premier
Room 281
111 Wellesley Street West
Queen's Park
Toronto ON M7A 1A1

RE: MEMORANDUM FROM DR. ROBERT KYLE, COMMISSIONER & MEDICAL OFFICER OF HEALTH, DATED JUNE 6, 2013, RE: HEALTH INEQUITIES OUR FILE: P00-48

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on June 26, 2013 Council adopted the following recommendations of the Committee:

"a) THAT the correspondence dated May 16, 2013 from P. Sutcliffe, Medical Officer of Health and CEO, Sudbury & District Health Unit, to The Honourable K. Wynne, Premier, respecting the Sudbury & District Health Unit report: Opportunity for All: The Path to Health Equity, urging the Ontario government to maintain its commitment to poverty reduction in Ontario as a public health measure, be endorsed; and

b) THAT the Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health, alPHa, AMO, OMSSA, OPHA, Public Health Ontario, and all Ontario boards of health be so advised."

Deb Bowen

D. Bowen, AMCT
Regional Clerk/Director of Legislative Services

DB/lf

c: The Honourable D. Matthews, Minister of Health & Long-Term Care
T. MacCharles, MPP (Pickering/Scarborough East)
C. Elliott, MPP (Whitby/Oshawa)
J. O'Toole, MPP (Durham)
J. Ouellette, MPP (Oshawa)
L. Scott, MPP (Haliburton/Kawartha Lakes/Brock)
J. Dickson, MPP (Ajax/Pickering)
A. King, Chief Medical Officer of Health
L. Stewart, Executive Director, alPHa
P. Vanini, Executive Director, AMO
K. Heineck, Executive Director, OMSSA
S. Cheng, Executive Director, OPHA
V. Goel, President and CEO, Public Health Ontario
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health

DURHAM REGION

The Regional Municipality of Durham

Corporate Services Department - Legislative Services

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Matthew L. Gaskell
Commissioner of Corporate Services

June 7, 2013

The Honourable Kathleen Wynne
Premier
Room 281
111 Wellesley Street West
Queen's Park
Toronto ON M7A 1A1

RE: MEMORANDUM FROM DR. ROBERT KYLE, COMMISSIONER & MEDICAL OFFICER OF HEALTH, DATED MAY 16, 2013, RE: MENU LABELING OUR FILE: P00-48

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on June 5, 2013 Council adopted the following recommendations of the Committee:

"a) THAT the correspondence dated April 29, 2013 from the Toronto Board of Health, to all Ontario medical officers of health, respecting support for the enactment of menu labeling legislation, be endorsed; and

b) THAT Private Member's Bill 59, the *Healthy Decisions for Healthy Eating Act, 2013,* be endorsed; and

c) THAT the Premier of Ontario, Minister of Health and Long-Term Care, France Gélinas, MPP, Durham's MPPs, Chief Medical Officer of Health, alPHa, and all Ontario boards of health be so advised."

D. Bowen, AMCT
Regional Clerk/Director of Legislative Services

DB/lf

c: The Honourable D. Matthews, Minister of Health & Long-Term Care
F. Gélinas, MPP (Nickel Belt)
T. MacCharles, MPP (Pickering/Scarborough East)
C. Elliott, MPP (Whitby/Oshawa)
J. O'Toole, MPP (Durham)
J. Ouellette, MPP (Oshawa)
L. Scott, MPP (Haliburton/Kawartha Lakes/Brock)
J. Dickson, MPP (Ajax/Pickering)
A. King, Chief Medical Officer of Health
L. Stewart, Executive Director, alPHa
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health

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Matthew L. Gaskell
Commissioner of Corporate Services

June 7, 2013

The Honourable Kathleen Wynne
Premier
Room 281
111 Wellesley Street West
Queen's Park
Toronto ON M7A 1A1

RE: MEMORANDUM FROM DR. ROBERT KYLE, COMMISSIONER & MEDICAL OFFICER OF HEALTH, DATED MAY 16, 2013, RE: ONTARIO'S ACTION PLAN FOR SENIORS OUR FILE: P00-48

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on June 5, 2013 Council adopted the following recommendations of the Committee:

"a) THAT the correspondence dated April 22, 2013 from E. Kolb, Regional Chair and Chief Executive Officer, Region of Peel, to Durham Regional Council, respecting Ontario's Action Plan for Seniors and urging the Provincial government to lead the development of a common policy framework for seniors; conduct a broad capacity planning exercise for seniors; consider all of the recommendations of Dr. Samir Sinha, Expert Lead for Ontario's Senior Care Strategy; and ensure that provincial funding should be assessed according to the needs of the community and the capacity or existing service levels to meet these needs, be endorsed; and

b) THAT the Premier of Ontario, Ministers of Health and Long-Term Care and Responsible for Seniors, Durham's MPPs, Chief Medical Officer of Health, alPHa, and all Ontario boards of health be so advised."

Deb Bowen

D. Bowen, AMCT
Regional Clerk/Director of Legislative Services

DB/lf

c: The Honourable D. Matthews, Minister of Health & Long-Term Care
The Honourable M. Sergio, Minister Responsible for Seniors
T. MacCharles, MPP (Pickering/Scarborough East)
C. Elliott, MPP (Whitby/Oshawa)
J. O'Toole, MPP (Durham)
J. Ouellette, MPP (Oshawa)

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Matthew L. Gaskell
Commissioner of Corporate Services

c. cont.:
L. Scott, MPP (Haliburton/Kawartha Lakes/Brock)
J. Dickson, MPP (Ajax/Pickering)
A. King, Chief Medical Officer of Health
L. Stewart, Executive Director, alPHa
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health

June 7, 2013

The Honourable Kathleen Wynne
Premier
Room 281
111 Wellesley Street West
Queen's Park
Toronto ON M7A 1A1

RE: MEMORANDUM FROM DR. ROBERT KYLE, COMMISSIONER & MEDICAL OFFICER OF HEALTH, DATED MAY 16, 2013, RE: *SKIN CANCER PREVENTION ACT (TANNING BEDS), 2013*
OUR FILE: P00-48

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on June 5, 2013 Council adopted the following recommendations of the Committee:

"a) THAT the correspondence dated April 22, 2013 from B. Warshawsky, Acting Medical Officer of Health, Middlesex-London Board of Health, to The Honourable K. Wynne, Premier, respecting support of Bill 30, the *Skin Cancer Prevention Act (Tanning Beds), 2013*, be endorsed; and

b) THAT the Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health, alPHa, and all Ontario boards of health be so advised."

Deb Bowen

D. Bowen, AMCT
Regional Clerk/Director of Legislative Services

DB/lf

c: The Honourable D. Matthews, Minister of Health & Long-Term Care
T. MacCharles, MPP (Pickering/Scarborough East)
C. Elliott, MPP (Whitby/Oshawa)
J. O'Toole, MPP (Durham)
J. Ouellette, MPP (Oshawa)
L. Scott, MPP (Haliburton/Kawartha Lakes/Brock)
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Matthew L. Gaskell
Commissioner of Corporate Services

August 9, 2013

Gary McNamara, Chair
Board of Health for Windsor-Essex County Health Unit
1005 Ouellette Avenue
Windsor ON N9A 4J8

Dear Mr. McNamara:

Re: Smoke-Free Ontario Strategy and Reduction in Contraband Tobacco

On July 26, 2013 at a regular meeting of the Board of Health for the Grey Bruce Health Unit, the Board considered the attached resolution passed by your Board on June 18, 2013 regarding the Smoke-Free Ontario strategy and reduction in contraband tobacco. The following motion was passed:

Motion No: 2013-47

Moved by: Gary Levine Seconded by: Bob Pringle

"That the Board of Health for the Grey Bruce Health Unit support the resolution from Windsor-Essex County Board of Health advocating for a reduction in contraband tobacco and in support efforts of the Smoke-Free Ontario Strategy to reduce and/or eliminate the use of all tobacco products in Ontario."

Carried.

Sincerely,

Original signed by

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: Ministry of Health and Long-Term Care
All Ontario Boards of Health

Encl.

August 9, 2013

Daryl Vaillancourt, Chair
Board of Health for North Bay Parry Sound District Health Unit
681 Commercial Street
North Bay ON P1B 4E7

Dear Mr. Vaillancourt:

Re: Menu Labelling

On July 26, 2013 at a regular meeting of the Board of Health for the Grey Bruce Health Unit, the Board considered the attached resolution #BOH/2013/06/14 passed by your Board on June 26, 2013 regarding Menu Labelling. The following motion was passed:

Motion No: 2013-46

Moved by: Mitch Twolan Seconded by: Gary Levine

"That the Board of Health for the Grey Bruce Health Unit support the resolution from North Bay Parry Sound District Health Unit urging the Ontario Premier and the Minister of Health and Long-Term Care to develop menu labelling legislation; to take the necessary steps to enact Bill 59: Healthy Decisions for Healthy Eating Act; and to endorse the position statement of Ontario Society of Nutrition Professionals in Public Health regarding enacting menu labelling legislation."

Carried.

Sincerely,

Original signed by

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: Ministry of Health and Long-Term Care
All Ontario Boards of Health

Encl.

HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT
HEALTH UNIT

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June 20, 2013

The Honourable Deb Matthews
Minister of Health and Long-Term Care
Hepburn Block
10th Floor 80 Grosvenor St
Toronto ON M7A 2C4

Dear Minister Matthews

RE: Menu Labelling, Bill 59: Healthy Decisions for Healthy Eating Act, 2013

The Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit strongly supports Bill 59: Healthy Decisions for Healthy Eating Act and urges you to take the necessary steps to ensure this Bill becomes enacted.

The Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit supports requiring food service premises (as defined in Bill 59) to (i) display the number of calories (ii) indicate high and very high sodium content and (iii) make available brochures that provide nutritional information for the food and drink items sold or served for immediate consumption or in a form that is for immediate consumption either on the premise or elsewhere, at the food service premise.

Canadians of all ages and income are eating out more than ever before.[1 2 3] Evidence indicates that eating meals away from home is associated with excessive intake of calories, sodium and fat among children and adults.[4 5] The mean sodium intake for Canadians is about 3,400 mg per day, more than double the amount both adults and children need daily.[6] High sodium intakes contribute to chronic diseases including hypertension, heart disease, stroke, and kidney failure. In addition, over one-quarter of Ontario youth aged 12 to 17, and over half of Ontario adults are overweight or obese.[7] It has been estimated that obesity costs Canadians billions of dollars every year as does high sodium intake due to its association with cardiovascular disease.[8] When considered against other non-communicable disease risk factors in Ontario, unhealthy diets have the most potentially harmful impact on life expectancy for Ontarians after smoking.[9]

Menu labelling informs people's decision-making in complex food environments, supports information transparency and the community right to know, and makes nutrition information readily and consistently available at the point of sale when people eat out. Menu labelling can

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also lead to nutritionally beneficial product reformulations by restaurants. Requiring nutrition labeling on restaurant menus has also been recommended in several Canadian Federal and Provincial reports, including the recent Ontario Healthy Kids Panel report, *No Time to Wait: The Healthy Kids Strategy.*[10]

Menu Labelling legislation will support the Haliburton, Kawartha, Pine Ridge District Health Unit's ongoing implementation of its Sodium Reduction Strategy that includes a communication campaign "Sodium: How Much Is Too Much" (www.sodiumhowmuch.ca) targeting mothers and their families in the counties of Haliburton and Northumberland and the City of Kawartha Lakes to encourage them to reduce daily sodium intake.

The Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit, at its meeting in April 2011, approved a resolution supporting the recommendations as outlined in the report *Sodium Reduction Strategy for Canada: Recommendations of the Sodium Working Group, July 2010*, in the areas of food supply, awareness and education, research as well as monitoring and evaluation. Specifically the Board of Health supported the recommendation that Health Canada, in collaboration with the Provinces and Territories, continue to work with the restaurant and food service industries to establish voluntary sodium reduction targets for meals and menu items sold in restaurants and food services establishments. Passing Bill 59 may encourage more food service providers to reduce sodium content in food and menu items as they will be required to display actual sodium content of food and drinks served or sold.

In addition, the Board of Health supports providing a copy of this letter to the Premier of Ontario, all local Members of Provincial Parliament (MPP), all Ontario Boards of Health and several provincial special interest groups and stakeholders, communicating its support for developing this necessary legislation.

On behalf of the Board of Health, I urge you to ensure the Ontario Government takes the necessary steps to enact Bill 59: Healthy Decisions for Healthy Eating Act, 2013 without delay in order to improve the health of Ontarians, support disease prevention and facilitate informed consumer choice.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT

Mark Lovshin
Chair, Board of Health

cc France Gélinas, MPP Nickel Belt
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Rob Milligan, MPP Northumberland-Quinte West
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Boards of Health
Canadian Institute of Public Health Inspectors
Association of Supervisors of Public Health Inspectors in Ontario
Ontario Society of Nutrition Professionals in Public Health
Ontario Chronic Disease Prevention Management in Public Health

[1] 1 CCFN (Canadian Council of Food and Nutrition). 2008. Tracking Nutrition Trends VII. Mississauga, ON: Canadian Council of Food and Nutrition.
[2] Garriguet Didier. 2007. Canadians' eating habits. Health Reports 18(2): 17-32.
[3] Statistics Canada. 2006. Overview of Canadians' Eating Habits. Ottawa: Statistics Canada.
[4] Fernando, Jeewani. 2010. Three Essays on Canadian Household Consumption of Food Away from Home with Special Emphasis on Health and Nutrition. PhD Dissertation, University of Alberta.
[5] Guthrie, Joanne F., Biing-Hwan Lin, and Elizabeth Frazao. 2002. Role of food prepared away from home in the American diet, 1977-78 versus 1994-96: Changes and consequences. Journal of Nutrition Education and Behavior 34(3): 140-150.
[6] Sodium Reduction Strategy for Canada, Recommendations of the Sodium Working Group, July 2010. Final report can be retrieved at http://www.hc-sc.gc.ca/fnan/nutrition/sodium/strateg/index-eng.php)
[7] Katzmarzyk Peter T. 2011. The economic costs associated with physical inactivity and obesity in Ontario, The Health and Fitness Journal of Canada 4(4).
http://www.healthandfitnessjournalofcanada.com/index.php/html/article/view/112, accessed March 22, 2013.
[8] Ontario Agency for Health Protection and Promotion Technical Brief: Population reduction of sodium intake, September 13th, 2010.
[9] Manuel, Douglas G., Richard Perez, Carol Bennett, Laura Rosella, Monica Taljaard, Melody Roberts, Ruth Sanderson, Meltem Tuna, Peter Tanuseputro, and Heather Manson. 2012. Seven More Years: The Impact of Smoking, Alcohol, Diet, Physical Activity and Stress on Health and Life Expectancy in Ontario: An ICES/PHO Report. Toronto: Institute for Clinical Evaluative Sciences and Public Health Ontario
[10] Healthy Kids Panel. No Time to Wait: The Healthy Kids Strategy. March 2013. Available at http://www.health.gov.on.ca/en/public/programs/obesity/.

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July 4, 2013

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier Wynne

RE: Resolution 2013-04 from the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit – Municipal and Community Involvement and Control in Renewable Energy Development

At its meeting on June 20, 2013, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit unanimously passed the following resolution 2013-04:

> WHEREAS pursuant to the *Green Energy Act, 2009*, SO 2009, c 12, Sch A, as amended ("GEA"), the *Environmental Protection Act*, RSO 1990, c E.19, as amended ("EPA") and O. Reg 359/09 ("Renewable Energy Approvals under Part V.0.1 of the Act") under the EPA, the siting of industrial wind turbines is under the exclusive authority of the Government of Ontario: and
>
> WHEREAS the Minister of Energy recently announced a review of Ontario's Long-Term Energy Plan; and
>
> WHEREAS, working with the Ontario Power Authority ("OPA") and municipalities, the province will develop a competitive procurement process for renewable projects over 500 kilowatts (kW); and
>
> WHEREAS the new process will replace the existing large project stream of the Feed-In Tariff ("FIT") program and better meet the needs of communities by requiring energy planners and developers to work directly with municipalities to identify appropriate locations and site requirements for any future large renewable energy projects; and
>
> WHEREAS the Minister of Energy further announced that the province would be increasing local control in renewable energy development and that Ontario will:

- Revise the Small Feed-in-Tariff (FIT) program rules for projects between 10 and 500 kW to give priority to projects partnered or led by municipalities.
- Work with municipalities to determine a property tax rate increase for wind turbine towers.
- Provide funding to help small and medium-sized municipalities develop Municipal Energy Plans – which will focus on increasing conservation and helping identify the best energy infrastructure options for a community.

.../2

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AND WHEREAS there have been numerous self-reported health concerns among residents near wind turbine projects;

THEREFORE BE IT RESOVED THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit recommends that local municipalities provide input into the review of Ontario's Long-Term Energy Plan, and the Ontario Power Authority ("OPA") and municipal initiative to develop a competitive procurement process for renewable projects regarding changes they would like to see in relevant provincial legislation, regulations and supporting documents so that concerns they have regarding the siting of wind turbines are addressed;

AND FURTHER THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit recommends that local municipalities work with the Ministry of Energy's Renewable Energy Facilitation Office to develop their Municipal Energy Plans;

AND FURTHER THAT the Board of Health, to the extent possible under existing legislation, continue to work with the Ministry of Environment to see that the Ministry requires proponents to comply with all of the rules, regulations, and legislation concerning the siting of wind turbines in the Province of Ontario, including the increased set-backs that apply to the cumulative number of turbines in a proposed area;

AND FURTHER THAT, in order to reduce community anxiety and stress related to reported health concerns, an opportunity for input from community members, especially those living in the vicinity of proposed wind turbine projects, be built into any process before final approval is given to these projects;

AND FURTHER THAT the City of Kawartha Lakes, Northumberland County, Haliburton County, the Premier of Ontario, Ministers of Energy and Environment, Association of Municipalities of Ontario and Ontario Boards of Health are so advised.

Thank you for your attention to this matter.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT

Mark Lovshin, Chair
Board of Health

c.c. The Hon. Bob Chiarelli, Minister of Energy
The Hon. Jim Bradley, Minister of Environment
Northumberland County
City of Kawartha Lakes
Haliburton County
Association of Municipalities of Ontario
Ontario Boards of Health

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July 8, 2013

Honourable Deb Matthews
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Matthews:

Subject: Menu Labelling

At its meeting on June 26, 2013, the Board of Health for the North Bay Parry Sound District Health Unit carried the following resolution #BOH/2013/06/14:

***Whereas**, In the North Bay Parry Sound District 58.5% of adults are overweight or obese and 23.9% of adults over 45 have high blood pressure,[2] and*

***Whereas**, Canadians are eating out more than ever before, and people of all ages and income levels are eating out,[1] and*

***Whereas**, Eating away from home is associated with excessive intakes of calories, sodium and fat among children and adults,[1] and*

***Whereas**, Consumers are unable to estimate nutrient levels in restaurant meal,[1] and*

***Whereas**, Nutrition information is an important factor in making healthy and informed food decisions,[1] and*

***Whereas**, Restaurants are currently exempt from existing nutrition labelling legislation in Canada,[1] and*

***Whereas**, Food environments can undermine people's best efforts to eat well and live healthy,[1] and*

***Whereas**, The Ontario Public Health Standards note the importance of creating healthy food environments by stating "collaborating with local food premises to provide information and support environmental changes through policy development related to healthy eating" as a requirement of the Chronic Diseases and Injuries Program Standards,[3] and*

***Whereas**, The Ontario Healthy Kids Panel report No Time to Wait: The Healthy Kids Strategy recommends "requiring all restaurants, including fast food outlets and retail grocery stores, to list the calories in each item on their menus and make this information visible on menu boards" as part of the strategy to change the food environment in Ontario,[4] and*

***Whereas,** The Board of Health for the North Bay Parry Sound District Health Unit supports Toronto Public Health's recommendation that provincial legislation should be directed to foodservice premises with ten or more outlets nationwide or at least $10 million in gross annual revenue,[6]*

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***Now Therefore Be It Resolved**, That the Board of Health for the North Bay Parry Sound District Health Unit endorse the recommendations adopted by Toronto Public Health Board of Health on April 29, 2013 urging the Ontario Premier and the Minister of Health and Long-Term Care to develop menu labelling legislation without further delay to support the public's right to know about nutrition content of restaurant foods,[5,6] and*

***Furthermore Be It Resolved**, That the Board of Health for the North Bay Parry Sound District Health Unit endorse the letter sent by the Simcoe Muskoka District Health Unit Board on May 15, 2013 to the Minister of Health and Long-Term Care urging the Minister to take the necessary steps to enact Bill 59: Healthy Decisions for Healthy Eating Act,[7] and*

***Furthermore Be It Resolved**, That the Board of Health for the North Bay Parry Sound District Health Unit endorse the position statement of the Ontario Society of Nutrition Professionals in Public Health which "calls upon the provincial government to enact menu labelling legislation requiring the prominent display of calorie and sodium content of food items at the point of sale in restaurants in Ontario as an important step toward creating healthy and supportive food environments for Ontarians",[1] and*

***Furthermore Be It Resolved**, That a copy of this resolution be forwarded to the Minister of Health and Long-Term Care, Members of Provincial Parliament for the districts of Nipissing, Parry Sound-Muskoka, and Timiskaming-Cochrane, Ontario Boards of Health, the Ontario Society of Nutrition Professionals in Public Health and the Association of Local Public Health Agencies.*

References:

1. *Ontario Society of Nutrition Professionals in Public Health Menu Labelling Workgroup. 2013. Serving Up Nutrition Information in Ontario Restaurants: A Position Paper. Prepared by Catherine L. Mah.*
2. *Statistics Canada. 2011. Canadian Community Health Survey (CCHS) indicator profile, CANSIM table 105-0501. Retrieved December 6th, 2011 from http://www5.statcan.gc.ca/cansim/a05?id=1050501&pattern=health+indicators&stByVal=1&paSer=&lang=eng*
3. *Ontario. 2008. Ontario Public Health Standards*
4. *Healthy Kids Panel. 2013. No Time To Wait: The Healthy Kids Strategy. Toronto: Healthy Kids Panel.*
5. *Toronto Public Health. 2013. What's on the Menu: Making Key Nutrition Information Readily Available in Restaurants. Toronto, Ontario. http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-57582.pdf*
6. *Toronto Public Health. 2013. Menu Labelling: Making Key Nutrition Information Readily Available in Restaurants. Board of Health Toronto, Ontario. Retrieved May 30, 2013 from http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.HL21.2*
7. *Simcoe Muskoka District Health Unit. 2013. Letter to Honourable Deb Matthews, Minister of Health and Long Term Care re: Menu Labelling, Bill 59: Healthy Decisions for Healthy Eating Act, 2013.*
8. *Legislative Assembly of Ontario. 2013. Bill 59, Healthy Decisions for Healthy Eating Act, 2013. Retrieved May 31, 2013 from http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=2780&detailPage=bills_detail_the_bill.*

Thank you for your attention to this important public health issue.

Yours sincerely,

Original signed by

Mike Poeta
Board of Health Vice-Chairperson

c: Victor Fedeli, Member Provincial Parliament, Nipissing
Norm Miller, Member Provincial Parliament, Parry Sound-Muskoka
John Vanthof, Member Provincial Parliament, Timiskaming-Cochrane
Ontario Boards of Health
Ontario Society of Nutrition Professionals in Public Health
Linda Stewart, Executive Director, Association of Local Public Health Agencies

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June 26, 2013

Honourable Deb Matthews
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Matthews:

Subject: Nicotine Replacement Therapy Funding

I am writing on behalf of the North Bay Parry Sound District Health Unit (NBPSDHU) to request that your Ministry consider funding free nicotine replacement therapy (NRT) for smoking cessation programs offered by Health Units.

Following a successful pilot clinic at our Health Unit in 2009, the NBPSDHU implemented a smoking cessation clinic which has been running for the past year. Although we have done minimal advertising, the clinic is at capacity due to the large service gap of cessation supports in our community. Our target population is those with low income and we provide our clients with NRT at a reduced cost. The NRT is purchased using our operating budget but due to financial constraints, we may not be able to continue this service into next year.

Your Ministry currently provides funding for free NRT to clients of Family Health Teams, Community Health Centres and Addiction Outreach Services. While these are great initiatives, not everyone is fortunate enough to qualify for these services. Expanding funding for NRT to Health Units would help us continue to provide clinics to support the population that fall through the gaps.

Smoking cessation clinics are able to assist clients in reducing their risk of chronic diseases related to smoking. As part of your comprehensive smoke-free strategy which includes supporting people to quit smoking, please consider how expanding NRT funding to Health Units would benefit the health of many Ontarians.

We look forward to an opportunity to further discuss this initiative with you.

Yours sincerely,

Original signed by

Daryl Vaillancourt
Chairperson, Board of Health

c: Victor Fedeli, Member Provincial Parliament, Nipissing
Norm Miller, Member Provincial Parliament, Parry Sound-Muskoka
John Vanthof, Member Provincial Parliament, Timiskaming-Cochrane
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May 31, 2013

The Honourable Deborah Matthews
Minister – Minster's Office
Ministry of Health and Long-Term Care
Hepburn Block
10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister:

At its May 15, 2013 meeting, the Board of Health of the Perth District Health Unit joined in the chorus of other health units, professional groups and organizations to support the recommendations of the Healthy Kids Panel Report: *No Time to Wait: The Healthy Kids Strategy*. The strategy lays out a comprehensive plan for reversing the trend of increasing overweight and obesity in children.

The Perth District Health Unit is already addressing some of the report's recommendations with such initiatives as participation in the Kids First Huron-Perth partner collaborative, with strong prenatal and family support programming, with nutrition and physical activity screening at kindergarten registration, with policy work around healthy eating and physical activity with schools and daycares and support of an active food security network. However, it is recognized that there is still so much more to do if we are to achieve the goal of healthier weights for children in Perth County and Ontario as a whole.

The Board of Health of the Perth District Health Unit applauds all of the recommendations laid out in the report of the Healthy Kids Panel and urges all of the relevant Ministries of the Ontario Government to comes together to act on these recommendations in a systemic and comprehensive strategy.

The Perth District Health Unit is ready and waiting to collaborate on this most important health initiative.

Yours sincerely

Miriam Klassen, MD, MPH
Medical Officer of Health

MK/ikl

c. The Honourable Teresa Piruzza, Minister, Ministry of Children and Youth Services
The Honourable Kathleen Wynne, Premier of Ontario
Randy Pettapiece, MPP Perth-Wellington
Ontario Boards of Health
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Ministry of Education

simcoe muskoka
DISTRICT HEALTH UNIT

June 19, 2013

Hon. Glen Murray, Minister
Ministry of Transportation
3rd Floor, Ferguson Block
77 Wellesley Street West
Toronto, Ontario M7A 1Z8

Dear Minister Murray:

I am writing this letter to support the passing of Bill 79, an Act to amend *the Public Transportation and Highway Improvement Amendment Act, 2013*. This private member's bill was reintroduced for first reading by Mr. Norm Miller, MPP Parry Sound-Muskoka on May 29, 2013 It would require the Minister of Transportation to construct, during repaving or resurfacing , one-meter (minimum) paved shoulders on prescribed provincial highways and provide signage that warns vehicles to watch for and share the road with pedestrians and cyclists. This is the third time that such a bill has been introduced by Mr. Miller, the first being Bill 100 on September 13, 2010.

On November 17, 2010, the Board of Health for the Simcoe Muskoka District Health Unit passed the following motion, in support of Bill 100:

> THAT the Board of Health send a letter to the Minister of Transportation and copy local MPP's, the Association of Local Public Health Agencies, the Ontario Public Health Association, North Simcoe Muskoka Local Health Integration Network (LHIN), the Central LHIN, the Share the Road Campaign and all Ontario Boards of Health advocating for an amendment to Bill 100 such that:
>
> 1) Widened paved shoulders extend to a width of **1.2 meters**, and
> 2) Widened paved shoulders are marked with line painting that visually separates the vehicle and cycling lane.

With the reintroduction of this bill I am taking this opportunity to communicate again the support of the Board of Health for highway paved shoulders as being an important component of provincial cycling infrastructure. Enclosed you will find a copy of the original correspondence from the Board of Health to the Minister of Transportation on this matter.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward
Chair, Board of Health

c. Mr. Rod Jackson, MPP, Barrie
Mr. Norm Miller, MPP, Parry Sound-Muskoka
Mr. Garfield Dunlop, MPP, Simcoe North

❑ **Barrie:** 15 Sperling Drive, Barrie, ON, L4M 6K9, 705-721-7520, FAX: 705-721-1495
❑ **Collingwood:** 280 Pretty River Pkwy., Collingwood, ON, L9Y 4J5, 705-445-0804, FAX: 705-445-6498
❑ **Cookstown:** 2-25 King Street S., Cookstown, ON, L0L 1L0, 705-458-1103, FAX: 705-458-0105
❑ **Gravenhurst:** 2-5 Pineridge Gate, Gravenhurst, ON, P1P 1Z3, 705-684-9090, FAX: 705-684-9887
❑ **Huntsville:** 34 Chaffey St., Huntsville, ON, P1H 1K1, 705-789-8813, FAX: 705-789-7245
❑ **Midland:** B-865 Hugel Ave., Midland, ON, L4R 1X8, 705-526-9324, FAX: 705-526-1513
❑ **Orillia:** 120-169 Front St. S., Orillia, ON, L3V 4S8, 705-325-9565, FAX: 705-325-2091

Mr. Jim Wilson, MPP, Simcoe-Grey
Ms. Julie Munroe, MPP, York-Simcoe
Ms Linda Stewart, Executive Director, alPHa
Ms. Siu Mee Cheng, Executive Director OPHA
Dr. Arlene King, Chief Medical Officer of Health
Ms. Eleanor McMahon, Share the Road Cycling Coalition
Ontario Boards of Health
North Simcoe Muskoka LHIN
Central LHIN

July 10, 2013

Dear Windsor and Essex-County Mayors:

On June 18, 2013, the Windsor-Essex County Board of Health (WECHU) passed a resolution to address recent activities by the Ontario Convenience Store Association (OCSA) that involve advocating for a reduction in contraband tobacco.

It is the view of the Windsor-Essex County Health Unit that some of the promotional activities associated with this campaign that have been used in tobacco retailers are illegal promotion of tobacco under the Smoke Free Ontario Act. In addition, anti-contraband promotional activities that occur in isolation of concurrent messages on the hazards of using all tobacco products are not responsible or accurate public health messaging.

Background information on the OCSA campaign and related issues is detailed in the board resolution attached. We strongly encourage municipal councils in Windsor-Essex to review the information in the resolution and to receive any submissions on the subject from the OCSA with great caution.

If you have any further questions on this matter please feel free to contact me.

Sincerely,

G. Allen Heimann, MD, MHSc.
Medical Officer of Health

F:\Administration\Committees\Board\Letters\Board Resolutions\2013 Board resolutions\Letter to WE Municipality re OCSA res-July 10 2013.docx

Attachment: WECHU Board Resolution – June 20, 2013

cc: Board of Directors, Windsor-Essex County Health Unit
Kristy McBeth, Manager, CDIP, WECHU
Mary Brennan, County Council Services
Becky Murray, City of Windsor Council Services
Gordon Fleming, Manager of Public Health Issues, alPHa
Ontario Boards of Health

Windsor-Essex County Health Unit
Board of Directors
Resolution Recommendation

June 20, 2013

Issue

Recent activities of the Ontario Convenience Store Association (OCSA) advocating for a reduction in contraband tobacco are illegal promotion of tobacco under the Smoke Free Ontario Act. In addition, anti-contraband promotional activities that occur in isolation of concurrent messages on the hazards of using all tobacco products are not responsible or accurate public health messaging.

Background

On Monday May 13, 2013, the OCSA sent out a press release to announce the launch of a new contraband awareness campaign in London and Windsor. The campaign featured an "interactive tablet" and supportive promotional items through which customers of the premises were asked to send a letter to Ontario Minister of Finance Charles Sousa and Premier Kathleen Wynne directly from the store. Based on Section 3.1 (3) and 7 of the Smoke-Free Ontario Act (SFOA), the Windsor-Essex County Health Unit's tobacco enforcement team is of the view that these campaign materials and messaging are in contravention of the SFOA. In addition to this type of campaign, the OCSA has been making efforts to bring the issue of contraband tobacco to the attention of municipal councils in Ontario. The OCSA and related organizations in Quebec and nationally in Canada have for some time been calling on governments to exercise greater control over contraband tobacco. While reducing contraband is an objective shared by all, the following points need to be considered.

- No type of tobacco product is safer than any other. Legally manufactured cigarettes sold through convenience stores are no safer than contraband cigarettes or any other type of tobacco product. Unlike any other consumer product, tobacco industry products have no safe level of use and kill half of their long-time users when used exactly as intended. Nicotine addiction, whether through the use of contraband or legal cigarettes, is an addiction which has often been compared to heroin or cocaine addiction.
- Although most retailers do not sell cigarettes to young people, a minority percentage still do. If the OCSA wishes to address the tobacco problem, it should do so by advocating that anyone found selling cigarettes to minors should immediately lose their right to sell both cigarettes and lottery tickets. The OCSA should also agree to a reduction in the number of retail outlets selling this uniquely toxic and hazardous product, which is now sold through multiple locations in every community in Ontario.

- From time to time, the convenience store sector has advocated for a reduction in tobacco taxes as a means of addressing the contraband problem. However, price has been shown by years of research to be the most effective means of reducing consumption, especially among young people (who are more price sensitive than adults).

- The convenience store sector has also advocated that tobacco possession by minors be made illegal. The Government of Ontario sees this is a "blame the victim" strategy which attempts to put the responsibility for youth tobacco use on young people (many of whom have no concept either of addiction or of the types of long-term health consequences of tobacco use when they begin to experiment with tobacco industry products).

Proposed Motion

WHEREAS smoking tobacco is known to have a direct and indirect harm on the health of the smoker as well as those who are exposed to second-hand smoke,

WHEREAS contraband tobacco has negative public consequences and impacts such as unrestricted youth access to tobacco and an increase in criminal activity;

AND WHEREAS contraband tobacco products are easily accessible in our community;

NOW THEREFORE BE IT RESOLVED that the Board of the Windsor-Essex County Health Unit supports the Ontario Government's 2012 Budget commitments and other provisions in Bill 186 and amendments to the Tobacco Tax Act to support the elimination of contraband tobacco in Ontario

AND FURTHER the Board of the Windsor-Essex County Health Unit supports the Ontario Government's Smoke Free Ontario Strategy efforts to reduce and/or eliminate the use of all tobacco products in Ontario and, therefore, cannot support the OCSA's position on promoting the legal use of tobacco products.

June 14, 2013

The Honourable Deb Matthews
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Matthews:

On April 18, 2013 the resolution of the Hastings & Prince Edward counties (attached) was presented and endorsed by the Windsor-Essex County Board of Directors. The resolution requests the Ministry provide funding to boards of health for free nicotine replacement therapy (NRT) to provide to clients as provided to Family Health Teams and Community Health Centres for their clients.

It was noted that boards of health currently do not receive subsidized Nicotine Replacement Therapy to provide to clients as part of the smoking cessation programs they promote. By providing free nicotine replacement therapy through health units, it provides another avenue for access and in some cases access to those individuals who may not have a family physician.

Given the Windsor-Essex County region suffers from higher than Ontario rates of cigarette smoking, hypertension, ischemic heart disease, and lung cancer, among other factors, and the fact that smoking is the number one preventable cause of disease/death, the provision of Ministry subsidized nicotine replacement therapy to health units has the ability to positively impact the health of Ontarians.

Sincerely,

Gary McNamara, Chairperson
Board of Directors

GM:rs

Attachment: Hastings & Prince Edward Counties Health Unit Resolution

cc: Dr. Arlene King, Chief Medical Officer of Health
Ms. Kate Manson-Smith, ADM
Dr. Gary Kirk, Associate Medical Officer of Health and CEO, Windsor-Essex County Health Unit
Dr. G. Allen Heimann, Medical Officer of Health, Windsor-Essex County Health Unit
The Honourable Teresa Piruzza, Minister of Children and Youth Services
Ms. Sue Makin, President, The Ontario Public Health Association
Mr. Gordon Fleming, Manager of Public Health Issues, alPHa
M. Brennan, County Council Services (Member Municipalities)
B. Murray, City of Windsor Council Services

June 17, 2013

The Honourable Deb Matthews
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Matthews:

On May 16, 2013 the Board of Directors of the Windsor-Essex County Health Unit endorsed the resolutions of the Middlesex-London Health Unit and The Regional Municipality of Niagara supporting Bill 30, legislation to restrict the use of tanning beds by those under 18 years.

I note that on March 7, 2013, you introduced legislation to ban tanning bed use by youth under 18 years of age in Ontario. I would like to thank you on behalf of the board of directors and alongside the health unit's public health colleagues, for your leadership and commitment to protecting Ontario youth from a preventable and sometimes fatal disease.

Sincerely,

Gary McNamara, Chairperson
Board of Directors

GM:rs

Attachments: Middlesex-London Health Unit resolution
The Regional Municipality of Niagara resolution

cc: The Honourable Kathleen Wynne, Premier of Ontario
Dr. Arlene King, Chief Medical Officer of Health
Ms. Kate Manson-Smith, Assistant Deputy Minister, MOHLTC Health Promotion Division
The Honourable Teresa Piruzza, Minister of Children and Youth Services
Ms. Sue Makin, President, The Ontario Public Health Association
Mr. Gordon Fleming, Manager of Public Health Issues, alPHa
Dr. Gary Kirk, Associate Medical Officer of Health and CEO, Windsor-Essex County Health Unit
Dr. G. Allen Heimann, Medical Officer of Health, Windsor-Essex County Health Unit
M. Brennan, County Council Services (Member Municipalities)
B. Murray, City of Windsor Council Services
Ontario Boards of Health

Staff Report

Six Month Breastfeeding Surveillance Data

Date:	September 11, 2013
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Pellizzari, M.D.	Dawn Hanes, Public Health Nurse, Child Health

Recommendations

That the Board of Health for the Peterborough County-City Health Unit**:**

1. Receive the staff report*, Six Month Breastfeeding Surveillance Data*, for information.

2. Continues to advocate for and support the implementation of the Baby-Friendly Initiative for all Ontario hospitals, as per alPHa Resolution A13-3.[1]

3. Request annual updates from staff and community partners on our collective efforts and success in promoting exclusive breastfeeding (defined as 'a baby who has received no other liquids or solid foods from the time of birth') for a minimum of six months for all children born to residents of Peterborough. The setting of local targets for exclusive breastfeeding rates should be considered and stronger community ownership of this health promoting practice encouraged.

4. As community leaders, support staff in conducting a campaign and maintaining ongoing efforts to increase awareness and support for breastfeeding in public places in the community.

Background

The importance of breastfeeding on an infant's physical, developmental, and emotional health is well established and far reaching. Breastfed babies receive immune properties from their mother's milk which protects them from a range of illnesses including, but not limited to, otitis media (ear infections), gastrointestinal infections, respiratory infections, and a lower risk of Sudden Infant Death Syndrome (SIDS).

Longer term benefits for breastfed babies include a lower risk of childhood cancers, improved dental health, and a lower likelihood of being overweight later in life (when compared with non-breastfed babies).

Breastfeeding supports maternal health by lowering a woman's risk of breast and ovarian cancers, and results in greater postpartum weight loss. In addition to breastmilk's superiority as a food source for infants and young children, it is available at no-cost, whereas the high cost of infant formula makes it an unstable food source for families with limited finances. With few exceptions, almost every new mother is capable of producing breastmilk, thus making breastmilk a resource available to all children, regardless of socioeconomic status.

Breastfeeding represents a normal and natural way to feed a baby and growing child, yet still needs to be actively protected, promoted, and supported. There is general consensus amongst health leaders that babies should receive breastmilk exclusively for the first six months of life, with continued breastfeeding for up to two years and beyond.[2] Despite the clear benefits and recommendations, there are a number of challenges: the promotion and donation of infant formula as a substitute for breastfeeding continues to impact negatively on breastfeeding rates, as do outdated social norms about breasts and breastfeeding in public places. As such, breastfeeding promotion remains an important public health strategy for Reproductive and Child Health programs.

The Ontario Public Health Standards (OPHS) require that "the board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in accordance with the *Population Health Assessment and Surveillance Protocol, 2008 (or as current), in the area of breastfeeding".*[3]

The Breastfeeding Committee for Canada (BCC) further outlines that in order to achieve and maintain Baby-Friendly designation, facilities must monitor breastfeeding initiation rates, and "exclusive" and "any" breastfeeding rates on entry into Health Unit services. The BCC also requires that "breastfeeding rates and trends within communities are systematically monitored", that "shifts in overall population breastfeeding rates as well as disparities between populations based on ethnicity, socioeconomic status, education, geography, age, etc. are monitored" and that there is "collaboration with others (e.g., community members, academia) to assess and understand the cultural norms and conditions within the community affecting breastfeeding rates and disparities".[4]

This staff report provides a summary of breastfeeding surveillance completed by the PCCHU to achieve the requirements set out by the OPHS and BCC. A more detailed description and analysis of the findings can be found in Appendix A.

While rates fluctuated year to year, the study found that, overall, the proportion of women:

- breastfeeding upon hospital discharge increased from 85.6% in 2008 to 87.8% in 2012;
- breastfeeding 48 hours after hospital discharge increased from 86.4% in 2008 to 88.3% in 2012;
- exclusively breastfeeding (no supplementation) 48 hours after hospital discharge decreased from 43.5% in 2008 to 42.0% in 2012;
- exclusively breastfeeding (no supplementation) at two weeks postpartum fluctuated, but overall, decreased from 41.3% in 2008 to 35.2% in 2012.

In 2012, the proportion of women surveyed who reported 'any' breastfeeding at two, four, and six months was 72%, 65%, and 59%, respectively.

The most common reason reported for supplementing a baby in the first two weeks was overwhelmingly reported as 'not enough milk', by 34.8% of women whose babies were supplemented. Similarly, the most common reason women reported for stopping breastfeeding was 'not enough milk/milk didn't come in/baby was hungry'.

In hospital, the most frequently reported source of support for breastfeeding was from a nurse. The second most frequently reported source of support was from the lactation consultant. Eighty-six percent of women reported that their hospital nurse provided excellent or good support for breastfeeding, and 66% of women reported that the support they received from a lactation consultant while in hospital was excellent or good.

In the community, the most frequently reported source of support for breastfeeding was a lactation consultant, and the second most frequent source of support for breastfeeding was a family or friend. Ninety-five percent of women who accessed a lactation consultant in the community reported that the support was excellent or good, and 86% reported excellent or good quality support from friends and family.

Public Health Nurses (PHNs) were the third most frequently reported source of breastfeeding support in the community, and 83% of women who received support from a PHN reported that support as excellent or good.

Sixty three percent of women surveyed reported that they held their baby skin-to-skin immediately after birth.

When asked about breastfeeding in public places, 45% of women surveyed reported that they felt uncomfortable or very uncomfortable breastfeeding in stores or malls, and 49% of women reported that they would feel uncomfortable or very uncomfortable breastfeeding in restaurants.

Sixty-three percent of women surveyed reported that they were *not* offered free infant formula to take home from the hospital, 34% of women said that they were offered free formula, and 3% of women were unsure or could not recall.

Most women, 98%, reported that they were aware of Health Canada's recommendation to introduce solid foods at six months.

Early skin-to-skin contact and delaying supplementation for at least four months were statistically significant in increasing a woman's odds of reporting any breastfeeding at six months.

Rationale

The challenges surrounding breastfeeding promotion and support are complex, requiring a multifaceted approach to improving breastfeeding rates, experiences, and overall health in the community. Challenges include lack of general acceptance of breastfeeding as a cultural norm, corporate promotion and normalization of formula, and health care practices which undermine breastfeeding, to name a few. The Baby-Friendly Initiative (BFI) represents a comprehensive and evidence based approach to breastfeeding protection, promotion, and support. The BFI is comprised of ten steps and includes the International Code on the Marketing of Breastmilk Substitutes (the WHO Code), which restricts inappropriate distribution and promotion of infant formula.

The BFI Ten Steps provide specific criteria to agencies in supporting breastfeeding, including policy, staff education, prenatal education, post natal breastfeeding support, skin-to-skin, and monitoring of breastfeeding rates. A further requirement of designation is that there is good liaison, communication, and collaboration amongst agencies working to support breastfeeding throughout the continuum of care.

Breastfeeding promotion and support requires a multi-disciplinary approach beginning prenatally, continuing throughout the antenatal and post-partum period. Achieving a greater understanding of local breastfeeding data and factors which are known to influence breastfeeding enhances our ability to engage and work with community partners and to support breastfeeding women and babies in the community.

Public Health Units represent one part of the continuum of care for pregnant and breastfeeding women. The greater the number of community partners, including, and especially hospitals, who implement Baby-Friendly best practices to support breastfeeding, the more effective breastfeeding promotion and support can be.

Clearly more work needs to be done in Peterborough to encourage and support new mothers who choose to breastfeed their babies to be successful in achieving at least six months of exclusive breastfeeding. Only 6% of Peterborough mothers are currently achieving that target. Important to note is the fact that many mothers have introduced solid foods at the five to six

month interval. Only 59% of women are providing any breast milk to their six month old infants. Given the benefits of breastfeeding to both the short term and long term health of infants, we need to do better. This calls for a whole-of-community collaborative approach with multiple strategies and more effective use of resources to eliminate the barriers and provide more timely and effective supports for breastfeeding mothers.

Given the importance of breastfeeding as a best start in life, setting targets for improvement, with annual public reporting is being recommended. In addition, ongoing advocacy both locally and provincially is required.

Strategic Direction

This report supports the following PCCHU strategic direction: *Community-Centred Focus.*

Contact:

Dawn Hanes, Public Health Nurse
Child Health
(705) 743-1000, ext. 289
dhanes@pcchu.ca

References:

1. Baby-Friendly Designation for all Ontario Hospitals. Association of Local Public Health Agencies; Resolution A13-3 (2013). http://c.ymcdn.com/sites/www.alphaweb.org/resource/collection/8A9C4E6C-E972-450C-81E4-FAB5D820D8A0/A13-3_BabyFriendlyHospitals.pdf

2. Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months. A joint statement of Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada (2012). http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php. Accessed August 23, 2013.

3. Ontario Public Health Standards (2008); pg. 27.

4. Breastfeeding Committee for Canada: Integrated 10 Steps and Practice Outcome Indicators for Hospitals and Community Health Services (2011). http://breastfeedingcanada.ca/documents/2012-05-14_BCC_BFI_Ten_Steps_Integrated_Indicators.pdf Accessed August 23, 2013.

Attachments:

Attachment A – Breastfeeding Surveillance Data for Peterborough City and County

ATTACHMENT A

Breastfeeding Surveillance Data for Peterborough City and County

To achieve the requirements set out by the Ontario Public Health Standards[1] and the Breastfeeding Committee for Canada (BCC) [2], the Peterborough County-City Health Unit (PCCHU) conducts breastfeeding surveillance via two methods: the Peterborough Breastfeeding Surveillance System, and the PCCHU Infant Feeding Survey 2012/2013.

The Peterborough Breastfeeding Surveillance System collects data from local women who have given birth and who consent to be contacted by the PCCHU Healthy Babies Healthy Children (HBHC) program. An HBHC Public Health Nurse (PHN) attempts to contact a new mother within 48 hours of hospital discharge. At this time, information about infant feeding from birth is collected. If the mother consents, a follow up call is made by a PHN to the mother around the time her baby is two weeks old to collect further data about infant feeding. The PCCHU has been collecting this data on an ongoing basis since 2008.

To gain a greater understanding of breastfeeding trends in our community, between September 2012 and February 2013 the PCCHU conducted a comprehensive telephone survey of local women at the time that their infants were six months old. This was last done in 2006.

The 2012/2013 survey asked about current feeding practices, how soon after birth women breastfed for the first time, use and timing of formula supplementation, how soon after birth they held their baby skin-to-skin, if they had ever attended prenatal classes, which people helped them with breastfeeding, what was their intended duration for breastfeeding, what was their comfort level with breastfeeding in public, the time and reasons that breastfeeding stopped, and the timing and introduction of solid foods. Demographic information collected included maternal age, marital status, education, and residence (either Peterborough City or Peterborough County).

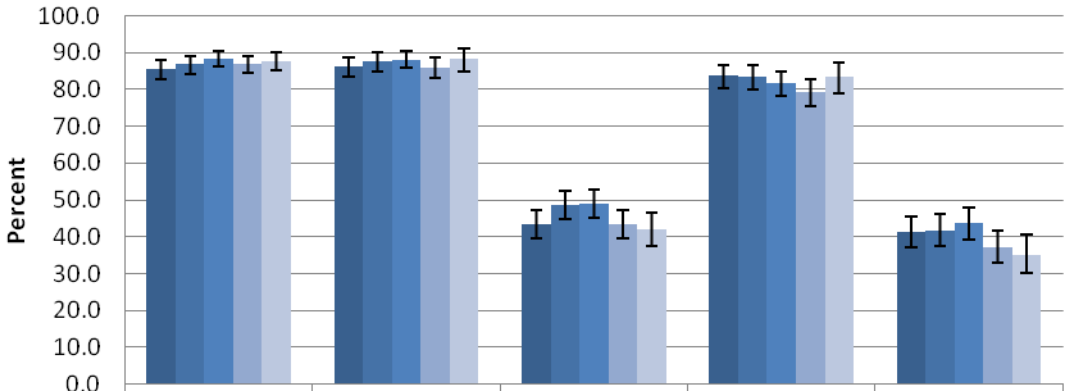
Definitions

To better understand and describe breastfeeding practices definitions of *any, exclusive,* and *total* breastfeeding are provided by the BCC[3]. *Any* breastfeeding denotes a baby that receives any amount of breastmilk throughout a regular day, which may include expressed breastmilk, donor breastmilk or milk directly from the breast. *Exclusive* breastfeeding denotes a baby who, at the time of data collection, has received only breastmilk for every feed from the time of birth. *Total* breastfeeding denotes a baby who may have received a supplement of something other than breastmilk; however at the time of data collection has had only breastmilk for the past seven days. *Total* breastfeeding differs from *exclusive* breastfeeding as the baby has at some point in time received a supplement, and therefore cannot be considered exclusive; however breastfeeding is likely to be going well for the mother and infant at two weeks if the baby has not had a supplement in the past seven days.

Results from the Peterborough Breastfeeding Surveillance System Surveillance System (48 Hour and Two Week Data)

The proportion of women reporting breastfeeding at hospital discharge and 'any' breastfeeding at the time of the HBHC 48 hour follow up increased between 2008 and 2012 by 2.1% and 1.8%, respectively, (Figure 1). Exclusive breastfeeding at 48 hours approached 50% in 2009 and 2010, but then dropped for the remaining three years of data to an average exclusive breastfeeding rate of 42.9% at discharge.

After three years of reductions in the rate of *any* breastfeeding at two weeks, the rate increased from 79.4% in 2011 to 83.4% in 2012. The proportion of women reporting *exclusive* breastfeeding at two weeks decreased slightly between 2011 and 2012 after a number of years of small increases. It is important to note that fluctuations from year to year across all indicators have been within the range of statistical probability. In 2012, 159 women were also asked about *total* breastfeeding at the two week contact, of which one third (54 or 34.0%) indicated they had supplemented at some time since birth, but had fed their babies only breastmilk in the past seven days.

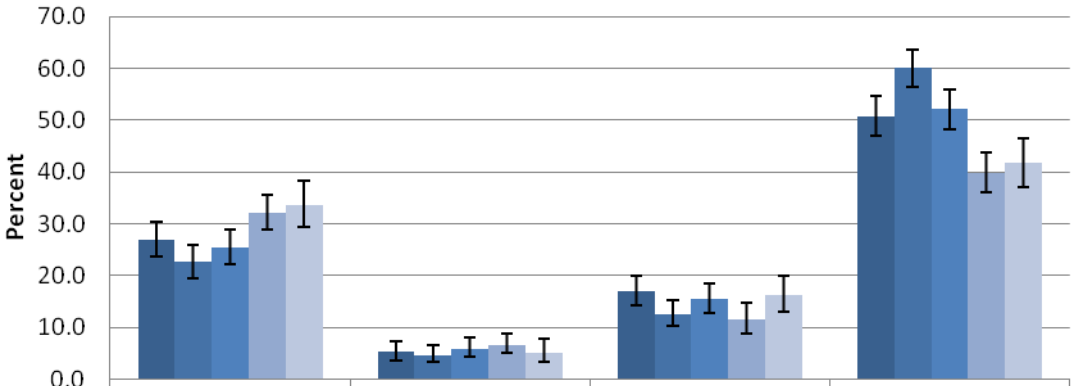


	Discharge	Any 48	Exclusive 48	Any 2 Wk	Exclusive 2 Wk
2008	85.6	86.4	43.5	83.8	41.3
2009	86.8	87.6	48.7	83.6	41.7
2010	88.3	88.1	49.0	81.6	43.6
2011	86.9	86.0	43.3	79.4	37.1
2012	87.7	88.3	42.0	83.4	35.2

Figure 1. Prevalence of breastfeeding at discharge, any, and exclusive breastfeeding at 48 hours and two weeks by year; 2008-2012

The early postpartum period represents an important window of opportunity to establish breastfeeding for both the mother and the infant. A woman's ability to establish an adequate milk supply is hormonally driven by the newborn achieving an adequate latch at the breast. Early feeding experiences (positive and negative) influence the newborn that is learning to latch and feed at the breast. The use of supplements, i.e., infant formula in the early postpartum period, is associated with breastfeeding problems and early cessation of breastfeeding.

During the 48 hour follow-up call, women were asked whether their infant had been supplemented and if so, where supplementation took place: in hospital, at home, or both. Between 2008 and 2012, nearly half of women surveyed (49.3%) indicated that their baby did not receive supplementation; just over a quarter of women (27.8%) reported their baby had received supplementation in the home and in hospital; 14.4% reported hospital supplementation and roughly one in twenty (5.6%) women supplemented their baby at home. From year to year, rates of hospital supplementation have fluctuated from a high of 17.0% in 2008 and a low of 11.6% in 2011 (Figure 2). Similarly, supplementation at home has been relatively consistent between 4.7% (2009) and 6.7% (2011). Despite a small increase over 2011, the proportion of women in 2012 indicating their baby was not supplemented decreased significantly from when this rate was at its peak in 2009 at 60.1% to 41.7% in 2012.



	Both	Home	Hospital	Not supplemented
2008	26.9	5.3	17.0	50.8
2009	22.6	4.7	12.6	60.1
2010	25.5	5.9	15.6	52.1
2011	32.0	6.7	11.6	39.9
2012	33.7	5.2	16.3	41.7

Figure 2. Proportion of infants supplemented at 48 hour call, by location; 2008-2012

If women are not exclusively breastfeeding at the two week follow-up call they are asked to indicate reasons for feeding their infant something other than breastmilk: there were a total of 1,439 women who were not exclusively breastfeeding at two weeks. Not having enough milk was the most frequently reported reason for supplementation at 34.8% (Table 1). Having sore nipples (5.6%) and feeling overwhelmed (5.4%) were also reported relatively frequently.

Table 1. Reasons for supplementation; 2008-2012

Reason	n (%*)
Not enough milk	500 (34.8)
Sore nipples	81 (5.6)
Overwhelmed	77 (5.4)
Baby ill/allergies	69 (4.8)
"Tied me down"	60 (4.2)
Too tired	56 (3.9)
Mother ill/medications	46 (3.2)
Colicky/Fussy	46 (3.2)

* Percentages will not sum to 100% as respondents could list more than one reason

Results from 2012/2013 Six Month Breastfeeding Survey

A total of 203 women completed this telephone survey, representing about 17% of the live birth cohort. Just under half of women surveyed, 48%, reported that this was their first baby. Of note, 68% of respondents had attended prenatal classes, either with this baby or a previous child, if it was not their first baby. Prenatal classes provide a significant opportunity to educate expectant families about breastfeeding.

Breastfeeding Rates

Ninety-one percent of women surveyed initiated breastfeeding. Eighty-two percent of women who initiated breastfeeding did so within the first two hours after giving birth.

The proportion of women surveyed who reported breastfeeding at two, four, and six months, was 72%, 65%, and 59%, respectively. The proportion of women who were exclusively breastfeeding at six months was six percent. While the exclusive breastfeeding rate at six months is alarmingly low, it reflects the strict definition of 'exclusive breastfeeding" according to the BCC. Many women reported that they had started to introduce solid foods to their babies prior to six months, and as such, these babies could not be included in 'exclusive breastfeeding' counts.

The most common reason for stopping was 'not enough milk/milk didn't come in/baby was hungry', which accounted for 58% of the responses. The second most common reason for stopping breastfeeding was 'latching difficulties/baby not latching' at 17%.

Skin-to-Skin

Holding a baby skin-to-skin helps a newborn transition to life outside of the womb and facilitates early initiation of breastfeeding[4]. The BCC recommends to "place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least one hour or until completion of the first feeding or as long as the mother wishes: encourage mothers to recognize when their babies are ready to feed, offering help as needed".[2]

During the survey women were asked about their experience with skin-to-skin. Sixty-three percent of women reported that they held their baby skin-to-skin immediately after birth, and 78% reported that at some other point during their hospital stay they held their baby skin-to-skin. Women were also asked if they had received any information about holding their baby skin-to-skin; either during their pregnancy of after their baby was born. Of women surveyed, 67% had received information, 28% had not received information, and 5% were unsure.

Support for Breastfeeding

Of the women who initiated breastfeeding, 92% reported that before they left hospital, they knew where to get help with breastfeeding if needed later on. Five percent of women did not know and two percent were unsure.

Women who had 'ever' breastfed were asked about people who may have helped them with breastfeeding and to rate the quality of that help, both during their hospital stay (Table 2) and after discharge into the community (Table 3).

Table 2. Breastfeeding Support during Hospital Stay

	Excellent	Good	Fair	Poor	Very Poor	Total Responses
Hospital Nurse(s)	65 (42%)	71 (46%)	10 (6%)	7 (4%)	3 (2%)	156
Midwife	3 (75%)	0 (0%)	1 (25%)	0 (0%)	0 (0%)	4
Doctor	13 (45%)	14 (48%)	1 (3%)	0 (0%)	1 (3%)	29
Lactation Consultant	43 (54%)	23 (29%)	8 (10%)	5 (6%)	0 (0%)	79
Other	11 (69%)	4 (25%)	1 (6%)	0 (0%)	0 (0%)	16

Table 3. Breastfeeding Support in the Community

	Excellent	Good	Fair	Poor	Very Poor	Total Responses
Public Health Nurse	17 (40%)	18 (43%)	6 (14%)	1 (2%)	0 (0%)	42
Midwife	2 (67%)	0 (0%)	1 (33%)	0 (0%)	0 (0%)	3
Doctor	11 (44%)	12 (48%)	2 (8%)	0 (0%)	0 (0%)	25
Lactation Consultant	63 (72%)	20 (23%)	3 (3%)	1 (1%)	0 (0%)	87
Community Agency	20 (67%)	10 (33%)	0 (0%)	0 (0%)	0 (0%)	30
Family/Friend	37 (44%)	36 (42%)	12 (14%)	0 (0%)	0 (0%)	85
Other	12 (86%)	2 (14%)	0 (0%)	0 (0%)	0 (0%)	14

In hospital, the most frequently reported source of support for breastfeeding was from a nurse. The second most frequently reported source of support was from the lactation consultant. Eighty-six percent of women reported that their hospital nurse provided excellent or good support for breastfeeding, and 66% of women reported that the support they received from a lactation consultant while in hospital was excellent or good.

In the community, the most frequently reported source of support for breastfeeding was a lactation consultant, and the second most frequent source of support for breastfeeding was a family member or friend, cited almost as many times as a lactation consultant. Ninety-five percent of women who accessed a lactation consultant in the community reported that the support was excellent or good, and 86% reported excellent or good quality support from friends and family.

Research indicates that a combination of both professional and lay support are important to influencing breastfeeding duration.[5] As such, it is important that pre and post natal breastfeeding education and supports be inclusive of a woman's partner or close support persons.

Public Health Nurses (PHNs) were the third most frequently reported source of breastfeeding support in the community, and 83% of women who received support from a PHN reported that support as excellent or good.

Women were also asked to what extent they agreed with the following statement: *Since the birth of my baby I have had enough help and support with breastfeeding*. Forty-four percent strongly agree, 40% agreed, 14% were neutral, and two percent of women disagreed with the statement. None of the women surveyed strongly disagreed with the above statement.

<u>Comfort with Breastfeeding in Public Places</u>

Newborn infants feed frequently, at a minimum of eight times per day, and often more than 12 times per day. With this high frequency of feeds, it is important that breastfeeding women feel comfortable breastfeeding in the community; otherwise they may be restricted to the home or feel that they need to use infant formula to participate in community life.

All women, regardless of whether or not they had ever breastfed, were asked about their comfort level breastfeeding in the community. In the presence of family or friends, 73% of women reported that they would feel comfortable or very comfortable, whereas 10% of women would be uncomfortable or very uncomfortable. In stores or malls, 38% of women would be comfortable or very comfortable, yet 45% of women would feel uncomfortable or very uncomfortable. In restaurants, only 36% of women would feel comfortable or very comfortable and almost half of women, 49%, reported that they would feel uncomfortable or very uncomfortable breastfeeding.

The number of women surveyed who expressed some level of discomfort breastfeeding in public places in the community is concerning, as this may represent a barrier to long-term breastfeeding. This finding represents a need to challenge the attitudes of the broader community in accepting breastfeeding as the normal way to feed a baby.

Free Formula on Hospital Discharge

The distribution of infant formula through the health care system undermines breastfeeding and violates the *International Code of Marketing of Breastmilk Substitutes.*[6] A "gift" of formula by a well-intentioned and trusted health care provider is essentially an endorsement of formula use and a company brand. For families with low income, the high cost of infant formula may represent a significant stressor, however, support for breastfeeding, rather than free formula, not only removes this financial stressor, it also supports the infant's health.

During this survey, women were asked if they were offered free formula to take home from the hospital. Sixty-three percent of women surveyed reported that they were *not* offered free infant formula to take home from the hospital, 34% of women said that they were offered free formula, and 3% of women were unsure or could not recall.

Solid Foods

Health Canada recommends introducing solid foods at six months of age.[7] Ninety-eight percent of mothers surveyed were aware of this recommendation. At the time of the six month survey 96% of women reported that they had given their baby solid foods. Solid foods were most likely to be introduced to baby's diet between the fifth and sixth month (54%). Sixteen percent of mothers had introduced solid foods between the fourth and fifth months, and a small percentage (four percent) of mothers had introduced solid foods when their baby was between three and four months old.

Analysis of Six Month Breastfeeding Data

In order to determine associations between a number of variables and the outcome of any breastfeeding at six months, statistical analyses were used on individual variables. The variables under investigation included: maternal age, prenatal education, marital status, education, geography, early skin to skin, early supplementation, first child, comfort with public breastfeeding, planned breastfeeding duration, and the mother's perception of enough support with breastfeeding.

When examined individually, numerous variables were significantly associated with breastfeeding at six months. A significantly greater proportion of women aged 30 and older were breastfeeding at six months compared to those under the age of 30 (71.9% and 57.9%). Similarly, 70.2% of women with higher educational attainment (i.e., post-secondary) were breastfeeding at six months compared to those with lower education levels (39.4%). Nearly three quarters of women (70.3%) who had early skin-to-skin contact with their baby were

breastfeeding at six months versus those women who did not have early skin-to-skin contact (54.0%) If the baby was *not* the mother's first child, a greater proportion of women were breastfeeding to six months (72.2% compared to 56.3% of first time mothers). High levels of comfort breastfeeding in public spaces were also statistically associated with breastfeeding at six months. In addition, not supplementing the baby with foods other than breastmilk for at least four months and planning to breastfeeding for seven to 12 months increased the odds of breastfeeding at six months.

When incorporating all indicators into a logistic regression model, only early skin-to-skin contact and delaying supplementation for at least four months were statistically significant in increasing a woman's odds of reporting any breastfeeding at six months.

References:

1. Ontario Public Health Standards; Ministry of Health and Long-Term Care (2008).

2. Integrated Ten Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services. The Breastfeeding Committee for Canada (2011).

3. *Breastfeeding Definitions and Data Collection Periods, Breastfeeding Committee for Canada, 2006.*

4. Moore ER, Anderson GC, Bergman N, Dowswell T. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD003519. DOI: 10.1002/14651858.CD003519.pub3.

5. Renfrew MJ, McCormick FM, Wade A, Quinn B, Dowswell T. Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD001141. DOI: 10.1002/14651858.CD001141.pub4

6. The International Code of the Marketing of Breastmilk Substitutes. World Health Organization (1981).

7. Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months. A joint statement of Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada (2012). http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php. Accessed August 23, 2013.

Staff Report

Mandatory Re-Inspection of On-Site Sewage Systems County By-Law

Date:	September 11, 2013	
To:	Board of Health	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
Original approved by		***Original approved by***
Rosana Pellizzari, M.D.		Atul Jain, Manager, Inspection Services

Recommendations

That the Board of Health for the Peterborough County-City Health Unit:

- receive the staff report, *Mandatory Re-Inspection of On-Site Sewage Systems County By-Law,* for information; and

- recommend to the County of Peterborough that the appended three-year draft by-law (with fee schedule) be approved, confirming that the Health Unit will:
    - be the principal authority;
    - conduct the mandatory re-inspection of on-site sewage systems; and
    - conduct the non-mandatory re-inspection of on-site sewage systems in consultation with the local municipality, cottage associations, or other stakeholders.

Background

Under Part IV of the Clean Water Act, the principal authority is required to conduct inspections of on-site sewage systems located in "vulnerable areas" as outlined in source protection plans.

In the geographical area served by this Health Unit, the Otonabee Region Conservation Authority working with the Lower Trent Conservation Source Protection Committee has identified, mapped and geocoded these vulnerable areas in its source protection plans and has provided the Health Unit with the number and location of sewage systems that require mandatory re-inspection.

There are a total of 116 systems that require re-inspection in the Health Unit district, including 18 in Asphodel-Norwood, 3 in Cavan Monaghan, 73 in Trent Lakes, 14 in Havelock-Belmont-Metheun, 5 in Otonabee-South Monoghan, 1 in Selwyn and 2 in the City of Peterborough (Attachment B).

During the consultation phase for the mandatory re-inspections, questions were posed to the Health Unit, if non-mandatory re-inspections for on-site sewage systems could also be considered.

Non-mandatory re-inspections are those that are not required under the Building Code, however, may be requested when the local municipality, cottage associations, or other stakeholders, suspect that sewage systems adjacent to surface waters (e.g., lakes, streams, rivers) may or are currently failing and polluting these natural environments. Therefore, a re-inspection would be required to confirm if the sewage system is functioning properly.

These non-mandatory re-inspections would be done in cooperation with the local municipality, cottage associations, or other stakeholders within the County of Peterborough.

Financial Implications and Impact

The sewage system inspection program currently offered by the Peterborough County-City Health Unit (PCCHU) is a full cost-recovery program, as fees generated by applications, permits and file searches, are used to offset all operational expenses. An expansion to include mandatory and non-mandatory re-inspections would be based on the same approach, minimizing financial risk to the Board of Health.

Decision History

The Ontario Building Code (Ontario Regulation 350/06) was recently amended by Ontario Regulation 315/10. This Regulation establishes and governs mandatory sewage system maintenance inspection programs. These programs must be administered in certain areas of Ontario, by principal authorities – defined by the Building Code Act as a municipality, a board of health or a conservation authority.

These amendments largely came into force on January 1, 2012. The balance of the Regulation, pertaining to certain areas around the Lake Simcoe shoreline and watershed, will come into effect January 1, 2016.

The Board of Health has previously made a decision in regards to this matter (May 8, 2013) by directing staff to bring forward a draft County by-law for consideration in the Fall of 2013, confirming the Health Unit as the principal authority and proposing the Health Unit conduct the mandatory re-inspection of on-site sewage systems from January 1, 2014 to December 31, 2016 (3 years).

Delivery Options and Rationale

There are two options for the delivery of the mandatory re-inspection of on-site sewage systems:

(i) Health Unit
(ii) County of Peterborough or Local Municipalities

Since non-mandatory inspections are not required to meet requirements under the Building Code, there are three options for the delivery of the non-mandatory re-inspection of on-site sewage systems:

(i) Health Unit
(ii) County of Peterborough
(iii) Local municipalities, cottage associations or stakeholders

In consideration of the costs and benefits of these options, it is recommended the Health Unit be the delivery agent for both the mandatory and non-mandatory re-inspections. Based on our review, it would be most beneficial to the property owners within the County of Peterborough and the local municipalities for the reasons outlined below.

The Health Unit:

- is currently the principal authority;
- has successfully conducted sewage system inspections for the past 25 years;
- houses the historical files and corporate memory on the locations of sewage systems identified for mandatory and non-mandatory re-inspections;
- can ensure cost neutrality, professional delivery of service and consistency;
- staff have the training, qualifications, and are appointed sewage system inspectors under the Building Code Act;
- sewage system inspectors have the ability and professional experience to identify other health hazards;
- is a neutral third party (i.e., can be objective) separate from the local municipality or other interest groups; and
- already has in place an administrative support system and a current sewage system database.

If the Health Unit is not chosen for delivery of re-inspections, in addition to not satisfying the benefits outlined above, the County/local municipalities, cottage associations or stakeholders would require:

- time for transition; and
- an investment for recruitment, training and the appointment of staff.

If there are multiple providers for applications and re-inspections, this may create confusion for users and increase the potential for errors.

The preferred option based on this rationale is that the Health Unit deliver the mandatory re-inspections of on-site sewage systems within the County of Peterborough and the Health Unit deliver the non-mandatory re-inspections of on-site sewage systems in cooperation with local municipality, cottage associations, or other stakeholders within the County of Peterborough.

Fee and Cost Recovery of Fee

A fee of $270.00 will be designated for both the mandatory and non-mandatory re-inspection of on-site sewage system.

However, the fee for the non-mandatory re-inspections may be set at a lower rate based on the number of on-site sewage systems in the proposed area and potential economies of scale. This reduced fee would be based on cost-recovery, determined jointly and agreed upon by the Health Unit and the local municipality, cottage associations, or other stakeholders.

The fee noted above will ensure cost neutrality and recovery of expenses for the Health Unit and is based on current staff wages, mileage and administrative costs.

It is proposed in the draft by-law, that the Health Unit collect and retain all fees, as set out in the fee schedule in the following manner:

(i) The fee is to be placed on the property owner's tax roll, to be;
   a) prorated evenly over the term of the agreement (three years), and
   b) when collected by the municipality, the amount to be reimbursed to the Health Unit on an annual basis.

The method outlined above for the collection of fees is the most effective and efficient means for program delivery and would present the least financial hardship on the property owner.

Strategic Direction

Although this program is not part of the Ontario Public Health Standards, it is consistent with the goals of promoting and protecting the health of the population in Peterborough County and City.

The delivery of this program also supports our efforts to improve *Quality and Performance* and assess partnerships and leverage those that address local needs, and therefore a *Community-Centred Focus* in the area of environmental health.

Contact:

Atul Jain
Manager, Inspection Services
(705) 743-1000, ext. 259
ajain@pcchu.ca

Attachments:

Attachment A – Proposed County By-law – Re-inspection of On-site Sewage Systems
Attachment B – List of properties for mandatory re-inspection on-site sewage systems (as of January 7, 2013)

The Corporation of the County of Peterborough
By-law No. 2013 - xx

A By-law to authorize the Corporation of the County of Peterborough to enter into a Re-inspection of On-Site Sewage Systems Agreement with The Peterborough County-City Health Unit.

Whereas the Municipal Act, S.O. 2001, c. 25 (hereinafter referred to as the "Act") at section 9 provides that a municipality has the capacity, rights, powers and privileges of a natural person for the purpose of exercising its authority under this or any other Act;

And Whereas section 8(1) of the Act, further provides that section 8 shall be interpreted broadly so as to confer broad authority on municipalities,
(a) to enable them to govern their affairs as they consider appropriate; and
(b) to enhance their ability to respond to municipal issues.

And Whereas at the County Council Meeting of xxxx, 2013, County Council accepted the recommendation of the Director of Planning contained in his report "Mandatory Re-inspections of On-site Sewage Systems" wherein he recommended:

"That that County Council authorize the Warden and Clerk to enter into a Re-Inspection of On-site Sewage Systems Agreement with the Peterborough County-City Health Unit for a 3 year term using the new fee structure as approved by the Board of Health; and further

Be it resolved that County Council direct that the necessary By-law be passed in this regard.";

Now Therefore the Council of the Corporation of the County of Peterborough in Session duly assembled enacts as follows:

1. That the Corporation of the County of Peterborough be authorized to enter into a Re-Inspection of On-site Sewage Systems Agreement with The Peterborough County-City Health Unit in the form attached hereto as Schedule "A" to this By-law.

2. That the Warden and the Clerk be and are hereby authorized to execute the Agreement attached hereto as Schedule "A" and to affix the seal of the Corporation thereto.

3. That this by-law shall be commonly called the “Re-Inspection of On-site Sewage Systems Agreement By-law”.

Read a first, second and third time and passed in Open Council this xx day of xxx, 2013.

_____
J. Murray Jones Warden
c/s

_____
Sally Saunders Clerk

Schedule “A” To By-Law 2013-XX

Re-Inspection of On-site Sewage Systems Agreement

This Agreement dated as of the day of xx, 2013 and authorized by the Corporation of the County of Peterborough By-law No. 2013-XX .

Between:

Board of Health for The Peterborough County-City Health Unit
(hereinafter called the "Health Unit")
of the First Part

- And –

The Corporation of the County of Peterborough
(hereinafter called the "Municipality")
of the Second Part

Whereas this Agreement is being entered into pursuant to the Building Code Act (hereinafter called the "Act"), for the purpose of delegating to the Health Unit certain responsibilities under the Act and the Building Code, as they are from time to time amended, as set out herein with respect to the re-inspection of on-site sewage systems (with a capacity of less than 10,000 litres per day);

Now therefore in consideration of the mutual covenants herein contained, the parties hereto hereby agree as follows:

Article One

General

Section 1.01 **Application:** This Agreement shall be applicable to all lands where no municipal sewers are available in the Municipality (hereinafter called the "Lands").

Section 1.02 **Duties:** The Health Unit shall faithfully carry out its duties hereunder in accordance with the Act and the Building Code in force from time to time, this agreement and any other legislation contemplated hereunder.

Article Two

Definitions

Section 2.01 in this Agreement,

(i) "Sewage System" means any works for the collection, transmission, treatment and disposal of sewage or any part of such works to which the Act applies with a capacity of less than 10,000 litres;

(ii) "Inspector" means an inspector appointed under section 3.1(2) of the Building Code Act, 1992 as amended;

Article Three

Services of the Health Unit

Section 3.01 **Services:** The Peterborough County-City Health Unit shall provide the following services in relation to the Lands:

(i) Review the files in relation to the properties that the on-site sewage system is required to be re-inspected (i.e., mandatory - on-site sewage systems located in “vulnerable areas” as outlined in source protection plans) or those properties requested by the municipality (non-mandatory).

(ii) Conduct a re-inspection of the on-site sewage system identified in (i).

(iii) Issue a “Certificate of Re-inspection” to the property owner indicating that the on-site sewage system is not needed for an upgrade/replacement at the time of the re-inspection.

(iv) If (iii) is not satisfied, then issue a “notice of upgrade/replacement” to the property owner requiring them to upgrade or replace their on-site septic system.

(v) Receive and process applications and requests related to activities listed in paragraph (iv)

(vi) Inspect properties prior to the issuance of a permit for the construction, installation, establishment, enlargement, extension or alteration of a Sewage System.

(vii) Issue permits under the Act and Building Code relating to Sewage Systems (a "Permit").

(viii) Following the issuance of a permit, inspect and re-inspect when necessary, Sewage System installations to ascertain compliance with the permit and other requirements under the Act or Building Code.

(ix) Maintain adequate records of all documents and other materials used in performing the duties required under this Agreement.

(x) Upon reasonable notice by the Municipality, provide reasonable access to the Municipality of all records kept under subsection 3.01 (ix).

(xi) Respond to inquiries made by any person under the Freedom of Information and Protection of Privacy Act and related Regulation, as amended from time to time, or through any other legal channel.

(xii) Investigate complaints and malfunctioning Sewage Systems, undertake compliance counselling and preparation of reports for abatement action as it relates to existing and proposed Sewage Systems.

(xiv) Issue orders under the Act relating to Sewage Systems.

(xiii) Prepare documentation necessary for prosecution activities relating to Sewage Systems under the Act and Building Code. Administer proceedings relating to Sewage Systems pursuant to the Provincial Offenses Act, R.S.O. 1990, c. P.33.

(xvi) Provide all forms necessary for the administration of this Agreement.

(xvii) Be responsible for any other matters related to the administration or enforcement of the Act or Building Code relating to Sewage Systems.

Article Four

Collection of Fees

Section 4.01 **Mandatory Re-inspections of On-site Sewage Systems:** The Health Unit shall collect and retain all fees, as set out in Schedule A by:

(i) The fee to be placed on the property owner's tax roll, to be;

a) prorated evenly over the term of this agreement (three years), and
b) when collected by the municipality, the amount to be reimbursed to the Health Unit on a yearly basis.

*Section 4.02 **Non-mandatory Re-inspections of On-site Sewage Systems:** The Health Unit shall collect and retain all fees, as set out in Schedule A by:

(i) The fee to be placed on the property owner's tax roll, to be;

a) prorated evenly over the term of this agreement (three years), and
b) when collected by the municipality, the amount to be reimbursed to the Health Unit on a yearly basis, or

*Note: This fee may be reduced upon agreement between the Health Unit and/or the local municipality, cottage associations, and/or other stakeholders, depending on the number of properties in a particular area, in the municipality.

Section 4.03 **Fee Schedule:** It is agreed and understood that the fees charged in association with the provision of the above services shall be on a cost recovery basis only. The Health Unit shall submit to County Council for approval the proposed fee schedule with supporting documentation verifying that the fees are not in excess of actual costs. The Municipality reserves the right to reduce any or all fees charged by the Board of Health, however, it is expressly understood that in doing so, the Board of Health may bill the Municipality directly for any costs not covered by the reduced fee schedule.

Section 4.03 **Amendment of Fee Schedule:** Any amendments to the fee schedule shall not be made by the Health Unit without the approval of County Council.

Article Five

Inspectors

Section 5.01 **Qualifications:** The Health Unit shall appoint Inspectors who meet the requirement of the Act and the Building Code and shall issue a certificate of appointment to each appointed Inspector

Article Six

Liabilities and Insurance

Section 6.01 **Liability of the Health Unit:** The Health Unit shall indemnify and save harmless the Municipality from and against all claims, demands, losses, costs, damage, actions, suits or proceedings by whomsoever made, brought or prosecuted in any manner based upon, arising out of, related to, occasioned by or attributable to the activities of the Health Unit in executing the work under this Agreement. The Municipality shall be named as an additional insured on the policy of the Health Unit. The Health Unit shall provide a certificate of insurance annually to the Municipality.

Section 6.02 **Insurance:** For the term of this Agreement, the Health Unit will, at its expense, maintain liability insurance contracts of the nature, in the amounts and containing the terms and conditions, if any, set out in Schedule B.

Article Seven

Term and Termination of Agreement

Section 7.01 **Term:** This Agreement shall continue in force for a period of three years commencing January 1 2014 and ending December 31 2016.

Section 7.02 **Termination:** This Agreement may be terminated by either party upon written notice being received six (6) months prior to the proposed termination date.

Article Eight

Miscellaneous

Section 8.01 **Preamble:** The preamble hereto shall be deemed to form an integral part hereto.

Section 8.02 **Gender, etc.:** Whenever the singular form is used in the Agreement and when required by the context, the same shall include the plural, the plural shall include the singular and the masculine gender shall include the feminine and neuter genders.

Section 8.03 **Amendments:** This Agreement shall not be changed, modified, or discharged in whole or in part except by instrument in writing signed by the parties hereto, or their respective successors or permitted assigns, or otherwise as provided herein.

Section 8.04 **Assignment:** This Agreement shall not be assignable by either party hereto without the written consent of the other party being first obtained.

Section 8.05 **Notices:** Any notice, report or other communication required or permitted to be given hereunder shall be in writing unless some other method of giving such notice, report or other communication is expressly accepted by the party to whom it is given and shall be given by being delivered or mailed to the following addresses of the parties respectively:

(a) To the Health Unit:

Board of Health for the Peterborough County City Health Unit
10 Hospital Drive
Peterborough, ON
K9J 8M1
Attention: The Medical Officer of Health

(b) To the Municipality

The Corporation of the County of Peterborough
470 Water St.
Peterborough, ON
K9H 3M3

Attention: The County Clerk

Any notice, report or other written communication, if delivered, shall be deemed to have been given or made on the date on which it was delivered to any employee of such party, or if mailed, postage prepaid, shall be deemed to have been given or made on the third business day following the date on which it was mailed (unless at the time of mailing or within forty-eight hours thereof there shall be a strike, interruption or lock-out in the Canadian postal service, in which case service shall be by way of delivery only). Either party may at any time give notice in writing to the other party of the change of its address for the purpose of this Section 8.05.

Section 8.06 **Headings:** The section headings hereof have been inserted for the convenience of reference only and shall not be constructed to affect the meaning, construction or effect of this Agreement.

Section 8.07 **Governing Law:** The provisions of this Agreement shall be constructed and interpreted in accordance with the laws of the Province of Ontario as at the time in effect.

In Witness Whereof the parties hereto have executed this Agreement as of the day and year first written above.

Board of Health for the Peterborough County-City Health Unit

_____

Chairperson

_____
Rosana Pellizzari, M.D.
Medical Officer of Health

We have the authority to bind the Board

The Corporation of the
County of Peterborough

_____

J. M. Jones
Warden

_____

Sally Saunders
Clerk

We have the authority to bind the Corporation

Schedule A

Re-inspection of On-site
Sewage Systems
Fees
in Effect until
December 31, 2016

Service	Type	Fee
Certificate of Re-inspection	Inspection of On-site Sewage Systems (Mandatory)	$270.00
Certificate of Re-inspection	Inspection of On-site Sewage Systems (Non-mandatory)	$270.00*

*Note: The non-mandatory inspection fee may be reduced upon agreement between the Health Unit and/or the local municipality, cottage associations, and/or other stakeholders, depending on the number of properties in a particular area, in the municipality.

ActivitySiteArea_Municipality	System	LandownerContact_Municipality	Property_Address	Mailing_Address
Alnwick/Haldimand	Grafton	Alnwick-Haldimand	432-434 Edwardson Rd.	P.O. Box 70, Grafton, ON K0K 2G0
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	148 PARK LANE	PO Box 481 Hastings ON K0L 1Y0
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	154 PARK LANE	154 Park Lane PO Box 575 Hastings ON K0L 1Y0
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	156 PARK LANE	156 Park Lane Hastings ON K0L 1Y0
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	160 PARK LANE	PO Box 331 Hastings ON K0L 1Y0
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	150 PARK LANE	PO Box 159 Hastings ON K0L 1Y0
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	1163 ROGERS LANE	1163 Rogers Lane PO Box 114 Hastings ON K0L 1Y0
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	1161 ROGERS LANE	4705 Reid Street Orono ON L0B 1M0
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	1159 ROGERS LANE	29 Kennedy Drive Courtice ON L1E 2H2
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	1157 ROGERS LANE	273 East 28th St Hamilton ON L8V 3J2
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	1153 ROGERS LANE	40 Waymount Ave Richmond Hill ON L4S 2G5
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	1149 ROGERS LANE	39 Twelve Oaks Drive Aurora ON L4G 6J5
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	164 PARK LANE	164 Park Lane PO Box 261 Hastings ON K0L 1Y0
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	166 PARK LANE	PO Box 613 Hastings ON K0L 1Y0
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	1147 ROGERS LANE	24 Lochleven Dr Scarborough ON M1M 3S1
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	1161 MCCARTHY'S PNT RD	PO Box 193 Hastings ON K0L 1Y0
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	NA	24 Lochleven Dr Scarborough ON M1M 3S1
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	168 PARK LANE	168 Park Lane Hastings ON K0L 1Y0
Asphodel-Norwood	Hastings	ASPHODEL-NORWOOD TOWNSHIP	174 PARK LANE	174 Park Lane Hastings ON K0L 1Y0
Cavan-Monaghan	Fraserville	Cavan Monaghan	2401 Lansdowne Street W.	2401 Landsdowne Street West. PO Box 1602 Station Main, Peterborough, Ontario, K9J 7S4
Cavan-Monaghan	Fraserville	Cavan Monaghan	2435 Lansdowne Street W.	2435 Lansdowne Street West, RR#3 Peterborough, Ontario, K9J 6X4
Cavan-Monaghan	Fraserville	Cavan Monaghan	2422 Lansdowne Street W.	2422 Lansdowne Street West. RR #3 Peterborough, Ontario, K9J 6X4
City of Peterborough	Peterborough	City of Peterborough	1297 Dafoe Dr.	1297 Dafoe Drive, Ptbo, ON K9J 6Y1
City of Peterborough	Peterborough	City of Peterborough	1300 Dafoe Dr.	RR 9 Station Main Peterborough, ON, K9J 6Y1
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	632 Alpine Lake Road	632 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	697 Alpine Lake Road	697 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	701 Alpine Lake Road	701 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	657 Alpine Lake Road	657 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	738 Alpine Lake Road	738 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	732 Alpine Lake Road	732 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	730 Alpine Lake Road	730 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	724 Alpine Lake Road	724 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	729 Alpine Lake Road	729 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	707 Alpine Lake Road	707 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	711 Alpine Lake Road	711 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	626 Alpine Lake Road	626 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	1621 Alpine Cres	59 Alpine Cres, RR 3, Bobcaygeon ON, K0M 1AO
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	1625 Alpine Cres	1625 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	656 Alpine Lake Road	656 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	640 Alpine Lake Road	640 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	636 Alpine Lake Road	636 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0

Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	4 Pinewood Drive	4 Pinewood Drive, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	725 Alpine Lake Road	725 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	720 Alpine Lake Road	720 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	716 Alpine Lake Road	716 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	1628 Cedar Cres	69 Sir Raymond Drive, Scarborough ON, M1E 1C1
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	618 Alpine Lake Road	618 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	4 Swiss Cres	11608-30 Carabob Court, Toronto ON, M1T 3N2
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	1621 Cedar Cres	444 Lawson Road, Scarborough ON, M1C 2K1
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	1629 Cedar Cres	3356 Juanita Court, Mississaugua ON, L5A 3J6
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	686 Alpine Lake Road	686 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	684 Alpine Lake Road	684 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	1624 Alpine Cres	1624 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	645 Alpine Lake Road	127 Duvernet Ave, Toronto ON, M4E 1V5
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	651 Alpine Lake Road	651 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	653 Alpine Lake Road	653 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	1620 Cedar Cres	PO Box 274, Stn Main, Lindsay ON, K9V 4S1
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	735 Alpine Lake Road	735 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	737 Alpine Lake Road	737 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	637 Alpine Lake Road	637 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	641 Alpine Lake Road	641 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	643 Alpine Lake Road	643 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	715 Alpine Lake Road	77 Greybeaver Trail, Scarborough On, M1C 4N7
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	3 Pinewood Drive	3 Pinewood Drive, RR 3, Bobcaygeon ON , K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	5 Pinewood Drive	39 Pinewood Cres, Bobaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	719 Alpine Lake Road	719 Alpine Lake Road, RR3, Bobcaygeon ON K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	663 Alpine Lake Road	663 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	654 Alpine Lake Road	578 Walsh Drive, Port Perry ON, L0L 1K9
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	660 Alpine Lake Road	660 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	6 Pinewood Drive	6 Pinewood Drive, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	1624 Cedar Cres	1624 Cedar Cres, RR 3, Bobcaygeon ON K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	8 Swiss Cres	24 Cresswell Drive, Toronto ON, M1G 3L8
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	667 Alpine Lake Road	667 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	681 Alpine Lake Road	681 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	685 Alpine Lake Road	685 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Alpine Village	Galway-Cavendish & Harvey	687 Alpine Lake Road	687 Alpine Lake Road, RR 3, Bobcaygeon ON, K0M 1A0
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	245 Sumcot Drive, Buckhorn Lake Estates	245 Sumcot Drive, RR 1 Stn Delivery Centre, Peterborough ON, K9J 6X2
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	235 Sumcot Drive, Buckhorn Lake Estates	235 Sumcot Drive, RR 1 Stn Delivery Centre, Peterborough ON, K9J 6X2
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	239 Sumcot Drive, Buckhorn Lake Estates	239 Sumcot Drive, RR 1 Stn Delivery Centre, Peterborough ON, K9J 6X2
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	797 Cedar Circle, Buckhorn Lake Estates	144 Evans Ave, Etobicoke ON, M8Z 1H9
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	795 Cedar Circle, Buckhorn Lake Estates	795 Cedar Circle, RR 1, Peterborough ON, K9J 6X2
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	793 Cedar Circle, Buckhorn Lake Estates	28 Summerfield Cres, Etobicoke ON, M9C 3X3
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	186 Sumcot Drive, Buckhorn Lake Estates	54 Holden Drive, PO Box 62, Nobleton ON, LOG 1NO
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	240 Sumcot Drive, Buckhorn Lake Estates	240 Sumcot Drive, RR 1 Stn Delivery Centre, Peterborough ON, K9J 6X2

Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	236 Sumcot Drive, Buckhorn Lake Estates	236 Sumcot Drive, RR 1 Stn Delivery Centre, Peterborough ON, K9J 6X2
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	193 Sumcot Drive, Buckhorn Lake Estates	193 Sumcot Drive, RR 1 Stn Delivery Centre, Peterborough ON, K9J 6X2
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	210 Sumcot Drive, Buckhorn Lake Estates	210 Sumcot Drive, RR 1 Stn Delivery Centre, Peterborough ON, K9J 6X2
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	196 Sumcot Drive, Buckhorn Lake Estates	196 Sumcot Drive, RR 1 Stn Delivery Centre, Peterborough ON, K9J 6X2
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	190 Sumcot Drive, Buckhorn Lake Estates	49 Major Willliam Sharpe Drive, Brampton ON, L6X 3H9
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	796 Cedar Circle, Buckhorn Lake Estates	2462 Linwood St, Pickering ON, L1X 2N8
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	794 Cedar Circle, Buckhorn Lake Estates	97 Stuart St, Stouffville ON, L3A 4S4
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	792 Cedar Circle, Buckhorn Lake Estates	792 Cedar Circle, RR 1, Peterborough ON, K9J 6X2
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	228 Sumcot Drive, Buckhorn Lake Estates	228 Sumcot Drive, RR 1 Stn Delivery Centre, Peterborough ON, K9J 6X2
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	224 Sumcot Drive, Buckhorn Lake Estates	224 Sumcot Drive, RR 1 Stn Delivery Centre, Peterborough ON, K9J 6X2
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	218 Sumcot Drive, Buckhorn Lake Estates	8 Vantage Circle, Mississauga ON, L5M 2L2
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	Concession 15, PtL1, Plan M7 Lot 48	1505 Kenilworth Cres, Oakville ON, L6H 3G1
Galway-Cavendish and Harvey	Buckhorn Well Supply	Galway-Candish & Harvey	216 Sumcot Drive, Buckhorn Lake Estates	32 Sherbo Crescent, Brampton ON, L7A 2A1
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	718 Belmont Twp Conc 8	718 Belmont TWP CON 8 RR3 Havelock ON K0L 1Z0
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	692 Bell TWP Con 8	RR # 3 Havelock ON K0L1Z0
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	134 County Rd 46	326-1099B Clonsilla Ave Peterborough On K9J 8L7 Canada
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	717 Bel TWP Con 8	RR 2 Havelock ON K0L 1Z0
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	4 Mary St	8 Mary Steet RR 3 Havelock ON K0L 1Z0
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	8 Mary St	8 Mary Street RR 3 Havelock ON K0L 1Z0
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	9 County Rd 48	PO Box 94 Trent River ON K0L 2Z0
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	116 County Rd 48	PO Box 94 Rent River ON K0L 2Z0
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	26 Mary St	Box 443 Havelock On K0L 1Z0
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	10 County Rd 48	PO Box 94 Trent River ON K0L 2Z0
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	28 MARY ST	28 Mary St., Box 32, Havelock, ON, K0L 1Z0
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	47 Mary St	Box 175 Havelock ON K0L 1Z0
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	45 Mary St	PO Box 898 Havelock ON K0L 1Z0
Havelock-Belmont-Methuen	Havelock	Municipality of Havelock-Belmont-Methuen	49 Mary St	PO Box 353 Havelock ON K0L 1Z0
Otonabee-South Monaghan	Crystal Springs	Township of Otonabee-South Monaghan	1745 Base Line, RR 6 Station Main	1745 Base Line, RR 6 Station Main, Peterborough, ON K9J 6X7
Otonabee-South Monaghan	Crystal Springs	Township of Otonabee-South Monaghan	1744 Base Line, RR 6 Station Main	1745 Base Line, RR 6 Station Main, Peterborough, ON K9J 6X7
Otonabee-South Monaghan	Crystal Springs	Township of Otonabee-South Monaghan	1754 Base Line, RR 6 Station Main	1745 Base Line, RR 6 Station Main, Peterborough, ON K9J 6X7
Otonabee-South Monaghan	Crystal Springs	Township of Otonabee-South Monaghan	1762 Base Line, RR 6 Station Main	1762 Base Line, RR6 Station Main, K9J 6X7
Otonabee-South Monaghan	Keene	Township of Otonabee-South Monaghan	42 Pinecrest Avenue, Keene	1994 Fisher Drive, PO Box 7190 Peterborough, ON K9J 7A1
Smith-Ennismore-Lakefield	Lakefield	Township of Smith-Ennismore-Lakefield	44 Water Street, Lakefield	PO Box 597, Lakefield, ON K0L 2H0

Prepared: January 7, 2013

PETERBOROUGH COUNTY-CITY HEALTH UNIT
Q2 2013 PROGRAM REPORT
(April 1 – June 30, 2013)

Definitions
Frequently Used Acronyms

Mandatory Programs

Child Health
Chronic Disease Prevention
Food Safety
Foundational Standard
Health Hazard Prevention and Management
Infectious Diseases Prevention and Control
Prevention of Injury and Substance Misuse
Public Health Emergency Preparedness
Rabies Prevention and Control
Reproductive Health
Safe Water
Sexual Health, Sexually Transmitted Infections and Blood Borne Infections
Tuberculosis Prevention and Control
Vaccine Preventable Diseases

Other

Communications
Infant and Toddler Development Program
Sewage Disposal Program

Board of Health Quarterly Reporting Definitions

✓ = **Compliant**	Have met the requirements of this standard for the operating year. No further action required.
↑ = **On Target**	Completion of operational plans will result in full compliance. Some activities may have taken place, but not all have been completed. Applies to requirements that do not have quarterly expectations.
Ø = Partially Compliant	Completion of operational plans will result in partial compliance of requirements. Some elements within this requirement have been achieved.
🛈 = **Compliant to Date**	Completion of operational plans will result in full compliance. For requirements that have quarterly expectations, these expectations have been met.
✖ = **Not Compliant**	Not able to meet most elements within this requirement.

Frequently Used Acronyms

BOH	Board of Health
CE-LHIN	Central East Local Health Integration Network
CINOT	Children In Need of Treatment
CFK	Care For Kids
CME	Continuing Medical Education
GIS	Geographic Information Systems
HBHC	Healthy Babies, Healthy Children
HCF	Healthy Communities Fund
HCO	Healthy Communities Ontario
HKPR	Haliburton, Kawartha, Pine Ridge
iPHIS	Integrated Public Health Information System
KPRDSB	Kawartha Pine Ridge District School Board
MCYS	Ministry of Children and Youth Services
MHP	Ministry of Health Promotion
MOE	Ministry of the Environment
MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
NBP	Nobody's Perfect
NRT	Nicotine Replacement Therapy
OAHPP	Ontario Agency for Health Protection and Promotion
PCCHU	Peterborough County-City Health Unit
PHAC	Public Health Agency of Canada
PHI	Public Health Inspector
PHN	Public Health Nurse
PRHC	Peterborough Regional Health Centre
PVNCCDSB	Peterborough Victoria Northumberland and Clarington Catholic District School Board

Child Health Q2 2013

(Managers: Karen Chomniak for Child Health and Healthy Babies Healthy Children; Patti Fitzgerald/Sarah Tanner for Oral Health)

Goal: To enable all children to attain and sustain optimal health and developmental potential.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of:						Findings from the International Parenting Survey Canada, including local and provincial findings, were posted to the Health Unit website. Staff participated in Public Health Ontario (PHO) webinars on the Locally Driven Collaborative Project findings on Ontario Parenting Styles, and on *Measuring the Health of Infants, Children and Youth for Public Health in Ontario: Indicators, Gaps and Recommendations for Moving Forward*.
• Positive parenting;	✓	↑	↑			
• Breastfeeding;	✓	↑	↑			Staff met with the Data Analyst at Ontario Early Years Centre (OEYC) regarding the Early Development Instrument (EDI) and Kindergarten Parenting Survey reports for Peterborough City and County.
• Healthy family dynamics;	✓	↑	↑			
• Healthy eating, healthy weights, and physical activity;	✓	↑	↑			
• Growth and development; and	✓	↑	↑			See Oral Health Report.
• Oral health.	✓	↑	↑			
2. The board of health shall conduct surveillance of children in schools and refer individuals who may be at risk of poor oral health outcomes in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current), and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑			See Oral Health Report.
3. The board of health shall report oral health data elements in accordance with the *Oral*	✓	↑	↑			See Oral Health Report.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🛈 = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Health Assessment and Surveillance Protocol, 2008 (or as current).						
Health Promotion and Policy Development						
4. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health These efforts shall include: a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑			80% of Family Physicians and Nurse Practitioners and 71% of Paediatricians have received an 18-Month Well-Baby Visit Information session. A Speech and Language promotion campaign is underway, in partnership with the Haliburton Kawartha Pine Ridge District Health Unit (HKPRDHU) and Five Counties Children's Centre (FCCC). Staff worked with Peterborough Triple P Positive Parenting Program (TP) Steering Committee members towards the finalization of a local TP strategic plan. Staff compiled and submitted documents for review to the Breastfeeding Committee for Canada for the Baby Friendly Initiative (BFI) Pre-Assessment. Staff provided a *BFI Refresher* presentation at the PCCHU All Staff Day and on behalf of the Board of Health, provided a resolution that all Ontario hospitals become Baby-Friendly, which was subsequently approved by alPHa (Association of Local Public Health Agencies) at their Annual General meeting. Findings from the Child And Family Poverty Needs Assessment were used to complete a mapping exercise that captured needs, gaps, linkages and existing opportunities for collaboration regarding priority issues related to family poverty. These findings were presented internally at a Family Health meeting and School and Youth meeting. Staff attended The Ontario Public Health Conference SDOH PHN networking workshop, and participated in two SDOH PHN teleconferences. See Oral Health Report.
5. The board of health shall increase public awareness of: • Positive parenting; • Breastfeeding; • Healthy family dynamics;	✓ ✓ ✓	↑ ↑ ↑	↑ ↑ ↑			A breastfeeding display was staffed for the *Better Baby Expo.* Staff participated in teleconferences with Kawartha-Haliburton Children's Aid Society to plan activities for Child Abuse Prevention Month October 2013. Staff collected information regarding existing public education and communication

Status Legend: ✓ **= Compliant** ↑ **= On Target** Ø **= Partially Compliant** 🛈 **= Compliant to Date** × **= Non Compliant**

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
• Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓ ✓ ✓	↑ ↑ ↑	↑ ↑ ↑			material regarding poverty, including campaign material from a neighboring health unit. See Oral Health Report.
6. The board of health shall provide, in collaboration with community partners, parenting programs, services, and supports, which include: a. Consultation, assessment, and referral; and b. Group sessions.	✓	↑	↑			Two NBP group series were provided in collaboration with community partners. One NBP one-on-one series was provided to a client of the Healthy Babies, Healthy Children program. Staff provided 25 TP parenting consultations. Staff provided, in collaboration with the OEYC, two Triple P Parenting Seminars at the Lakefield OEYC Hub.
7. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑			Staff completed 119 telephone consultations on the Family HEALTH*line*, on a variety of child health related topics. Staff met with injury prevention staff to discuss links between family poverty and injury prevention. See Oral Health Report.

Status Legend: ✓ **= Compliant** ↑ **= On Target** Ø **= Partially Compliant** 🛈 **= Compliant to Date** × **= Non Compliant**

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
8. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.	✓	↑	↑			Staff collaborated with the YMCA to provide support for the *Young Moms Working Out* (YMWO) group. Staff held an education session for YMWO participants on the topics of outdoor physical activity for infants, small children, and their parents, sun safety and protection against insects. Funding for this group terminated on May 30, 2013. A successful 2013 Professional Service Information Fair was held in April. Over 300 participants attended and evaluated the event. Staff provided a breastfeeding display at the fair as a means of building relationships with other local service providers working with families, and increasing awareness of breastfeeding supports in the community. Staff worked with the YWCA Crossroads Shelter to support the provision of NBP in the Shelter. Staff participated in the Neighbours in Action (NIA) committee through the Peterborough Poverty Reduction Network and attended the NIA Community BBQ where they distributed a variety of Health Unit resources. There were approximately 300 people in attendance.
Disease Prevention						
9. The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2008* (or as current) (Ministry of Children and Youth Services).	Ø	Ø	Ø			See Reproductive Health report.
10. The board of health shall conduct oral screening in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑			See Oral Health Report.
11. The board of health shall facilitate access and support for families to complete screening tools to monitor their child's health and development, and provide a contact for families to discuss results and arrange follow-up.	✓	↑	↑			The Nipissing District Developmental Screen (NDDS) for early identification of developmental delays was disseminated through NBP series and by partner agencies. Physicians and nurse practitioners continue to order parent packages and board books to be used during a child's enhanced 18-month well-baby visit.
12. The board of health shall provide the	✓	🛈	🛈			See Oral Health Report.

Status Legend: ✓ **= Compliant** ↑ **= On Target** Ø **= Partially Compliant** 🛈 **= Compliant to Date** × **= Non Compliant**

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Children in Need of Treatment (CINOT) Program in accordance with the *Children in Need of Treatment* (CINOT) *Program Protocol, 2008* (or as current). For CINOT-eligible children, the board of health shall provide referrals to oral health care providers and monitor the action taken.						
13. The board of health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the *Preventive Oral Health Services Protocol, 2008* (or as current).	✓	🛈	🛈			See Oral Health Report.
Health Protection						
14. The board of health shall review drinking water quality reports for its municipal drinking water supply(ies) where fluoride is added. These reports shall be reviewed at least monthly and, where necessary, action shall be taken in accordance with the *Protocol for the Monitoring of Community Water Fluoride Levels, 2008* (or as current).	✓	🛈	🛈			See Oral Health Report.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🛈 = Compliant to Date × = Non Compliant

Chronic Disease Prevention Q2 2013

(Manager: Hallie Atter; Donna Churipuy)

Goal: To reduce the burden of preventable chronic diseases of public health importance.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑			**Tobacco Use Prevention** Provided update to BOH on smoke-free status of Multi-Unit Dwellings (MUDs) locally. **Cancer Prevention** The Epidemiologist summarized cancer screening participation rates among Peterborough residents for mammography, Papanicolaou (Pap) test, and fecal occult blood test screening for breast cervical and colorectal cancers. **Nutrition** Reviewed documents that included surveillance data and emerging trends provided by the Epidemiologist, Manager, Medical Officer of Health (MOH), and other health professionals, regarding healthy weights and healthy eating. **Alcohol** See Prevention of Injury and Substance Misuse Standard Requirement #1.
2. The board of health shall monitor food affordability in accordance with the *Nutritious Food Basket Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑			**Nutrition** Responded to inquiries from other Health Units and provinces regarding implementation of the Nutritious Food Basket (NFB) protocol. Conducted food costing and submitted NFB results to the Ministry of Health and Long Term Care (MOHLTC). Participated in NFB Task Group to create a set of province-wide recommendations for the 2013 reports.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Health Promotion and Policy Development						
3. The board of health shall work with school boards and/or staff of elementary, secondary, and post-secondary educational settings, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation. These efforts shall include: a. Assessing the needs of educational settings; and b. Assisting with the development and/or review of curriculum support.	✓ ✓ ✓ ✓ Ø ✓	↑ ↑ ↑ ↑ Ø ↑	↑ ↑ ↑ ↑ Ø ↑			**Tobacco Use Prevention** The school-based cessation/connectedness Coordinating Group (representation from Kawartha Pine Ridge District School Board (KPRDSB) and Haliburton Kawartha Pine Ridge Health Unit (HKRDHU)) met. School-based cessation/connectedness program wrapped up for the school year at three schools (Adam Scott, St. Peter's and Lakefield High). Staff coordinated the Scoop on Tobacco, a youth initiated and led, tobacco prevention event at Adam Scott C.V.I. Presented PCCHU's inaugural Champion for Tobacco-Wise Peterborough Award to six schools (Adam Scott, Lakefield, St. Peter's, Norwood, SFYM, and PACE) for their commitment to cessation programs and supports for students. **Healthy Schools** Healthy Schools initiatives were completed for the 2012-13 school year at Rhema Christian School and St. Paul's Catholic Elementary School Peterborough. Rhema completed construction and planting of their school garden boxes, received hand washing and sun safety workshops through a nursing student placement, and piloted a school shade audit in partnership with the Health Unit and Fleming College GIS students. St. Paul's School successfully piloted a smoothie bar project, and added a running program to their healthy schools project. Meetings were held with Principals at Queen Mary and Chemong Public Schools to plan for healthy schools initiatives in the Fall. Healthy Schools resource showcase was presented to education students at Trent University, and participants in the KPRDSB New Teacher Induction program. Health Unit resources for educators were profiled as part of a Daily Physical Education presentation to the Peterborough Victoria Northumberland Clarington Catholic District School Board (PVNCCDSB) health and physical education leads. Two Trent Nursing student placement projects were completed; one to support

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Rhema Christian School health schools initiatives and a second to develop electronic health resources for educators. **Nutrition** Participated in meetings with Ontario Society of Nutrition Professionals in Public Health (OSNPPH) for adaptation of *Sip Smart BC,* focused on increasing awareness of sugar-sweetened beverages, and in OSNPPH Practice Groups for Elementary Schools/Nutrition Tools for Schools. Reviewed Food for Kids (FFK) funding, donations and financial statements. Arranged FFK funding distribution to identified schools. Provided healthy eating displays, activities and resources to local school (*Welcome to Kindergarten*) events. Supported student nutrition program operation in schools including supporting FFK Coordinators with 2013/14 funding applications and reports. Organized volunteer and secretarial recognition, and responded to individual school questions. **Alcohol** See Prevention of Injury and Substance Misuse Standard Requirement #2.
4. The board of health shall use a comprehensive health promotion approach to increase the capacity of workplaces to develop and implement healthy policies and programs, and to create or enhance supportive environments to address the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity;	 ✓ ✓ Ø ✓	 ↑ ↑ ↑ ↑	 Ø Ø ↑ Ø			**Nutrition** Submitted content regarding nutrition recommendations for staying hydrated for Health@Work website. Due to a reduction in staff capacity, the nutrition team is unable to provide comprehensive support to workplaces for this rest of this year. **Workplace Health** Created new posts for the *Health at Work* website on a variety of topics including physical activity, nutrition, UV radiation and heat stress, West Nile and Lyme Disease, mental health and substance misuse. The content was promoted in the monthly e-Bulletins (April, May and June).

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
• Alcohol use; • Work stress; and • Exposure to ultraviolet radiation. These efforts shall include: a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.	✓ ✓ x	x ↑ x	x ↑ x			**Physical Activity (including the Built Environment and Access to Recreation)** Supported Shifting Gears Workplace Transportation Challenge by promoting it to Health Unit staff and on the Health at Work website Due to staff capacity, the Physical Activity program is unable to provide comprehensive support to workplaces for this rest of this year.
5. The board of health shall collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating and protection from environmental tobacco smoke.	Ø	↑	↑			**Tobacco Use Prevention** Staff developed a patio survey to create an inventory of patios and their smoking status in Peterborough City and County. Staff provided an in-service to Public Health Inspector's who will complete the surveys in the third and fourth quarters while on routine establishment inspection checks. **Nutrition** Provided support to childcare agencies to increase food preparation skills and Healthy Eating policies. In partnership with *Raising The Bar/Investing in Quality,* developed and implemented a cook's conference for cooks of local childcare centres.
6. The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment regarding the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and	✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑			**Tobacco Use Prevention** Presented PCCHU's inaugural Champion for Tobacco-Wise Peterborough Award to the City of Peterborough, Township of Selwyn and Township of Cavan Monaghan for their smoke-free outdoor spaces by-laws. Staff submitted a smoke-free policy recommendation as part of PCCHU's submission to Peterborough's 10 Year Housing and Homelessness Plan Consultations. **Youth Engagement** Staff facilitated a focus group for youth as part of our Rural Youth Engagement/ Community Development strategy in Warsaw (Douro-Dummer Township).

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
• Exposure to ultraviolet radiation.	✓	↑	↑			**Nutrition** Presented to Peterborough County Council regarding Food For Kids Peterborough and the County's sustainability plan. Supported the Peterborough Community Garden Network (PCGN) and their work which supports the City of Peterborough's Community Garden Policy. **Physical Activity** Coordinated two meetings with Township Recreation Managers to brainstorm a County-wide access to recreation project. Co-hosted with Selwyn Township a discussion night for sporting and recreation service groups regarding accessible recreation in Selwyn Township. Co-hosted with Douro-Dummer Township a discussion night for sporting and recreation service groups regarding accessible recreation in Douro-Dummer Township. Held two meetings with Chris Kawalec, Coordinator of the Community Social Plan, to discuss the County's Access to Recreation project and how to integrate the two programs. Held one meeting with the City's Recreation Department to discuss the County's Access to Recreation project and how to involve the City. Attended one Otonabee South-Monaghan Township Parks and Arena meeting to discuss the results of their community-wide recreation survey and to make recommendations for next steps. Provided feedback on the City's concept designs for the redevelopment of the Louise St. parking lot. Reviewed and provided suggestions to City staff report on the City's sidewalk strategic plan and the City's sidewalk policy. **Alcohol** See Prevention of Injury and Substance Misuse Standard Requirement #2.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Disease Prevention						
7. The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services related to: • Healthy eating, including community-based food activities; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation. These efforts shall include: a. Mobilizing and promoting access to community resources; b. Providing skill-building opportunities; and c. Sharing best practices and evidence for the prevention of chronic diseases	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑			**Tobacco Use Prevention** Collaborated with Ontario Tobacco Research Unit staff to modify evaluation tools for group cessation. Presented PCCHU's Inaugural Champion for Tobacco-Wise Peterborough Award to the PRHC's Schizophrenia Clinic for their participation in the STOP on the Road workshops (providing cessation supports for clients) and to a local landlord for implementing a smoke-free building policy. Staff met twice with Ontario Trillium Foundation (OTF) Grant Advisory Team. Partners: Peterborough Drug Awareness Coalition and PCCHU's Substance Misuse Program. Staff represented PCCHU at the Haliburton Kawartha Pine Ridge Cessation Network. Staff attended Training Enhancement in Applied Cessation Counselling and Health (TEACH) on tobacco cessation. **Youth Engagement** The PCCHU Youth Services Provider Information (YSPI) smartphone application was launched. Staff partnered with the John Howard Society and Royal Gardens retirement residence to implement a photo voice project as part of Senior's Month. Staff participated in the City's Blue Sky youth festival at Nichol's Oval. **Nutrition:** Participated in a Peterborough focus group for Nourishing Ontario (SSHRC project) regarding food security and housing. Attended meeting with Jeff Leal, MPP with Peterborough Poverty Reduction Network members with focus on advocacy for continued Special Diet Allowance.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Presented food security continuum and food program overview to new members of Nourish Project. Prepared briefing note for the MOH meeting with Jeff Leal, MPP regarding farm to school programs and FFK. Staffed nutrition display on the promotion of vegetables and fruit for children at Regional Early Childhood Education conference. Partnered with YWCA on packing and delivery of 711 Just Food boxes to City and County. Provided and staffed Community Food Security display and resources at Seedy Sunday. Supported the planning and implementation of the annual Food For Kids Volunteer and Sponsor Appreciation Luncheon with other 300 attendees. Participated on provincial committees working on issues related to healthy eating/healthy weights/physical activity including the Ontario Society of Nutrition Professionals in Public Health (Nutrition Tools for Schools, Secondary Schools Environmental Support and School Nutrition Workgroup, Family Health Nutrition Advisory Group, Food Security Work Group and Sustain Ontario and the Central East Physical Activity Network (CEPAN). **Physical Activity (including the Built Environment and Access to Recreation)** Facilitated two strategic planning sessions with the Access To Recreation working group. Determined the group's priorities for the next 18 months. Analyzed results of the Trent Centre for Community-Based Education (TCCBE) scan of literature on daycare policies, as well as the results of the survey that was conducted with local daycares on healthy eating and physical activity practices. Co-coordinated three meetings to plan the third annual Peterborough and the Kawarthas Cycling Summit.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Coordinated two meetings with Peterborough Green Up and the City's Transportation Demand Management Department to discuss the development of an overall active living strategy for Peterborough County and City. **Alcohol** See Prevention of Injury and Substance Misuse Standard Requirement #3.
8. The board of health shall provide opportunities for skill development in the areas of food skills and healthy eating practices for priority populations.	✓	↑	↑			**Nutrition** Supported nine Collective Kitchens in the City and three Collective Kitchens in the County. Presented healthy eating recommendations for mothers attending ECHO Smoking Cessation program, parents/caregivers via Peterborough Family Resource Centre (PFRC) hubs. Led 30 *Come Cook with Us* classes for 74 parents, seniors and single adults in the City of Peterborough and the Municipality of Apsley. Participated at the Canada Prenatal Nutrition Program (CPNP) Babies First by conducting nutrition assessments, answering nutrition questions, and conducting sessions on healthy eating and feeding your baby.
9. The board of health shall ensure the provision of tobacco use cessation programs and services for priority populations.	✓	↑	↑			**Tobacco Use Prevention** School-based cessation/connectedness five week program was initiated and completed in the Peterborough Alternative Continuing Education Program (PACE) and School for Young Moms. Facilitated an eight week *Choose to Be Smoke Free* support group for women of childbearing age. Meeting with representatives of Primary Health Care Services to improve access to Centre for Addiction and Mental Health (CAMH) Nicotine Replacement Therapy (NRT). Coordinated a sustainability planning day, a *Community Conversation,* to enhance tobacco cessation supports available to women in the childbearing years.
10. The board of health shall collaborate with community partners to promote provincially approved screening programs related to the	✓	↑	↑			**Cancer Prevention** Meetings were held with new and existing community partners working with priority populations to coordinate a screening day for the under/never screened population.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
early detection of cancers.						
11. The board of health shall increase public awareness in the following areas: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; • Exposure to ultraviolet radiation; • Benefits of screening for early detection of cancers and other chronic diseases of public health importance; and • Health inequities that contribute to chronic diseases. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓ ✓ ✓ ✓ Ø ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑			**Tobacco Use Prevention** Staff submitted an abstract on the School-Based Cessation/Connectedness Project to the 8th National Conference on Tobacco or Health. **Cancer Prevention** The Medical Officer of Health's column promoted benefits of screening for early detection of cancers. **Youth Engagement** Peer Leaders participated in the implementation of the "Use Condom Sense: Myth Busters" at Lansdowne Place Mall in collaborations with the Sexual Health program staff. **Nutrition** Attended Seniors Month Wellness Fair and Senior Summit at Trent University on behalf of PCCHU. Updated and promoted *Food in Peterborough* web site which highlights all food programs in Peterborough City and County. Contributed to the Fluoride campaign by providing nutrition recommendations and indications for fluoride for the general population. Presented nutrition recommendations to parents and childcare providers from Peterborough and Pearson Childcare Centres. **Alcohol** See the Prevention of Injury and Substance Misuse Standard Requirement #4. **Physical Activity** Partnered with the City of Peterborough and Peterborough Green-Up in co-ordinating the Tenth Annual Shifting Gears Workplace Transportation Challenge. The Health Unit sponsored the Awards/Closing Ceremony.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Supported Bike and Trails Fest and provided speaking notes for the MOH's kick-off greeting at the International Trails Day launch.
12. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; • Screening for chronic diseases and early detection of cancers; and • Exposure to ultraviolet radiation.	✓ ✓ ✓ Ø Ø ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑ ↑			**Tobacco Use Prevention** Staff responded to public inquires regarding tobacco cessation supports and tobacco control complaints. **Cancer Prevention** Staff responded to public inquiries regarding screening for early detection of cancers and exposure to ultraviolet radiation. **Nutrition** Acted as a Preceptor for Dietetic Intern from the Southeastern Ontario Dietetic Internship Program. Presented to Family Health Staff on "Nutrition recommendations regarding *Fluoride and Young Children/Infants*. **Alcohol** See the Prevention of Injury and Substance Misuse Standard Requirement #4.
13. The board of health shall implement and enforce the Smoke-Free Ontario Act[8] in accordance with provincial protocols, including but not limited to the *Tobacco Compliance Protocol, 2008* (or as current).	✓	↑	↑			**Tobacco Use Prevention** 23 workplaces and public places were inspected. 83 tobacco vendors were tested for compliance to youth access regulations under the *Smoke Free Ontario Act.* Two vendors were charged. 89 vendors were inspected for compliance with tobacco vendor display and promotion regulations. Five charges were laid for selling tobacco to a person who appears to be less than 25 years old.

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Food Safety Q2 2013 (Manager: Atul Jain)

Goal: To prevent or reduce the burden of food-borne illness.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct surveillance of: • Suspected and confirmed food-borne illnesses; and • Food premises in accordance with the *Food Safety Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑			Surveillance of Emergency Department visits were conducted and analyzed bi-weekly to identify unreported clusters of illnesses which could be food-related.
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑			Reports from our existing database were reviewed for statistical data. This requirement needs additional IT and reporting capacity. This will be accomplished this year.
3. The board of health shall report Food Safety Program data elements in accordance with the *Food Safety Protocol, 2008* (or as current).	✓	↑	↑			Accountability Indicator regarding High Risk Food Premises: • 182 of 182 High Risk premises received one routine inspection in the first trimester of 2013 for a completion rate of 100%. These results will be posted to the Ministry's Directory of Networks (DoN) website mid July.

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<table>
<tr><th rowspan="2">Requirement</th><th>Status 2012</th><th colspan="4">Status 2013</th><th rowspan="2">Comments</th></tr>
<tr><th>4th</th><th>1st</th><th>2nd</th><th>3rd</th><th>4th</th></tr>
<tr><td colspan="7">Health Promotion and Policy Development</td></tr>
<tr><td>4. The board of health shall ensure food handlers in food premises have access to training in safe food-handling practices and principles in accordance with the Food Safety Protocol, 2008 (or as current).</td><td>✓</td><td>↑</td><td>↑</td><td></td><td></td><td>
<table>
<tr><th></th><th colspan="3">2012</th><th colspan="3">2013</th></tr>
<tr><th></th><th># Classes</th><th># Attendees</th><th># Certifications</th><th># Classes</th><th># Attendees</th><th># Certifications</th></tr>
<tr><td>April</td><td>6</td><td>139</td><td>139</td><td>8</td><td>172</td><td>172</td></tr>
<tr><td>May</td><td>7</td><td>170</td><td>166</td><td>11</td><td>222</td><td>220</td></tr>
<tr><td>June</td><td>4</td><td>83</td><td>82</td><td>7</td><td>133</td><td>133</td></tr>
<tr><td>Year-to-Date</td><td>28</td><td>618</td><td>612</td><td>46</td><td>1025</td><td>1018</td></tr>
</table>
Year-to-Date (YTD) (2013), 46 courses have been offered, 1,025 people attended and 1,018 people have been certified.

Through In Good Hands testing and re-certifications, year-to-date, 34 people have been certified, versus 36 YTD in 2012.

In May, 2013, a postal mail-out was completed to announce the new by-law in the City of Peterborough requiring Mandatory Food Handler Certification. A copy of the by-law announcement poster (developed by PCCHU) and a physical copy of the by-law were mailed to each moderate-risk and high-risk food premises in the County of Peterborough, for a total of 377 mail-outs. Since the notifications were sent, approximately 100 inquiries about the by-law (primarily telephone) have been received.</td></tr>
<tr><td>5. The board of health shall increase public awareness of food-borne illnesses and safe food-handling practices and principles in accordance with the Food Safety Protocol, 2008 (or as current) by:
a. Adapting and/or supplementing national and provincial food safety communications strategies; and/or</td><td>✓</td><td>↑</td><td>↑</td><td></td><td></td><td>There were 67 visits to the main Food Safety page on the PCCHU website. There were no tweets or Facebook posts.

As part of their routine inspections, Public Health Inspectors (PHIs) also distribute report cards for display in restaurants.

In the second quarter, no food safety presentations were conducted.</td></tr>
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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
b. Developing and implementing regional/local communications strategies.						Eight Public Health Inspectors (PHIs) attended an Allergen Training workshop offered through TrainCan in conjunction with employees from Fleming College. Two employees that teach the Food Handler Training courses attended Advanced Food Safety Training in Scarborough (through TrainCan) and are now qualified Advanced Food Safety trainers. The Manager of Inspection Services attended a workshop on proposed changes to the meat regulation by the Ontario Ministry of Agriculture and Food (OMAF). These changes may have implications for PHIs and inspection of food premises.
Disease Prevention/Health Protection						
6. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to: • Suspected and confirmed food-borne illnesses or outbreaks; • Unsafe food-handling practices, food recalls, adulteration, and consumer complaints; and • Food-related issues arising from floods, fires, power outages, or other situations that may affect food safety in accordance with the Health Protection and Promotion Act; the *Food Safety Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	↑			11 food complaints were investigated.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
7. The board of health shall inspect food premises and provide all the components of the Food Safety Program within food premises as defined by the Health Protection and Promotion Act and in accordance with the Food Premises Regulation (O. Reg. 562); the *Food Safety Protocol, 2008* (or as current); and all other applicable Acts.	✓	↑	↑			Accountability Indicator regarding: High Risk Food Premises: • As noted above, 182 of 182 High Risk premises received one routine inspection in the first trimester of 2013 for a completion rate of 100%. An Enforcement policy and procedure was developed and a training session was held for all PHIs. Currently developing a policy and procedure to achieve consistency in the use of Healthspace software.

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Foundational Standard Q2 2013 (Manager: Larry Stinson)

Goal: Public health practice responds effectively to current and evolving conditions, and contributes to the public's health and well-being.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Population Health Assessment						
1. The board of health shall assess current health status, health behaviours, preventive health practices, health care utilization relevant to public health, and demographic indicators in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑			Completed additional analysis and data cleaning of PCCHU six month breastfeeding survey as well as analysis of PCCHU breastfeeding surveillance and prenatal mood disorders data (Reqs. 2, 3, 6, 7). Supported identification of local parenting, child health, oral health, and reproductive health data (Reqs. 2-5). Continued data collection, analysis and reporting for a 2013 Reproductive Health report including healthy weights, birth/pregnancy rates, prenatal health, reproductive outcomes, infant mortality, acquired congenital anomalies data (Reqs. 2, 3, 5). Continued data collection, analysis, and reporting for a 2013 Oral Health report including oral health behaviours, Early Development visits, PCCHU clinical services (Reqs. 2, 3, 5). Completed and distributed Annual Communicable Disease Report (Reqs. 2, 3, 5-7). Completed analysis of cancer screening behaviours for colorectal, breast, and cervical cancers (Req. 2). Additional ad-hoc analyses and summaries of health status data included: validated Ontario Health Survey demographic data; review of National Household Survey data; 2011 Census data.
2. The board of health shall assess trends and changes in local population health in accordance with the *Population Health Assessment and Surveillance Protocol, 2008*	✓	↑	↑			With a few exceptions, all epidemiological analyses conducted involve the assessment of trends (see Reqs. 1 and 6).

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
(or as current).						
3. The board of health shall use population health, determinants of health and health inequities information to assess the needs of the local population, including the identification of populations at risk, to determine those groups that would benefit most from public health programs and services (i.e., priority populations).	✓	↑	↑			In collaboration with Fleming Geographic Information System (GIS) students, a Shade Audit was completed (Reqs. 4, 5, 8-10). Completed pre-planning epidemiology meetings with management and staff for all programs regarding available data, trends, indicator gaps and completed reports
4. The board of health shall tailor public health programs and services to meet local population health needs, including those of priority populations, to the extent possible based on available resources.	✓	↑	↑			Developed an additional component to the 2014 Planning process to ensure that health equity considerations are given a higher profile in planning-related decisions within the organization. Provided input and direction to the further development of the Family Poverty mapping work being carried out by the Social Determinants of Health Nurses (SDOH). Facilitated discussions using the 'Health Equity Planning Checklist' with program teams in preparation for the Brief Situational Assessment. Key themes and insights will be reported to Management staff in the next quarter. Supported the work of the Anti-Stigma Working Group and the Home Response Coalition. A new partnership with the Haliburton Kawartha Pine Ridge (HKPR) Concurrent Disorder Network was established. A Public Health Nurse (PHN) is now sitting at that network table to liaise between that network and the Anti-Stigma working group. Supported the development of a draft plan for a High-Risk Weather Response lead by Social Services in participation with Canadian Mental Health Association (CMHA) and members of the faith community. Provided information on local child poverty to staff for an access to recreation presentation to County representatives.
5. The board of health shall provide population health information, including determinants of health and health inequities to the public,	✓	↑	↑			Presented on Mental Health in the Public Health Mandate: The Peterborough Experience and shared an *SDOH Backgrounder,* including local SDOH and mental health data to the Program Management Team.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
community partners, and health care providers, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).						Provided information to the Community Foundation of Greater Peterborough in preparation for the development of their Vital Signs report. Agreed to participate in the Think Tank group to guide the project. Shared the "Let's Start a Conversation About Health…" video with the PCCHU Board, staff, and the national SDOH list serve (1,500 participants).
Surveillance						
6. The board of health shall conduct surveillance, including the ongoing collection, collation, analysis, and periodic reporting of population health indicators, as required by the Health Protection and Promotion Act and in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* or as current).	✓	↑	↑			Surveillance activities conducted by the Health Unit included the following activities: • ongoing use of a syndromic surveillance system to monitor visits to local hospital emergency departments, in conjunction with local school boards, monitoring absences due to illnesses; • contacting sentinel physicians for reports on visits due to selected symptoms; • reviewed emergency department admissions for reportable communicable diseases; and • monitored outbreaks of communicable diseases in the community, region, Province and across the country. Statistics Canada, the Public Health Agency of Canada (PHAC), and academic journal newsfeeds were monitored for pertinent surveillance and research information which was then distributed to appropriate staff. Assisted in the salmonella outbreak investigation.
7. The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of*	✓	↑	↑			Relevant syndromic surveillance data was utilized to monitor the state of influenza and respiratory illness in Peterborough and it assisted in a community outbreak being declared. The following surveillance information was provided to the public and/or community partners: • bi-weekly surveillance data examining emergency department visits, school absenteeism due to illness, and community and facility outbreaks; and monthly communicable disease reports distributed internally.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant i = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Facilities Protocol, 2008 (or as current).						
Research and Knowledge Exchange						
8. The board of health shall engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers, and the public regarding factors that determine the health of the population and support effective public health practice gained through population health assessment, surveillance, research, and program evaluation.	✓	↑	↑			Attended the Ontario Public Health Convention's Pre-Conference SDOH PHN networking workshop. The day was arranged to facilitate knowledge exchange amongst all SDOH PHNs regarding public health activities. Infant and Toddler Development staff provided a presentation on the SDOH for the Ontario Conference of Infant and Child Development Workers. Peterborough Partners for Wellness Steering Committee (formerly Healthy Communities Partnership) reconvened to monitor and support progress on local policy priority areas (food, access to recreation, mental health, etc).
9. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange.	✓	↑	↑			Provided local and international SDOH campaign materials to a University of Toronto researcher.
10. The board of health shall engage in public health research activities, which may include those conducted by the board of health alone or in partnership or collaboration with other organizations.	✓	↑	↑			Participated in a Public Health Ontario (PHO) Locally Driven Collaboration Project (LDCP) workshop.
Program Evaluation						
11. The board of health shall routinely monitor program activities and outcomes to assess and improve the implementation and effectiveness of programs and services, including collection, analysis, and periodic reporting of indicators related to inputs, resources, implementation processes, reach, outputs, and outcomes.	✓	↑	↑			Provided guidance and direction on the evaluation elements of: the school-based tobacco cessation project; the Choose to be Smoke-Free process and tools; the multi-unit dwelling bus campaign; the oral health program's dentures feedback survey, first visit feedback form, and end of treatment feedback form; an investigation of techniques for arts-based evaluation techniques for use in healthy schools projects; smoking cessation support groups; and Peterborough Information Fair Survey. Our web-based survey software account – FluidSurveys has been renewed and an archiving process has been completed for completed survey projects.

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Requirement	Status 2012	Status 2013				Comments
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12. The board of health shall conduct program evaluations when new interventions are developed or implemented, or when there is evidence of unexpected operational issues or program results, to understand the linkages between inputs, activities, outputs, and outcomes.	✓	↑	↑			Support and guidance were provided for evaluation of new interventions: smoke-free patios survey; Grade 8 teachers maturation and sexuality classes survey; Condom Sense campaign June event pre and post-test development; training the Peer Leaders on data entry from Condom Sense event; meeting with the YWCA to discuss evaluation elements of the NOURISH project; evaluation tools that could be applied to the Nursing Practice Council; long-term plans for a childcare policy development strategy; working with the Chief Nursing Officer to develop an on-line survey to gather feedback on our student placement experiences; and working with the Youth Development Worker to explore options to evaluate our internal partnerships between programs and measure the value of these partnerships to youth.
13. The board of health shall use a range of methods to facilitate public health practitioners' and policy-makers' awareness of the factors that contribute to program effectiveness.	✓	↑	↑			The Foundational Standards Team and Research and Education Committee members shared evaluation-related literature and learning opportunities with staff and community partners.
FOUNDATIONAL STANDARDS PRINCIPLES: In addition to the Requirements outlined under the Foundational Standard, some activities are guided by the principles of "Impact," "Capacity," and "Partnership and Collaboration." These activities are outlined below:						
Impact: The Board of Health shall strive to influence broader societal changes that reduce health disparities and inequities.	✓	↑	↑			Facilitated PCCHU's participation in "Not Myself Today" activities. This day, sponsored in part by the Mental Health Commission of Canada, is meant to raise awareness of mental health, specifically in the workplace. Prepared a presentation to City Council on social assistance discretionary benefits and housing benefits on behalf of Peterborough Poverty Reduction Network (PPRN). Monitored local municipal policy development through Joint Services, Committee of the Whole and General Council meetings. Participated in writing a PPRN Income Security Work Group report on the recommendations of the Commission for the Review of Social Assistance based on a local community consultation, titled *Response to Brighter Prospects: Transforming Social Assistance in Ontario*. Prepared a report to the Board of Health on *Cuts to Social Assistance Benefits: Update to the Board of Health*.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Co-hosted a Community Information Session on Discretionary and Housing Benefits with PPRN and the City of Peterborough.
Capacity-Building: The Board of Health shall provide on-going staff development and skill-building related to public health competencies.	✓	↑	↑			Participated in the following learning opportunities: Community Food Centres Canada webinar on Fundraising for Food; the Ontario Professional Planner's Institute Lakeland District event in Norwood on Planning for the Places Between; the Tamarack webinar on Planning and Evaluating Policy Change; the Locally Driven Collaborative Projects Library Services webinar; and the American Evaluation Association's webinar on the new Evidence-Based Decision Making Tool. American Evaluation Association membership has been renewed. Our membership in the Community of Practice for Public Health Evaluators continues (COPPHE) which now has 88 members from 27 health units. Initiated preliminary dialogue with program teams to identify learning needs related to policy development. Developed a set of policy development resource materials that is available to all staff.
Partnership and Collaboration: The Board of Health shall foster the creation of a supportive environment for health through community and citizen engagement in the assessment, planning, delivery, management and evaluation of programs and services.	✓	↑	↑			Attended the Locally Driven Collaborative Projects Workshop #1 focused on developing an evaluation capacity building project provincially. Supported proposal submissions to: the Community Foundation of Greater Peterborough for a smoking cessation project; the Greater Peterborough Health Services Foundation for VELscope equipment for the fixed and mobile dental clinics; to Show Kids You Care and the Greenbelt Fund on behalf of Food for Kids. Also supported the Dental Treatment Assistance Fund community appeal process. Two sessions were facilitated for the Triple P Network to develop a logic model and operational plan for the group, as well as a session for the Access to Recreation Working Group. Contributed to the development of a learning module for the Ontario Professional Planners Institute and Ontario Public Health Association. PCCHU co-sponsored and staff attended a skills development session organized by the local chapter of the Ontario Professional Planners Institute.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Met with representatives from the Community Foundation of Greater Peterborough to discuss their plans to develop a Vital Signs report for this community. Attended an annual face-to-face planning meeting of the alPHa-OPHA Health Equity Work Group. A workplan was developed for 2013/2014. Initiated a recreation policy mapping exercise with key stakeholders.
ORGANIZATIONAL STANDARDS: In addition to the Requirements outlined under the Foundational Standard, some activities are guided by the requirements found in the Organizational Standards. These activities are outlined below:						
3.1 The board of health shall provide governance direction to the administration and ensure that the board remains informed about the activities of the organization on the following:… research and evaluations, including ethical review.		↑	↑			Members of the Research and Education Committee presented to Management Committee about Public Health Ontario's new Ethical Framework and the implications for our internal policies and procedures.
3.2 The board of health shall have a strategic plan…		↑	↑			Several members of the Foundational Standards team were part of the Strategic Plan Work Group. They facilitated small group discussions during All Staff Day, helped to finalize components of the Plan, and participated in a debrief session about the process and the final product.
5.2 The board of health shall ensure that the administration develops and implements a stakeholder engagement strategy which includes:… monitoring and evaluating these partnerships to determine their effectiveness and identify and address gaps.		↑	↑			Final changes were made to the Staff and Partnership Inventory update
5.3 The board of health shall contribute to the development and/or modification of healthy public policy, as described in the Ontario Public Health Standards, 2008 (or as current), by facilitating community involvement and engaging in activities that inform the policy development process.		↑	↑			Facilitated a community consultation on Dr. Sinha's report *Living Longer, Living Well*, written to guide the development of Ontario's Seniors Strategy. Roughly, 30 agencies were represented and feedback was compiled into a written report which was presented at the Seniors Summit and delivered to both Dr. Sinha and Minister Deb Matthews. Developing a Briefing Note template in collaboration with the Program Management Team. The template will support internal decision-making on policy options.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
6.1 The board of health shall ensure that the administration establishes an operational plan for the organization which: … Includes objectives, activities, timeframes, responsibilities, intended results, monitoring processes, an organizational chart and internal reporting requirements; Contains planned activities based on an assessment of its communities' needs; Demonstrates efforts to minimize barriers to access; and Describes the monitoring of key performance indicators to support continuous quality improvement and evidence-informed public health practice…. shall be reviewed and updated at least annually… shall be monitored and reported in status reports on a quarterly basis to board members and staff.		↑	↑			The 2014 Planning process is underway and many programs have completed their Health Equity Checklists and have met with the Epidemiologist. Throughout the summer, programs will be engaged in brief situational assessment and logic model reviews for their programs.
6.11 The board of health shall ensure that the administration develops an overall communication strategy that is complementary to the program specific communication strategies required in the OPHS and its Protocols, and addresses both external and internal audiences. The communication strategy shall include:…Dissemination plans to disseminate relevant research findings for each approved research project proposal…		↑	↑			Communications guidelines have been developed for external audiences including healthcare providers, schools, post-secondary schools and media. Internal audiences and guidelines for research project dissemination will be developed in the third quarter so an overall communications strategy for the Health Unit is finalized in the fourth quarter.
6.13 The board of health shall ensure that the administration establishes, maintains and implements policies and procedures related to research ethics that reflect accepted standards of practice.		↑	↑			Development of the policies and procedures related to research and ethics are a third quarter activity.

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Health Hazard Prevention and Management Q2 2013 (Manager: Donna Churipuy)

Goal: To prevent or reduce the burden of illness from health hazards[32] in the physical environment.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
1. The board of health shall conduct surveillance of the environmental health status of the community in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	✓	↑	↑			Staff met with Epidemiologist to discuss health hazards indicators. Staff met with district Ministry of the Environment to discuss environmental health issues.
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑			An air monitoring plan was established for the Kasshabog Lake area. Status of Trichloroethylene (TCE) impacts on indoor air in select residences was received from the Ministry of the Environment and reviewed for health impacts. Collection of surveillance data from mosquito trapping began.
Health Promotion and Policy Development						
3. The board of health shall increase public awareness of health risk factors associated with the following health hazards: • Indoor air quality;	✓	↑	↑			Heat Alert and Response System was activated which included increasing awareness of heat-related illness. Communications plan for the Air Quality Health Index was finalized. Staff participated with the provincial Radon Working Group in the development of a communications plan.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
• Outdoor air quality; • Extreme weather; • Climate change; • Exposure to radiation; and • Other measures, as emerging health issues arise. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.						
4. The board of health shall assist community partners to develop healthy policies related to reducing exposure to health hazards. Topics may include, but are not limited to: • Indoor air quality; • Outdoor air quality; • Extreme weather; and • Built environments.	✓	↑	↑			Staff participated with the Climate Change Working Group in the review of a discussion paper on climate change and local implications.
Disease Prevention/ Health Protection						
5. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to respond to and manage health hazards in accordance with the Health Protection and Promotion Act; the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Risk Assessment and*	✓	↑	↑			24/7 on call system was maintained.

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<tr><td>Inspection of Facilities Protocol, 2008 (or as current).</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>6. The board of health shall inspect and assess facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health hazards in accordance with the Risk Assessment and Inspection of Facilities Protocol, 2008 (or as current).</td><td>Ø</td><td>↑</td><td>↑</td><td></td><td></td><td>Two migrant farm worker facilities were inspected.</td></tr>
<tr><td>7. The board of health shall implement control measures to prevent or reduce exposure to health hazards in accordance with the Identification, Investigation and Management of Health Hazards Protocol, 2008 (or as current) and the Risk Assessment and Inspection of Facilities Protocol, 2008 (or as current).</td><td>✓</td><td>↑</td><td>↑</td><td></td><td></td><td>There were 19 inspections, re-inspections and public contacts related to health hazard abatement, non-communicable disease for the second quarter of 2013. Specifically, the subjects of the investigations were:
<table>
<tr><th>Activity</th><th>Apr 2013</th><th>May 2013</th><th>June 2013</th><th>Total Q2 2013</th><th>2013 Year-to-Date</th></tr>
<tr><td>Air Quality – Arenas</td><td>--</td><td>--</td><td>1</td><td>1</td><td>14</td></tr>
<tr><td>Air Quality – Institutional</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td></tr>
<tr><td>Air Quality – Outdoor</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td></tr>
<tr><td>Air Quality – Residential</td><td>--</td><td>--</td><td>--</td><td>--</td><td>5</td></tr>
<tr><td>Animal Excrement</td><td>--</td><td>--</td><td>--</td><td>--</td><td>5</td></tr>
<tr><td>Asbestos Inquiry/Complaint</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td></tr>
<tr><td>Bedbug Identification</td><td>--</td><td>--</td><td>--</td><td>---</td><td>--</td></tr>
<tr><td>Bedbug Investigation</td><td>1</td><td>--</td><td>1</td><td>2</td><td>8</td></tr>
<tr><td>Bird Complaints (geese, pigeons, etc.)</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td></tr>
<tr><td>Chemical Inquiry/Complaint</td><td>1</td><td>--</td><td>--</td><td>1</td><td>1</td></tr>
<tr><td>Garbage Complaints</td><td>--</td><td>1</td><td>--</td><td>1</td><td>2</td></tr>
<tr><td>Giant Hogweed</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td></tr>
<tr><td>Heating Complaints</td><td>2</td><td>--</td><td>--</td><td>2</td><td>8</td></tr>
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<tr><td></td><td></td><td></td><td></td><td></td><td></td><td>
<table>
<tr><td>House Disrepair/Sanitation Complaints</td><td>--</td><td>--</td><td>--</td><td>--</td><td>2</td></tr>
<tr><td>Insect Complaints</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td></tr>
<tr><td>Lead Inquiry/Complaint</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td></tr>
<tr><td>Migrant Farm Worker Facility Inspection</td><td>2</td><td>--</td><td>--</td><td>2</td><td>4</td></tr>
<tr><td>Mould Investigation</td><td>2</td><td>--</td><td>2</td><td>4</td><td>12</td></tr>
<tr><td>Playground Inspections</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td></tr>
<tr><td>Rodent Complaints</td><td>--</td><td>--</td><td>--</td><td>--</td><td>1</td></tr>
<tr><td>Sewage Complaints</td><td>--</td><td>1</td><td>1</td><td>2</td><td>3</td></tr>
<tr><td>Sharps</td><td>3</td><td>1</td><td>--</td><td>4</td><td>5</td></tr>
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<tr><td>8. The board of health shall develop a local vector-borne management strategy based on surveillance data and emerging trends in accordance with the Infectious Diseases Protocol, 2008 (or as current).</td><td>✓</td><td>↑</td><td>↑</td><td></td><td></td><td>Education sessions on West Nile Virus and Lyme disease were provided to local schools. Displays were set up at community events promoting the prevention of vector borne disease. Mosquitoes collected for identification have all tested negative for West Nile virus and Eastern Equine Encephalitis.</td></tr>
<tr><td>9. The board of health shall maintain systems to support timely and comprehensive communication with all relevant health care and other community partners about identified health hazard risks.</td><td>✓</td><td>↑</td><td>↑</td><td></td><td></td><td>Notification systems were reviewed and updated to ensure timely communication with health care and community partners.</td></tr>
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Infectious Diseases Prevention and Control Q2 2013 (Manager: Edwina Dusome)

Goal: To prevent or reduce the burden of infectious diseases of public health importance.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall report infectious disease data elements in accordance with the Health Protection and Promotion Act and the *Infectious Diseases Protocol, 2008* (or as current).	✓	↑	↑			Staff entered reportable disease data into the Integrated Public Health Information System (iPHIS) as per the protocol.
2. The board of health shall conduct surveillance of: • Infectious diseases of public health importance, their associated risk factors, and emerging trends; and • Infection prevention and control practices of inspected premises associated with risk of infectious diseases of public health importance in accordance with the *Infectious Diseases Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑			Infection prevention and control practices were reviewed for selected premises by Public Health Inspectors (PHIs), i.e. hair salons, tattoo and body piercing parlours, group homes, etc. during inspections. Monthly surveillance reports were prepared by the Epidemiologist.
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑			Epidemiological analysis of surveillance data was prepared and distributed to health care practitioners by the Epidemiologist.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Health Promotion and Policy Development						
4. The board of health shall work with community partners to improve public knowledge of infectious diseases of public health importance and infection prevention and control practices in the following areas: • Epidemiology of infectious diseases of public health importance that are locally relevant; • Respiratory etiquette; • Hand hygiene; • Vaccinations and medications to prevent or treat infectious diseases of public health importance; • Infection prevention and control core competencies, incorporating both Routine Practices (including personal protective equipment) and Additional Precautions (transmission-based precautions); and • Other measures, as new interventions and/or diseases arise. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑	↑			Staff consulted, upon request, with community partners (long-term care facilities, schools, and hospital, day nurseries, pharmacies, and primary care practices) on infectious disease, vaccine related or infection control related issues.
5. The board of health shall participate on committees, advisory, bodies, or networks that address infection prevention and control practices of, but not limited to, hospitals and LTCHs, which shall include	✓	↑	↑			Staff attended infection control meetings in long-term care homes and at the Peterborough Regional Health Centre (PRHC). They assisted organizations with the preparation of response plans for infectious diseases and offered information to local School Boards.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
consultation on the development and/or revision of: • Infection prevention and control policies and procedures; • Surveillance systems for infectious diseases of public health importance; and • Response plans to cases/outbreaks of infectious diseases of public health importance.						
6. The board of health shall work with appropriate partners to increase awareness among relevant community partners, including correctional facilities, health care and other service providers of: • The local epidemiology of infectious diseases of public health importance; • Infection prevention and control practices; and • Reporting requirements for reportable diseases, as specified in the Health Protection and Promotion Act.	✓	↑	↑			Staff provided information to local partners on communicable diseases and the requirement to report diseases. They provided information on infectious disease and infection and prevention and control via the *For Your Information* newsletter. Staff worked with partners (long-term care, day nurseries, hospital, schools, etc.) to monitor and reduce the incidence of communicable diseases through regular inspections.
Disease Prevention						
7. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to infectious diseases of public health importance in accordance with the Health Protection and Promotion Act; the Mandatory Blood Testing Act; the *Exposure of Emergency Service Workers to Infectious Diseases Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility*	✓	↑	↑			The PCCHU has a 24/7 response plan in place.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Outbreak Prevention and Control Protocol, 2008 (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).						
8. The board of health shall provide public health management of cases and outbreaks to minimize the public health risk in accordance with the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current); and provincial and national protocols on best practices.	✓	↑	↑			Staff provided management of outbreaks. The total number of outbreaks investigated this quarter: 8 (year to date: 23).
9. The board of health shall ensure that the medical officer of health or designate receives reports of complaints regarding infection prevention and control practices and responds and/or refers to appropriate regulatory bodies in accordance with applicable provincial legislation and in accordance with the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).	✓	↑	↑			Staff were available to receive and respond to infection prevention and control complaints regarding infection prevention and control practices to appropriate regulatory bodies. The total number of complaints received this year to date is: 0.
10. The board of health shall ensure that the medical officer of health or designate receives reports of and responds to complaints regarding infection prevention and control practices in settings for which no regulatory bodies exist, particularly personal services settings. This shall be done in accordance with the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current) and the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).	✓	↑	↑			Staff were available to receive and respond to infection prevention and control complaints in settings where no regulatory bodies exist. The total number of complaints received this year to date is: 0.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
11. The board of health shall respond to local, provincial/territorial, federal and international changes in disease epidemiology by adapting programs and services.	✓	↑	↑			Staff adapted programs as directed by the Ministry of Health and Long Term Care (MOHLTC), such as providing more detailed follow-up for selected diseases such as influenza, salmonella, coronavirus, measles, etc.
12. The board of health shall supplement provincial efforts in managing risk communications to the appropriate stakeholders on identified risks associated with infectious diseases of public health importance based on local epidemiology and epidemiological information.	✓	↑	↑			Staff provided telephone consultation, presentations, and media releases to supplement provincial risk communication efforts. The *For Your Information* newsletter was distributed to health care providers. The *Important Health Notice* regarding a novel influenza was distributed to local health care providers.
13. The board of health shall communicate in a timely and comprehensive manner with all relevant health care providers and other partners about urgent and emerging infectious disease issues.	✓	↑	↑			Staff disseminated information to health care providers through alerts, surveillance reports and the *For Your Information* Newsletter (salmonella, influenza, measles, etc.)
Health Protection						
14. The board of health shall inspect settings associated with risk of infectious diseases of public health importance in accordance with the *Infection Prevention and Control in Licensed Day Nurseries Protocol, 2008* (or as current); the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	✓	↑	↑			Staff inspected day nurseries and personal service settings as directed in the protocol. The number of personal service settings inspected this year to date: 85. The number of group homes, lodging houses, retirement homes and nursing homes and day cares inspected, for infection control purposes: 76.

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Prevention of Injury and Substance Misuse Q2 2013

(Managers: Hallie Atter - Substance Misuse Prevention; Injury Prevention)

Goal: To reduce the frequency, severity, and impact of preventable injury and of substance misuse.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of: • alcohol and other substances; • falls across the lifespan; • road and off-road safety; and • other areas of public health importance for the prevention of injuries.	✓ ✓ Ø Ø	✓ ✓ Ø Ø	✓ ✓ Ø Ø			**Injury Prevention** Performed a literature review to obtain evidence based injury prevention messages related to car seat safety for the A Million Messages (AMM) Locally Driven Collaborative Project (LDCP) and Evidence Based Messaging Working Group. **Substance Misuse Prevention** Compiled evaluations of *Life Unleashed* initiative for funder and internal use. Life Unleashed is a youth speakers panel trained and mentored for public speaking about their personal stories of recovery with substance misuse. Observed and evaluated the impact of *The Challenges, Beliefs & Changes* (CBC) curriculum about drugs/tobacco delivered by trained Grade 10-12 student Peer Leaders to Grade 8 students.
Health Promotion and Policy Development						
2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and programs, and the creation or enhancement of safe and supportive environments that address the following: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include	✓ ✓ Ø	✓ ✓ Ø	✓ Ø Ø			**Injury Prevention** Working with a variety of partners and stakeholders to influence both local and provincial policy: • The AMM Steering Committee, AMM Locally Driven Collaborative Project (LDCP) and Evidence Based Messaging Working Group; • The Ontario Injury Prevention Practitioners Network (OIPPN); • The OIPPN – Motor Vehicle Crashes Subcommittee; and • Eastern Ontario Car Seat Coalition. Continued to collaborate with the Nutrition and Physical Activity programs on the Trent Centre for Community Based Education research project on daycare policies.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
• Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	Ø	Ø	Ø			Submitted two proposals to the Trent Centre for Community-Based Education to review the literature on best practices for playground safety and conduct a physical audit of all playgrounds in the City, County and First Nations of Peterborough. Due to a temporary reduction in staff capacity, the operational plan for the prevention of falls across the lifespan has been revised and therefore changes compliance levels. **Substance Misuse** With partners, created an electronic (email) *Drug Early Warning System* to increase community capacity to monitor and respond to tainted drugs or illness outbreaks in the drug using population. Supported the Townships of Selwyn, Otonabee-South-Monaghan and Asphodel-Norwood in developing/updating their Municipal Alcohol Policies (MAPs). The workplan for 2014 has been revised to complete these three MAPs and direct efforts to increasing municipal staff readiness to invest in revised MAPs and to support strong alcohol harm prevention measures. Participated in LDCP to increase adherence to the Low Risk Drinking Guidelines (LRDG). Chaired three meetings of a provincial group working to increase access to Naloxone and monitoring of opioid related harms. Hosted a meeting of the Medical Working Group on Opioid Safety and requested prescribing data to evaluate outcomes of the efforts of this group. Participated in planning of a local event to commemorate International Drug user's memorial Day, thereby contributing to a supportive environment.
3. The board of health shall use a comprehensive health promotion approach to increase the capacity of priority populations to prevent injury and substance misuse by:						**Injury Prevention** Recruited three new organizations as members of Partners In Aging Well (PIAW), increasing the number of rural partnerships. These included an Occupational Therapist who is associated with the Peterborough's Family Health Team, a County EMS representative and from the fire department in Selwyn township.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
a. Collaborating with and engaging community partners; b. Mobilizing and promoting access to community resources; c. Providing skill-building opportunities; and d. Sharing best practices and evidence for the prevention of injury and substance misuse.	✓ ✓ ✓ ✓	✓ ✓ Ø Ø	✓ Ø Ø Ø			Facilitated PCCHU participation in the *Seniors' Showcase* event at the Wellness Center. This event showcases valuable information to community older adults and their families and PCCHU contributions included Simply Safer resources, as well as other government home adaptation, fall prevention resources and program information. Made the webinar series *Accessible Residential Design* documents available to PIAW group members, for knowledge exchange opportunity that would disseminate throughout the members' organizations/agencies. Met with community partners to support work related to active and safe routes to school (ASRTS). This included the creation of a safe travel map for two local schools. Met with partners and worked with local schools to support work related to drowning prevention via the *Swim to Survive* Program. By the end of this quarter, 277 grade three students completed the program. Met with community partners to work on a comprehensive, population-based car seat safety strategy. This quarter, activities also included support to partners to organize their second Car Seat clinic. Participated in the work being conducted on a Public Health Ontario (PHO) funded LDCP that is examining the perceived facilitators and barriers in the development of a messaging strategy directed at parents/caregivers to prevent childhood injuries. Due to a temporary reduction in staff capacity, the operational plan for "mobilizing and promoting access to community resources" has been revised and therefore changes compliance levels. **Substance Misuse Prevention** As the Chair of the Peterborough Drug Awareness Coalition, received $167,000 from Trillium to support the prevention of alcohol, tobacco and other drugs amongst youth and hosted a networking session amongst prevention agencies. Hosted training for City and County staff (transit, housing, public works) on avoiding

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						needle stick injuries, harm reduction and overdose prevention. Supported peer to peer messaging in the schools (Challenges, Beliefs and Changes Program). **Social Determinants of Health** Staff and the Medical Officer of Health completed Overdose Prevention and Naloxone Dispensing training through Toronto Public Health in preparation for the rollout of Naloxone clinics.
4. The board of health shall increase public awareness of the prevention of injury and substance misuse in the following areas: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries, as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	↑ ↑ Ø Ø	↑ Ø Ø Ø	↑ Ø Ø Ø			**Injury Prevention** Provided Simply Safer and Home Adaptation resources to the display booth at the Seniors' Summit Showcase. Organized a local injury prevention coalition to attend International Trails Day and the Neighbors in Action barbeque to promote cycling safety and other child safety messages. **Substance Misuse Prevention** Supported peer to peer messaging in the schools (Challenges, Beliefs and Changes Program).
Health Protection						
5. The board of health shall use a comprehensive health promotion approach in collaboration with community partners,						**Injury Prevention** See Requirement #3 re: Car Seat Clinic.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
including enforcement agencies, to increase public awareness of and adoption of behaviours that are in accordance with current legislation related to the prevention of injury and substance misuse in the following areas:						
• Alcohol and other substances;	Ø	Ø	Ø			
• Falls across the lifespan;	Ø	Ø	Ø			
• Road and off-road safety; and may include	Ø	Ø	Ø			
• Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	Ø	Ø	Ø			

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Public Health Emergency Preparedness Q2 2013 (Manager: Donna Churipuy)

Goal: To enable and ensure a consistent and effective response to public health emergencies and emergencies with public health impacts.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall identify and assess the relevant hazards and risks to the public's health in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	↑			This is a fourth quarter activity.
Health Protection/Emergency Planning						
2. The board of health shall develop a continuity of operations plan to sustain the ongoing functioning of time-critical board of health services during business disruptions in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	✓			The Continuity of Operations Plan (COOP) was completed with Business Recovery Strategies.
3. The board of health shall develop its emergency response plan, in consultation with community partners and governmental bodies, to address the identified hazards for which the board of health and medical officer of health will	✓	↑	↑			This is a fourth quarter activity.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
have a lead role in responding to, consistent with an Incident Management System and in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).						
Risk Communications and Public Awareness						
4. The board of health shall develop, implement, and document 24/7 notification protocols for communications with board of health staff, community partners, and governmental bodies to facilitate the sharing of information in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	↑			The contact list for 24/7 notification was updated. The 24/7 on call system was maintained.
5. The board of health shall, in collaboration with community partners, increase public awareness regarding emergency preparedness activities.	✓	↑	↑			Through the activation of the Heat Alert and Response System, the public was provided with information to enhance preparedness for extreme heat. Advice and educational materials were made available in response to flooding.
Education, Training, and Exercises						
6. The board of health shall ensure the provision of emergency preparedness and response education and training for board of health staff in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	↑			The Manager of Environmental Health programs attended a Public Health Ontario train-the-trainer workshop on the *Incident Management System – Module for Public Health*.
7. The board of health shall ensure that its officials are oriented on the board of health's emergency response plan in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	✓			The Board of Health was provided with a presentation on the Peterborough County-City Health Unit Emergency Response Plan and the COOP.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
8. The board of health shall exercise, in whole or in part, the continuity of operations plan, emergency response plan, and 24/7 notification procedures in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	↑			This is a third quarter activity.

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Rabies Prevention and Control Q1 2013 (Manager: Atul Jain)

Goal: To prevent the occurrence of rabies in humans.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall liaise with the Canadian Food Inspection Agency to identify local cases of rabies in animal species.	✓	↑	↑			No rabid animals reported in the PCCHU's geographic area.
2. The board of health shall report rabies data elements in accordance with the Health Protection and Promotion Act and the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑			Information on ten incidents where post-exposure prophylaxis was provided and was entered into the Ministry of Health and Long Term Care (MOHLTC) database.
3. The board of health shall conduct surveillance of rabies in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑			There have been no rabid animals reported in this Health Unit. The Ministry of Natural Resources (MNR) released their first quarter report. The only confirmed rabies case was a rabid big brown bat from Frontenac County.
4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑			There have been no cases of human rabies in this area.
Health Promotion and Policy Development						
5. The board of health shall work with community partners to improve public knowledge of rabies and its prevention in the	✓	↑	↑			Low-cost rabies clinics were held throughout the City and County of Peterborough and at Curve Lake. A total of 1,462 animals were vaccinated at these clinics. Last year's total was 1,821 animals.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
community by supplementing national/provincial education/communications strategies and/or developing and implementing regional/local communications strategies[24] based on local epidemiology.						Media and social media releases were issued regarding Rabies Clinics. Developed and working with the Peterborough Regional Health Centre (PRHC) on a new rabies reporting form regarding change in On Call system for receiving notification.
Disease Prevention/ Health Protection						
6. The board of health shall annually remind those individuals specified in the Health Protection and Promotion Act of their duty to report suspected rabies exposure.	✓	↑	↑			This is a third quarter activity.
7. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to suspected rabies exposures in accordance with the Health Protection and Promotion Act; the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑			79 incidents of possible transmission of the rabies virus were investigated. Ten series of anti-rabies vaccine and globulin were distributed in the second quarter.
8. The board of health shall address the prevention and control of rabies threats as per a local Rabies Contingency Plan, as outlined in the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑			The MOHLTC has not requested development of a Rabies Contingency Plan.

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Reproductive Health and Healthy Babies Healthy Children; Q2 2013 (Manager: Karen Chomniak)

To enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) in the areas of: • Preconception health; • Healthy pregnancies; • Reproductive health outcomes; and • Preparation for parenting.	✓	↑	↑			Staff established a file management system for organizing electronic and hard copy reference and campaign materials to facilitate program work.
Health Promotion and Policy Development						
2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address: • Preconception health; • Healthy pregnancies; and • Preparation for parenting. These efforts shall include: a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol,*	✓	↑	↑			The Family Poverty Focus Group Report was finalized. A presentation on the accomplishments of the Family Poverty strategies was provided to Family Health program staff. Staff completed a survey and contributed to a follow-up teleconference with the Health Promotion Division (MOHLTC) as part of a review of the uptake and utilization of program guidance documents. A smoking cessation support group for pregnant and post-partum women was provided. Staff reviewed Healthy Kids Panel report and highlighted areas where collaboration with other programs is needed.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
2008 (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.						Staff provided consultation with and shared our prenatal education program with staff at the Renfrew District Health Unit. Of particular interest were the *Your First Prenatal Visit* packages and Adult Prenatal class curriculum and resources.
3. The board of health shall increase public awareness of preconception health, healthy pregnancies, and preparation for parenting by: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑	↑			235 *Your First Prenatal Visit* packages were distributed to local physicians, nurse practitioners and midwives to educate women and their support person about healthy pregnancy. Consultations were held with Injury Prevention, Infant and Toddler Development and Child Health programs to ensure consistency of messages and compliance with Baby Friendly Initiative (BFI) requirements. Staff coordinated new displays with external partners for the fall Prenatal Health Fair: • Pharmacist's Association regarding comforts for discomforts in pregnancy; and • Raising the Bar regarding choosing quality child care. Staff viewed the webinar *Implications of Obesity and Excessive Gestational Weight Gain* hosted by Public Health Ontario (PHO).
4. The board of health shall provide, in collaboration with community partners, prenatal programs, services, and supports, which include: a. Consultation, assessment, and referral; and b. Group sessions.	✓	↑	↑			32 Adult Prenatal Classes were taught to expecting women and their partners. Staff worked with IT to streamline technology and multimedia platforms. Staff were involved with a community partner consultation workshop to determine continuation of a smoking cessation support group for pregnant and post-partum women.
5. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Preconception health; • Healthy pregnancies; and • Preparation for parenting.	✓	↑	↑			Information was provided to local service providers and community partners at the Service Information Fair held at the Evinrude Centre.
6. The board of health shall provide, in collaboration with community partners,	✓	↑	↑			A Teen Prenatal Supper Club series of seven classes was held.

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<table>
<tr><th rowspan="2">Requirement</th><th>Status 2012</th><th colspan="4">Status 2013</th><th rowspan="2">Comments</th></tr>
<tr><th>4th</th><th>1st</th><th>2nd</th><th>3rd</th><th>4th</th></tr>
<tr><td>outreach to priority populations to link them to information, programs, and services.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="7">Disease Prevention/ Health Protection</td></tr>
<tr><td>7. The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol, 2008 (or as current) (Ministry of Children and Youth Services).</td><td>Ø</td><td>Ø</td><td>Ø</td><td></td><td></td><td>
<table>
<tr><th>Healthy Babies, Healthy Children (HBHC) Program Activities</th><th>Q2 2013*</th><th>2013* Year to Date</th><th>2012 Year to Date</th></tr>
<tr><td>Number of HBHC Screens completed:</td><td></td><td></td><td></td></tr>
<tr><td>- prenatally</td><td>4</td><td>4</td><td>N/A</td></tr>
<tr><td>- postpartum</td><td>319</td><td>319</td><td>N/A</td></tr>
<tr><td>- early childhood</td><td>9</td><td>9</td><td>N/A</td></tr>
<tr><td>Number of families identified with risk:</td><td></td><td></td><td></td></tr>
<tr><td>- prenatally</td><td>13</td><td>13</td><td>N/A</td></tr>
<tr><td>- postpartum</td><td>153</td><td>153</td><td>N/A</td></tr>
<tr><td>- early childhood</td><td>9</td><td>9</td><td>N/A</td></tr>
<tr><td>Number of families with a successful IDA (In Depth Assessment) contact</td><td>95</td><td>95</td><td>N/A</td></tr>
<tr><td>Number of In Depth Assessments completed</td><td>66</td><td>97</td><td>59</td></tr>
<tr><td>Number of families who received home visiting in this quarter</td><td>102</td><td>102</td><td>N/A</td></tr>
<tr><td>Number of home visits - total</td><td>289</td><td>524</td><td>344</td></tr>
<tr><td>Number of home visits - PHNs</td><td>154</td><td>254</td><td>122</td></tr>
<tr><td>Number of home visits - FHVs</td><td>135</td><td>270</td><td>221</td></tr>
</table>
*Numbers from March 25 (coinciding with the implementation of the new HBHC Screen) to June 30, 2013.

With the return of experienced Public Health Nurses (PHNs) from parenting leaves of absence, an increase in the capacity to complete assessments and home visits, and the elimination of the new referral wait list has been accomplished.

A meeting was held with staff of the Maternal-Child Unit (Peterborough Regional Health Centre) regarding the importance of the accurate completion of the new HBHC Screen.
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Safe Water Q2 2013 (Manager: Atul Jain)

Goals: To prevent or reduce the burden of water-borne illness related to drinking water. To prevent or reduce the burden of water-borne illness and injury related to recreational water use.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall report Safe Water Program data elements in accordance with the *Beach Management Protocol, 2008* (or as current); the *Drinking Water Protocol, 2008* (or as current); and the *Recreational Water Protocol, 2008* (or as current).	✓	↑	↑			Adverse notifications were reported in the Ministry of Health and Long-Term Care (MOHLTC) database.
2. The board of health shall conduct surveillance of drinking-water systems and of drinking water illnesses of public health importance, their associated risk factors, and emerging trends in accordance with the *Drinking Water Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑			No clusters of illnesses related to drinking water were identified.
3. The board of health shall conduct surveillance of public beaches and public beach water illnesses of public health importance, their associated risk factors, and emerging trends in accordance with the *Beach Management Protocol, 2008* (or as current).	✓	↑	↑			Routine monitoring of public bathing beaches began in June. The Health Unit issued a media release regarding *Swimmers Itch*.
4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in	✓	↑	↑			No clusters of illnesses related to drinking water, recreational water, or beach use were identified.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).						
5. The board of health shall conduct surveillance of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current).	✓	↑	↑			Accountability Indicator regarding Class A Year Round Pools: • Six of six Class A year round pools received the second of four inspections in the second quarter. • Two of two Seasonal Class A pools received one inspection in the second quarter. This information will be posted to the Ministry's Directory of Networks (DoN) website by mid July. A total of 70 inspections of pools and spas were conducted. Splash pads will be inspected when they open in July.
Health Promotion and Policy Development						
6. The board of health shall provide information to private citizens who operate their own wells, cisterns, rain or lake water system to promote their awareness of how to safely manage their own drinking-water systems.	✓	↑	↑			Inspectors provided 15 consultations with the public about sample result interpretation, maintaining and improving well water quality. Drinking water sample bottles, forms, and information provided by the Public Health Laboratory were distributed through: • the Health Unit office; • Municipal offices; and • other locations upon request (e.g. pharmacies). *How Well Is Your Well (Revised January, 2013) and Water Wells: Best Management Practices* were distributed through Municipal offices, the Public Health Lab, and the Health Unit.
7. The board of health shall provide education and training for owners/operators of drinking-water systems in accordance with the *Drinking Water Protocol, 2008* (or as current).	✓	↑	↑			A Public Health Inspector provided informal training and guidance to operators during Small Drinking Water System (SDWS) inspections and provided 32 consultations. 290 SDWS newsletters were developed and mailed. 88 letters regarding sampling and lab information were mailed.
8. The board of health shall increase public awareness of water-borne illnesses and safe drinking water use by:	✓	↑	↑			50 Blue Green Algae posters printed and distributed. Two lakes with blue green algae were reported. A media release was issued.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
a. Adapting and/or supplementing national and provincial safe drinking water communications strategies; and/or b. Developing and implementing regional/local communications strategies.						
9. The board of health shall provide education and training for owner/operators of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current).	✓	↑	↑			Operational materials were made available to 36 owners of recreational water facilities.
Disease Prevention/ Health Protection						
10. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to: • Adverse events related to safe water, such as reports of adverse drinking water on drinking-water systems governed under the Health Protection and Promotion Act or the Safe Drinking Water Act; • Reports of water-borne illnesses or outbreaks; • Safe water issues arising from floods, fires, power outages, or other situations that may affect water safety; and • Safe water issues relating to recreational water use including public beaches in accordance with the Health Protection and Promotion Act; the *Beach Management Protocol, 2008* (or as current); the *Drinking Water Protocol, 2008* (or as current); the	✓	↑	↑			Staff responded to 21 adverse drinking water reports. Two Boil Water Orders were issued as a result of power outage. The Health Unit issued a media release in April regarding health precautions to keep water, food and sewage systems safe during flood conditions.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Infectious Diseases Protocol, 2008 (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Recreational Water Protocol, 2008* (or as current).						
11. The board of health shall provide all the components of the Safe Water Program in accordance with all applicable statutes and regulations, and the *Drinking Water Protocol, 2008* (or as current) to protect the public from exposure to unsafe drinking water.	✓	↑	↑			The SDWS portion of the Safe Water program has conducted 35 risk assessments and re-assessments.
12. The board of health shall inform the public about unsafe drinking water conditions and provide the necessary information to respond appropriately in accordance with the *Drinking Water Protocol, 2008* (or as current).	✓	↑	↑			Ten Boil Water Advisories were issued.
13. The board of health shall reduce risks of public beach use by implementing a beach management program in accordance with the *Beach Management Protocol, 2008* (or as current).	✓	↑	↑			Signs have been developed by the Health Unit advising users of public beaches about water quality safety and protection. They were provided to municipalities which operate public beaches. A media release was issued announcing the beginning of the 2013 beach sampling season and provided information on water quality and access to beach results. Nine beaches were posted for 24 days.
14. The board of health shall reduce the risks of recreational water facility use by implementing a management program in accordance with the *Recreational Water Protocol, 2008* (or as current).	✓	↑	↑			As noted above, a total of 70 pools and spas were inspected. Splash pads will be inspected when they open in July.

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Sexual Health, Sexually Transmitted Infections, and Blood Borne Infections (including HIV) Q2 2013 (Manager: Patti Fitzgerald)

Goals: To prevent or reduce the burden of sexually transmitted infections and blood borne infections and to promote healthy sexuality.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall report data elements on sexually transmitted infections and blood-borne infections in accordance with the Health Protection and Promotion Act and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	✓	🗓	🗓			Reported cases of sexually-transmitted (STIs) and blood-borne infections (BBIs) are reported electronically, on a monthly basis, to the Ministry of Health and Long-Term Care (MOHLTC) via the Integrated Public Health Information Surveillance (iPHIS) system.
2. The board of health shall conduct surveillance of: • Sexually transmitted infections (STI); • Blood-borne infections (BBI); • Reproductive outcomes; • Risk behaviours; and • Distribution of harm reduction materials/equipment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑			Staff provided case management for 105 cases of sexually transmitted (STI) and blood-borne (BBI) infections, and provided follow-up for 18 contacts of reported cases. Staff performed 493 clinical assessments related to STIs/BBIs.
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time,	✓	🗓	🗓			The Epidemiologist provides reports on reportable diseases quarterly.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🗓 = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).						
Health Promotion and Policy Development						
4. The board of health shall increase public awareness of the epidemiology, associated risk behaviours, risk factors, and risk reduction strategies related to healthy sexuality, sexually transmitted infections, and blood-borne infections by: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑	↑			Public Health Nurses worked with PCCHU Peer Leaders to develop a *Condom Use Myth Busters* event. The full day interactive event was held at Lansdowne Mall, and the purpose was to dispel myths related to condom use and to normalize condom use with the public. Approximately 130 youth between the ages of 13-25 engaged in the event. An Evaluation of the event will take place in the third quarter. Public Health Nurses created a report to examine lessons learned and next steps for Condom Sense Campaign.
5. The board of health shall use a comprehensive health promotion approach to increase the community capacity regarding the promotion of healthy sexuality, including the prevention of adolescent pregnancies, sexually transmitted infections, and blood-borne infections, by: a. Collaborating with and engaging community partners and priority populations; b. Mobilizing and promoting access to community resources; c. Providing skill-building opportunities; and d. Sharing best practices and evidence.	✓	↑	↑			Public Health Nurses provided consultation to health care professionals to ensure that cases of STIs/BBIs were managed and treated as per current guidelines.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
6. The board of health shall collaborate with community partners, including school boards, to create supportive environments to promote healthy sexuality and access to sexual health services.	✓	↑	↑			Provided maturation and sexuality classes to two Grade eight classes (within both local school boards). Provided one educational session for high risk youth. Provided two In Touch facilitated workshops at local high schools. Outreach clinic services were offered bi-monthly at high schools in Lakefield and Norwood.
Disease Prevention/ Health Protection						
7. The board of health shall provide clinical services for priority populations to address contraception, comprehensive pregnancy counselling, sexually transmitted infections, and blood-borne infections. For further information, refer to the *Sexual Health Clinic Services Manual, 2002* (or as current).	✓	↑	↑			Sexual Health Staff and physicians conducted 52 clinical assessments related to contraception and pregnancy and 149 clinical assessments related to testing and treatment for STI/BBIs. PHNs also investigated and followed-up all reported community cases of STI/BBIs (see # 2).
8. The board of health shall ensure that the medical officer of health or designate receives reports of sexually transmitted infections and blood-borne infections and responds in accordance with the Health Protection and Promotion Act and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑			The Emergency Service Worker (ESW) Protocol /Mandatory Blood Testing Act provides for risk assessment, advice and follow-up following potential occupational exposures to blood-borne infections. There were four applications under the Mandatory Blood Testing Act this quarter. All STI reports for Health Care Providers were reviewed and revised.
9. The board of health shall provide or ensure access to provincially funded drugs for the treatment of sexually transmitted infections, at no cost to clients, in accordance with the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑			Provincially-funded medications for the treatment of STIs were dispensed at the Sexual Health Clinic.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
10. The board of health shall communicate and coordinate care with health care providers to achieve a comprehensive and consistent approach to the management of sexually transmitted infections and blood-borne infections.	✓	↑	↑			Staff worked collaboratively with community Medical Doctors/Nurse Practitioners to ensure cases of STI/BBIs are managed and treated appropriately as per current guidelines.
11. The board of health shall engage community partners and priority populations in the planning, development, and implementation of harm reduction programming.	✓	↑	↑			To increase awareness of the importance of access to and use of condoms in preventing transmission of STIs, 10,602 condoms were distributed through clinic, youth-serving agencies, and organizations that interface with priority populations. Harm Reduction Works, operated by PARN - Your Community AIDS Resource Network on behalf of the Peterborough County-City and Haliburton, Kawartha, Pine Ridge Health Units, has five fixed sites, two of which are in Peterborough: PARN and Four Counties Addictions Services Team (4CAST).
12. The board of health shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.	✓	↑	↑			Peterborough City and County residents have access to needles, syringes, condoms, and other harm reduction supplies through a number of venues.

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Tuberculosis Prevention and Control Q2 2013 (Manager: Edwina Dusome)

Goal: To prevent or reduce the burden of tuberculosis.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall report TB data elements in accordance with the Health Protection and Promotion Act and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑			Staff entered data into the Integrated Public Health Information System (iPHIS).
2. The board of health shall conduct surveillance of active tuberculosis as well as individuals with LTBI in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑			Staff investigated 0 reports of active and <5 reports of latent tuberculosis (TB) infections.
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑			All suspected and confirmed cases were entered into iPHIS. Due to the few staff investigating and the few cases of active TB occurring, staff are cognizant of the mode of transmission and closely monitor for trend and priority populations.
Health Promotion and Policy Development						
4. The board of health shall engage in health promotion and policy development activities with community partners, policy-makers, and health care providers that have clients/contacts from priority populations based on local epidemiology.	✓	↑	↑			Information is shared through *For Your Information* (FYI) newsletters to health care providers.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Disease Prevention/ Health Protection						
5. The board of health shall facilitate timely identification of active cases of TB and referrals of persons with inactive TB through immigration medical surveillance in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑			Staff respond to reports of active TB and immigration medical surveillance reports, provided follow-up and make recommendations to minimize public health risk (i.e. isolation, medication, Mantoux testing). No reports were received.
6. The board of health shall provide management of cases to minimize the public health risk in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑			Staff distributed anti-tuberculosis medication to individuals and/or health care providers for distribution to appropriate clients. In some instances, directly observed therapy was required.
7. The board of health shall provide or ensure access to TB medication at no cost to clients or providers.	✓	↑	↑			Clients who received prescriptions for anti-tuberculosis medication received medication free of charge.
8. The board of health shall provide or ensure the provision of the identification, assessment, and public health management of contacts of active cases in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑			Staff conduct follow-up of contacts of active TB if required. None were required in the second quarter.
9. The board of health shall provide or ensure the provision of the identification and effective public health management of individuals with LTBI in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current), with a particular focus on people at highest risk of progression to active TB.	✓	↑	↑			Staff continue to follow-up all latent tuberculosis infection cases.
10. The board of health shall respond to local, provincial/territorial, federal, and international changes in disease epidemiology by adapting programs and services.	✓	↑	↑			No changes were required this quarter.

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Vaccine Preventable Diseases Q2 2013 (Manager: Edwina Dusome)

Goal: To reduce or eliminate the burden of vaccine preventable diseases.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall assess, maintain records and report, where applicable, on: • The immunization status of children enrolled in licensed child care programs as defined in the Day Nurseries Act; • The immunization status of children attending schools in accordance with the Immunization of School Pupils Act; and • Immunizations administered at board of health-based clinics as required In accordance with the *Immunization Management Protocol, 2008* (or as current) and the *Infectious Diseases Protocol, 2008* (or as current).	✓	↑	↑			The percent of day nursery attendees adequately immunized for their age is 68%. The percent of students in elementary and secondary schools adequately immunized for their age is 91%. The number of immunizations administered at the PCCHU Immunization Clinic was 336.
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Infectious Diseases Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	🛈	🛈			Staff reviewed monthly reports of communicable diseases and identified risk factors. The Epidemiologist provided quarterly communicable disease reports.
Health Promotion and Policy Development						
3. The board of health shall work with community partners to improve public	✓	↑	↑			Staff offered telephone consultation on immunization to the general public and health care providers. Immunization information was posted on the PCCHU web site.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
knowledge and confidence in immunization programs by: a. Supplementing national and provincial health communications strategies, and/or b. Developing and implementing regional/local communications strategies. Topics to be addressed shall include: • The importance of immunization. • Diseases that vaccines prevent. • Recommended immunization schedules for children and adults and the importance of adhering to the schedules; • Introduction of new provincially funded vaccines; • Promotion of childhood and adult immunization, including high-risk programs; • The importance of maintaining a personal immunization record for all family members; • The importance of reporting adverse events following immunization; • Reporting immunization information to the board of health as required; • Vaccine safety; and • Legislation related to immunizations.						Staff visited health care providers to offer information on immunization and vaccine safety during cold chain inspections and sent information to parents of students and day care attendees. Information on immunization was included in the *For Your Information* newsletter for health care providers.
4. The board of health shall promote the reporting of adverse events following immunization by health care providers to the local board of health in accordance with the Health Protection and Promotion Act.	✓	↑	↑			Health care workers were reminded, via the *For Your Information* newsletter, to report adverse vaccine reactions.
5. The board of health shall provide a comprehensive information and education	✓	↑	↑			The number of cold chain inspections conducted this quarter: 20 (year to date: 33).

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
strategy to promote optimal vaccine management, including storage and handling practices, among health care providers in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current). This shall include: • One-on-one training at the time of cold chain inspection; • Distributing information to new health care providers who handle vaccines; and • Providing ongoing support to existing health care providers who handle vaccines.						
6. The board of health shall provide consultation to community partners to develop immunization policies (e.g., workplace policies) based on local need and as requested.	✓	↑	↑			No requests were received this quarter.
Disease Prevention/ Health Protection						
7. The board of health shall promote and provide provincially funded immunization programs to any eligible person in the health unit, including: • Board of health-based clinics; • School-based clinics (including, but not limited to, hepatitis B and meningococcal immunization); • Community-based clinics, and • Outreach clinics to priority populations.	✓	↑	↑			NOTE: The data below is for the current year and not by school year: Staff immunized Grade 7 students with Hepatitis B: first dose 15; second dose 570; third dose 3. Staff immunized Grade 7 students with the Meningitis vaccine: 44 Staff immunized Grade 8 females with the HPV vaccine: first dose 27; second dose 19; and third dose 301. Staff have conducted a partial cleansing of the Immunization Record Information System in preparation for the Panorama (new Ministry of Health immunization and reportable disease database).
8. The board of health shall, as part of the Public Health Emergency Preparedness Program Standard, have a contingency plan to deploy	✓	↑	↑			The Health Unit mass vaccination plan (as part of the PCCHU Pandemic Plan) is available on the Health Unit website.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
board of health staff capable of providing vaccine preventable disease outbreak management control such as mass immunization in the event of a community outbreak.						
9. The board of health shall provide or ensure the availability of travel health clinics.	✓	↑	↑			Travel clinic services were offered on Tuesdays, Wednesdays and Thursdays by appointment. The following provides the statistics on the clinic: # of clients seen: 271 (year to date: 562). # of phone consults: 592 (year to date: 1,330). # of yellow fever immunizations: 43 (year to date: 56). # hep A and hep B high risk: 0 (year to date: 0). # immunizations covered by the Ontario Government Pharmacy (OGP): 101 (year to date: 225). # other immunizations: 377 (year to date: 880). Total immunizations administered: 478 (year to date: 1,105).
Health Protection						
10. The board of health shall ensure the storage and distribution of provincially funded vaccines including to health care providers practicing within the health unit in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current).	✓	↑	↑			Distributed vaccines to community partners and facilities. Total amount of doses of government funded vaccine distributed this quarter: 11,405.
11. The board of health shall promote vaccine inventory management in all premises where provincially funded vaccines are stored in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current).	✓	↑	↑			Promotion was conducted during inspection of premises through telephone consultation, *For Your Information* newsletter, and through investigation of cold chain incidents. All premises storing these vaccines are inspected once yearly.
12. The board of health shall health shall monitor, investigate, and document all suspected cases of adverse events following immunization that meet the provincial reporting criteria and promptly report all cases	✓	↑	↑			The number of adverse events reported and investigated this quarter: 12 (year to date: 19).

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
13. The board of health shall comply with the Immunization Management Protocol, 2008 (or as current), that specifies the process for the assessment of the immunization status of children in licensed day nurseries as defined in the Day Nurseries Act and the enforcement of the Immunization of School Pupils Act.	✓	↑	↑			Staff continued to enforce the Immunization of School Pupils' Act and the Day Nurseries Act.

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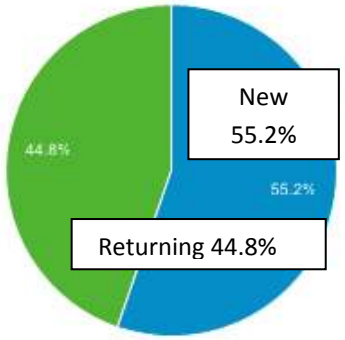
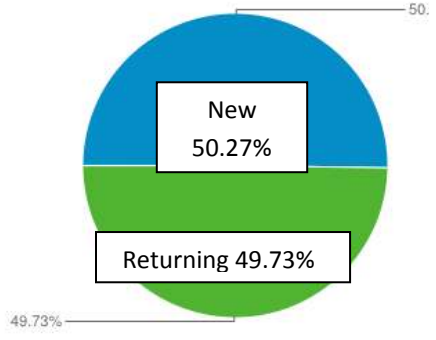
Communications 2013 Q2 (Supervisor, Communications Services: Brittany Cadence)

Media Relations:

Activity	Q2		Year To Date	
	2013	2012	2013	2012 (whole year)
Press releases issued	46	33	70	134
Media interviews	15	45	51	150
Number of media stories directly covering PCCHU activities (print and TV only, and some radio when stories posted online)	87	87	189	334

Website Statistics:

Q2 Comparisons	2013	2012	Year To Date	
			2013	2012
Website Traffic	51,763 page views	62,480 page views	108,224 page views	118,217 page views
% change in website traffic	9.6% -			
New/Returning visitors				
Pages/Visit	2.73	N/A		N/A
Average Visit Time	2:38	N/A		N/A
Visits from Mobile Phones	3,225 (17% of visits)	N/A		N/A
Top Pages: Homepage: 14,039 Contact Us: 3,070 Employment: 2,286 Rabies Clinics: 2,286 Foodhandler Course: 1,054				

PCCHU Social Media:

Highlights from social media in the second quarter include the importance of social media in emergency response. Twitter was used to keep the public and media updated on the status of the community power failure (April 16) which disabled PCCHU email and phone systems. As well, the Health Unit implemented using Twitter to promote and inform of the status of local beaches. Staff presented about the Health Unit's social media activities over the last year to the Board of Health.

Activity	Q2		Totals	
	2013	2012	2013	2012 (whole year)
Twitter (@PCCHU):				
Tweets	94	N/A	382 (total carried over from 2012)	167
Re-tweets (re-posting of content from others, i.e. Health Canada)	27	N/A	49	16
New Followers	96	N/A	578 (total carried over from 2012)	340
Facebook (search: Peterborough County-City Health Unit):				
New Likes	11	N/A	45 (carried over from 2012)	16
Events Promoted	2	N/A	2	3
Posts	65	N/A	138	47
Most Viewed post – Rabies Clinics	67 views	N/A		
Ad Campaigns	1	0	2	8

Social Media Content This Quarter:

- Rabies Clinics
- Nutrition Month
- Food Safety
- Power outage
- Social Determinants of Health video
- DTAF (dental)
- Vaccine Promotion
- Shifting Gears campaign (active transportation)
- International Trails Fest and Bike Fest
- Medicine Cleanout
- BBQ Safety
- Extreme Heat
- Beach sampling
- West Nile Virus
- Youth App
- Air Quality
- Lyme Disease
- Blue Green Algae

Graphic Design Projects:

Administration
- Presentations (Day in the Life)
- On Hold Messages
- Staff Appreciation Banner

Cancer Prevention
- 2013 Golfers Sun Safety Poster

Dental
- Mobile DHC PROMO Poster
- Mobile DHC PROMO Cards
- Fluoride Ad
- Fluoride Bill Stuffers
- Fluoride Q&A
- Mobile DHC Presentation
- Dental Grocery Coupons
- Dental FYI
- Dental Services Brochure (Draft)

Family Health
- Family HEALTH*line* Cards - Update
- What's Available - Update
- Crying Baby - Update

HCP Correspondence
- FYI Newsletter (x3)
- Alert/Advisory (x3)

Health Hazards
- Air Quality Index - Poster
- Lyme Disease & WNV Promo Materials (x3)
- WNV Smart Board artwork
- WNV Colouring Activity

Inspection
- Food Handler Certification City By-Law Announcement
- County Sewage Presentation

Infant and Toddler Development
- Torticollis Positioning Tips – Brochure

Nutrition
- Registered Dietitians in Peterborough Update

Sexual Health
- Use Condom Sense – Poster Update
- Hepatitis C – Safer Snorting Poster
- You And The Pill Pamphlet Draft

Substance Misuse
- 5 Steps to Save a Life

Ontario Health Study
- Fast Facts - OHS Peterborough

Physical Activity
- International Trails Day Poster (X2)
- International Trails Day Brochure
- International Trails Day Newspaper Ad
- International Trails Day Map
- Physical Activity Newspaper Ad
- Access To Recreation Draft Logos
- Physical Activity Display – New Panel

Tobacco
- World No Tobacco Day Awards
- Community Conversation Invitation
- Choose to Be – Congratulations Cards
- Choose to Be – Business Cards
- EXIT Postcard
- TCAN Poster

Strategic Plan
- Strategic Plan – Graphic
- Strategic Plan Report

VPD
- AEFI Reporting Form Update
- FLU Vaccine Consent Update
- Notify Health Unit Tear Off Pads Update
- TB and LTCH Presentation Poster

Infant and Toddler Development Q2 2013 (Manager: Karen Chomniak)

Infant and Toddler Development (ITDP) Program Activities	Q2 2013	2013 Year-to-Date	2012 Year-to-Date
New referrals	42	73	54
Children discharged from program	37	81	53
Children on current caseload	99	99	97
Home/agency visits	227	434	420
Visits provided in group settings	0	0	22

The ITDP has representation on the Speech, Language, and Hearing Committee of Peterborough (SLHAP), which meets monthly to coordinate an annual conference for professionals working with children with communication delays. The SLHAP conference in May was entitled *The Roots of Literacy: Play and Language* and was well attended by parents and health and social service providers.

Two Infant Development Workers attended a Floor Time Workshop, where they learned theory and practice to using the "floor time" method with young children with social communication and behavioural delays.

Sewage Disposal Program Q2 2013 (Manager: Atul Jain)

	Apr 2013	May 2013	June 2013	Total Q2 2013	2013 Year-to-Date	2012 Year-to-Date
Applications for Sewage System Permits	29	50	39	118	155	163
Permits Issued	27	48	31	106	139	147
Applications for Severance	5	3	0	8	13	56
Applications for Subdivision (# of Lots)	0	0	0	0	0	0
Existing Systems and Complaints	14	16	14	44	66	60

Financial Update Q2 2013 (Accounting Supervisor: Bob Dubay)

Programs funded January 1 to December 31, 2013	Type	2013	Approved By board	Approved By Province	Expenditures to July 31, 2013	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared	7,105,145	14-Nov-12	7,105,924	4,117,277	57.9%	MOHLTC	Operating within budget.
Mandatory Public Health Prgs - Additional	Cost Shared	277,333	10-Apr-13	-	0			
Vector- Borne Disease (West Nile Virus)	Cost Shared	76,105	10-Apr-13	76,101	19,502	25.6%	MOHLTC	West Nile Virus measures and students started in May.
One-time cost request furniture, computing & awareness campaign	Cost Shared	470,890	10-Apr-13	447,890	0	0.0%	MOHLTC	Did not receive provincial approval for $23,000 Public Health Awareness Campaign.
One-time cost parking garage, furniture and move.	Cost Shared			766,667	0	0.0%	MOHLTC	Move costs - holding pending occupancy cost approval
Infectious Disease Control	100%	222,263	10-Apr-13	222,233	108,259	48.7%	MOHLTC	Operating within budget.
Infection Prevention and Control Nurses	100%	86,584	10-Apr-13	88,300	56,463	65.2%	MOHLTC	Revenues required to balance the budget are less than budgeted, action may be required by staff to balance budget.
Small Drinking Water Systems	Cost Shared	92,631	10-Apr-13	90,800	59,009	63.7%	MOHLTC	Expect to be slightly overbudget. Anticipate covering overage through Public Health cost shared budget.
Healthy Smiles Ontario	100%	427,260	10-Apr-13	427,260	244,445	57.2%	MOHLTC	Operating within budget.
One-time cost - Vaccine Fridge	100%	5,500	10-Apr-13	5,500	0	0.0%	MOHLTC	Holding pending move approval - if no approval by October will purchase for HD
Enhanced Food Safety	100%	25,003	10-Apr-13	25,000	1,764	7.1%	MOHLTC	Operating within budget.
Enhanced Safe Water	100%	15,501	10-Apr-13	15,500	7,137	46.0%	MOHLTC	Operating within budget.
Needle Exchange Initiative	100%	21,121	10-Apr-13	21,121	14,181	67.1%	MOHLTC	Operating above budget. Do not anticipate being overbudget by year end.
Infection Prevention and Control Week	100%	8,000	10-Apr-13	8,000	0	0.0%	MOHLTC	Operating within budget.
Sexually Transmitted Infections Prevention week	100%	7,000	10-Apr-13	7,000	2,967	42.4%	MOHLTC	Operating within budget.
Nurses Commitment	100%	176,945	10-Apr-13	176,910	108,027	61.1%	MOHLTC	Expect to be slightly overbudget. Anticipate covering overage through Public Health cost shared budget.

Programs funded January 1 to December 31, 2013	Type	2013	Approved By board	Approved By Province	Expenditures to Jul 31, 2013	% of Budget	Funding	Comments
Smoke Free Ontario - Control	100%	100,000	10-Apr-13	100,000	55,060	55.1%	MOHLTC	Operating within budget.
Smoke Free Ontario - Enforcement	100%	120,800	10-Apr-13	120,800	65,357	54.1%	MOHLTC	Operating within budget.
Youth Engagement	100%	80,000	10-Apr-13	80,000	44,899	56.1%	MOHLTC	Operating within budget.
CINOT Expansion	Cost Shared	49,000	10-Apr-13	35,509	29,392	60.0%	MHPS	Do not anticipate operating within budget excess cost will need to be offset by underspending in base CINOT operations
Healthy Babies, Healthy Children	100%	928,413	8-May-13	928,413	505,450	54.4%	MCYS	Operating within budget.
Healthy Communities Fund	100%	47,100	10-Apr-13	47,100	3,403	7.2%	MOHLTC	Operating within budget.
Chief Nursing Officer Initiative	100%	119,104	10-Apr-13	119,033	73,955	62.1%	MOHLTC	Expect to be slightly overbudget. Anticipate covering overage through Public Health cost shared budget.
Ontario Works	100% from City	1,079,020	##	NA	566,734	52.5%	CITY OF PTBO	Budget based on 2012 actual expenditures

Programs funded April 1, 2013 to March 31, 2014	Type	2013 - 2014	Approved By Board	Approved By Province	Expenditures to Jul 31, 2013	% of Budget	Funding	Comments
Infant Toddler and Development Program	100%	245,423	8-May-13	Budget not approved by Province to date	78,246	31.9%	MCSS	The annual budget has been $242,423 since 2002/03. Dr. Pellizzari and staff are scheduled to meet with provincial officials to discuss.
Medical Officer of Health Compensation	100%	70,259	29-Nov-12	41,244	23,563	33.5%	MOHLTC	Operating within budget.
Healthy Communities Fund	100%	47,100	10-Apr-13	47,100	3,403	7.2%	MOHLTC	Operating within budget.
Speech		13,084			4,361	33.3%	FCCC	Operating within budget.

Funded Entirely by User Fees January 1 to December 31, 2013	Type	2013	Approved By Board	Approved By Province	Expenditures to Jul 31, 2013	% of Budget	Funding	Comments
Sewage Program		343,388	13-Apr-11	NA	142,291	41.4%	FEES	Operating within budget.

Staff Report

2012/2013 Infant & Toddler and Development Program Audited Financial Statements and Annual Program Expenditure Reconciliation

Date:	September 11, 2013
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

Approved by	***Approved by***
Rosana Pellizzari, M.D.	Bob Dubay, Accounting Supervisor

Recommendations

That the Board of Health for the Peterborough County-City Health Unit:

- approve the 2012/2013 Infant & Toddler Development Program Audited Financial Statements in the amount of $246,074; and
- approve the 2012/2013 Infant & Toddler Development Program Annual Program Expenditure Reconciliation.

Financial Implications and Impact

The Board of Health is required by the Ministry of Children and Youth Services to approve the 2012/2013 Infant & Toddler Development Program Audited Financial Statements and Annual Program Expenditure Reconciliation.

Decision History

The Province requires that the Annual Program Expenditure Reconciliation be Certified by the Medical Officer of Health that the Annual Expenditure Reconciliation is true, correct and agrees with the books and records of the organization. The Chairperson of the Board must Certify that

the Annual Program Expenditure Reconciliation and Certification by the Medical Officer of Health was received by the Board of Health.

Background

The Infant & Toddler Development Program is funded 100% by the Ministry of Community and Social Services. The Infant & Toddler Development program budget year began April 1, 2012 and ends March 31, 2013. The total funding allocation from the Ministry for the current year was $242,423. Funds to balance the program expenditures with revenues have been forthcoming through the City of Peterborough Best Start Program.

Rationale

The Audited expenditures for the year totalled $246,074 are less than the approved budget due to some staff gapping and actual salary mix of Infant Educators.

A copy of the draft Auditors Report and Financial Statements are attached. The Audited Financial Statements are drafted in accordance with Generally Accepted Accounting Principles.

A copy of Annual Program Expenditure Reconciliation is also attached.

Strategic Direction

This program is not a mandated public health program and falls outside of the scope of the Ontario Public Health Standards. However, it complements the work and mandate of the Healthy Babies, Healthy Children program. This program does reach vulnerable populations who are at risk of poor health outcomes and this fits within the strategic direction of *Determinants of Health and Health Equity.*

Contact:

Bob Dubay, Accounting Supervisor
Corporate Services
(705) 743-1000, ext. 286
bdubay@pcchu.ca

Attachments:

Attachment A – Draft Auditors Report and Financial Statements, Infant & Toddler Development Program
Attachment B – Draft Annual Program Expenditure Reconciliation, Infant & Toddler Development Program

PETERBOROUGH COUNTY-CITY HEALTH UNIT

INFANT TODDLER DEVELOPMENT PROGRAM

STATEMENT OF REVENUE AND EXPENSE

FOR THE YEAR ENDED MARCH 31, 2013

INDEPENDENT AUDITORS' REPORT

To The Members Of The Board Of Health Of The Peterborough County-City Health Unit

Report on the Financial Statement

We have audited the accompanying statement of revenue and expense of the Peterborough County-City Health Unit – Infant Toddler Development Program for the year ended March 31, 2013, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with Canadian Public Sector Accounting Standards, and for such internal controls as management determines are necessary to enable the preparation of this financial statement that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statement based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether this financial statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in this financial statement. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of this financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of this financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of this financial statement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, this financial statement presents fairly, in all material respects, the revenue and expense of the Peterborough County-City Health Unit – Infant Toddler Development Program as at March 31, 2013 in accordance with Canadian Public Sector Accounting Standards.

Chartered Accountants
Licensed Public Accountants

Peterborough, Ontario
September 11, 2013

PETERBOROUGH COUNTY-CITY HEALTH UNIT
INFANT TODDLER DEVELOPMENT PROGRAM

STATEMENT OF REVENUE AND EXPENSE
For The Year Ended March 31, 2013

	Budget 2013 $	Actual 2013 $	Actual 2012 $
Revenue			
Ministry of Community and Social Services/Ministry of Children and Youth Services grant	242,423	242,423	245,423
City of Peterborough - Best Start	9,795	3,651	6,049
	252,218	246,074	251,472
Expense			
Personal Services Expense			
Salaries and wages	174,359	169,381	169,608
Employee benefits	46,750	46,743	48,313
	221,109	216,124	217,921
Other Operating Expense			
Audit and legal	1,900	2,416	1,600
Rent and utilities	2,500	2,500	2,500
Materials and supplies	3,600	2,422	3,595
One time – program resources	-	-	2,689
Office supplies, postage and advertising	1,350	1,656	1,468
Staff education and training	1,000	1,510	1,088
Travel	6,500	5,187	6,041
Allocated administration	14,259	14,259	14,259
	31,109	29,950	33,240
	252,218	246,074	251,161
Amount due to Province of Ontario	-	-	**311**

The accompanying notes are an integral part of this financial statement.

PETERBOROUGH COUNTY-CITY HEALTH UNIT
INFANT TODDLER DEVELOPMENT PROGRAM

NOTES TO THE FINANCIAL STATEMENT
For The Year Ended March 31, 2013

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expense of the Infant Toddler Development Program of the Peterborough County-City Health Unit has been prepared in accordance with generally accepted accounting principles for local governments and their boards as recommended by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants. The more significant accounting policies are summarized below:

Accounting Entity

This financial statement comprises all of the activities for which the Infant Toddler Development Program of the Peterborough County-City Health Unit is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the Health Unit.

Tangible Capital Assets

Tangible capital assets are recorded at cost which includes all amounts that are directly attributable to acquisition, construction developments or betterment of the asset. The Infant Toddler Development Program has no significant capital assets.

Operating Grants

The Infant Toddler Development Program claims each year from the Ministry of Community and Social Services and the Ministry of Children and Youth Services grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current year, the reimbursement for these costs is dependent ultimately upon their acceptance by the funders of the program.

Budget Data

Budget data is compiled from the budget approved by the Board of Health, with subsequent adjustments. Budget data is not subject to audit.

Recognition of Revenues and Expenses

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable, expenses are recognized as they are incurred and measurable as a result of receipt of goods and services and the creation of a legal obligation to pay.

Use of Estimates

The preparation of financial statements in compliance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of revenue and expenses during the year. Actual results could differ from the estimates.

NOTE 2: PENSION PLAN

Certain employees of the Infant Toddler Development Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the year amounted to $15,220 (2012 - $13,288). These amounts are included in employee benefits expense in the statement of revenue and expense.

TRANSFER PAYMENT ANNUAL RECONCILIATION

SECTION IV: AUDITED FINANCIAL STATEMENT RECONCILIATION

SERVICE PROVIDER / DELIVERY AGENT:	Peterborough County-City Health Unit
FOR THE YEAR ENDED:	March 31, 2013
SERVICE CONTRACT/CFSA APPROVAL NUMBER:	C23673-3 Detail Code: A476

LINE				
400	**TOTAL GROSS REVENUES PER AUDITED FINANCIAL STATEMENTS**		$	246,074
401	**LESS: Non Funded Ministry (MCYS) Revenue (i.e. funding from other sources not related to ministry services)**		$	-
402	**Adjustments for Revenues from Ministry Subsidy calculation**			
403	Less:	Non Retainable Revenues		
404		Specify (e.g. Expenditure Recoveries)	$	-
405		Specify (e.g. Offsetting Revenues) City of Peterborough - Best Start	$	3,651
406		Specify (e.g. Specific Operating Donations)	$	-
407		Specify (e.g. Inter-Agency Chargebacks)	$	-
408	Less:	Amortization of Deferred Revenue	$	-
409	Less:	Other (specify)_____	$	-
410	Less:	Other (specify)_____	$	-
		Subtotal	$	3,651
411	Add:	One-Time Capital Expenditures Approved & not included in Revenue	$	-
412	Add:	Other (specify)_____	$	-
413	Add:	Other (specify)_____	$	-
414		**Subtotal**	**$**	**-**
415	**Total Revenue Reported** ***(Line 400 - Line401 - Line 404 to Line 410 + Line 414)***		**$**	**242,423**
420	**Total Approved Ministry Subsidy** ***(Total of LINE 223)***		**$**	**242,423**
	(Lines 415 and 420 should equal)			
440	**TOTAL GROSS EXPENDITURES PER AUDITED FINANCIAL STATEMENTS**		$	246,074
441	**LESS: Non Funded Ministry (MCYS) Expenditures (i.e. expenditures from other services not related to ministry services)**		$	-
442	**Adjustments for Inadmissible Expenditures related to Ministry (MCYS) Funded Programs**			
443	Less:	Accruals (Payables greater than 30 day i.e. Vacation/Sick Accrual)	$	-
444	Less:	Appropriations	$	-
445	Less:	Amortization on Capital Assets	$	-
446	Less:	Donations to Individuals or Organizations	$	-
447	Less:	Fundraising Costs	$	-
448	Less:	Loans to Clients or Staff	$	-
449	Less:	Retainer Fees	$	-
450	Less:	Provisions for Bad Debt	$	-
451	Less:	In Kind	$	-
452	Less:	Other (specify)_____	$	-
453	Less:	Other (specify)_____	$	-
		Subtotal	**$**	**-**
	LESS: Other Adjustments			
455	Less:	Expenditure Recoveries/ Offsetting Revenues	$	-
456	Less:	Other (specify)_City of Peterborough - Best Start	$	3,651
457	Less:	Other (specify)_____	$	-
		Subtotal	**$**	**3,651**
460	**ADD: Adjustments for Admissible Expenditures, attach prior approval documentation**			
461	Add:	One-Time Capital Expenditures Approved & Capitalized	$	-
462	Add:	Other (specify)_____	$	-
463	Add:	Other (specify)_____	$	-
		Subtotal	**$**	**-**
475	**Total Ministry (MCYS) Eligible Expenditures reported in the Audited Financial Statements**		**$**	**242,423**
480	**Total Eligible Expenditures** ***(Total of LINE 268)***		**$**	**242,423**
490	**Variance**		**$**	**-**

Variance Explanation:

(Please attach additional sheets if necessary or if the space is insufficient to complete the above reconciliation)

Staff Report

2012/2013 Preschool Speech and Language Program Audited Financial Statements

Date:	September 11, 2013
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

Approved by	***Approved by***
Rosana Pellizzari, M.D.	Bob Dubay, Accounting Supervisor

Recommendations

That the Board of Health for the Peterborough County-City Health Unit approve the 2012/2013 Preschool Speech and Language Program Audited Financial Statements.

Financial Implications and Impact

To submit the 2012/2013 Preschool Speech and Language Audited Financial Statements to the Board for approval in accordance with the agreement between the Five Counties Children's Centre and the Peterborough County-City Health Unit.

Decision History

The Board of Health is required by the agreement with the Five Counties Children's Centre to approve the Audited Financial Statements.

Background

The Preschool Speech and Language Program (PSLP) fiscal period began April 1, 2012 and ended March 31, 2013 and is funded 100% by a grant from the Five Counties Children's Centre.

The Pre-school Speech and Language Program is a regional partnership with the Five Counties Children's Centre (5CCC), the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR) and the Peterborough County-City Health Unit. Funds from the Ministry of Children and Youth Services are provided to 5CCC which in turn provides funds to help support our Health Unit's Family HEALTHline and other activities. Parents may phone in to receive information on speech and language screening and referrals to community agencies. Health promotion activities (media events, posters and pamphlets, displays, etc.) are jointly developed with HKPR.

Rationale

The funding from the Five Counties Children Centre provides funding to support the Health Unit's Family HEALTHline. The total revenue and expenditures for the fiscal period ending March 31, 2013 were $13,884.

A copy of the draft Auditors Report and Financial Statements are attached. The Audited Financial Statements are drafted in accordance with Generally Accepted Accounting Principles.

Strategic Direction

Continued participation in the regional Preschool Speech and Language Program (PSLP) builds on the Board's strategic goal of *Community-Centred Focus,* through the provision of programming to parents of young children, and by expanding and building partnerships throughout the regional PSLP Network.

Contact:

Bob Dubay, Accounting Supervisor
Corporate Services
(705) 743-1000, ext. 286
bdubay@pcchu.ca

Attachments:

Attachment A – Draft Auditors Report and Financial Statements, Preschool Speech and Language Program

PETERBOROUGH COUNTY-CITY HEALTH UNIT

PRESCHOOL SPEECH AND LANGUAGE PROGRAM

STATEMENT OF REVENUE AND EXPENSE

FOR THE YEAR ENDED MARCH 31, 2013

INDEPENDENT AUDITORS' REPORT

To The Members Of The Board Of Health Of The Peterborough County-City Health Unit

Report on the Financial Statements

We have audited the accompanying statement of revenue and expense of the Peterborough County-City Health Unit – Preschool Speech and Language Program for the year ended March 31, 2013, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of this financial statement in accordance with Canadian Public Sector Accounting Standards, and for such internal controls as management determines are necessary to enable the preparation of this financial statement that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statement based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether this financial statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in this financial statement. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of this financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of this financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of this financial statement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, this financial statement presents fairly, in all material respects, the revenue and expense of the Peterborough County-City Health Unit – Preschool Speech and Language Program as at March 31, 2013 in accordance with Canadian Public Sector Accounting Standards.

Chartered Accountants
Licensed Public Accountants

Peterborough, Ontario
September 11, 2013

PETERBOROUGH COUNTY-CITY HEALTH UNIT
PRESCHOOL SPEECH AND LANGUAGE PROGRAM

STATEMENT OF REVENUE AND EXPENSE
For The Year Ended March 31, 2013

	Budget 2013 $	Actual 2013 $	Actual 2012 $
Revenue			
Five Counties Children's Centre grant	13,084	13,084	13,084
Other income	800	800	800
	13,884	13,884	13,884
Expense			
Personal Services Expense			
Salaries and wages	8,700	8,700	8,638
Employee benefits	2,350	2,350	2,332
Phone line support	1,250	1,250	1,250
	12,300	12,300	12,220
Other Operating Expense			
Rent	864	864	864
Audit	720	720	800
	1,584	1,584	1,664
	13,884	13,884	13,884
Excess Of Revenue Over Expense For The Year	-	-	-

The accompanying note is an integral part of this financial statement.

PETERBOROUGH COUNTY-CITY HEALTH UNIT
PRESCHOOL SPEECH AND LANGUAGE PROGRAM

NOTE TO THE FINANCIAL STATEMENT
For The Year Ended March 31, 2013

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expense of the Preschool Speech and Language Program of the Peterborough County-City Health Unit has been prepared in accordance with generally accepted accounting principles for local governments and their boards as recommended by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants. The more significant accounting policies are summarized below:

Accounting Entity

This financial statement comprises all of the activities for which the Preschool Speech and Language Program of the Peterborough County-City Health Unit is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the Health Unit.

Tangible Capital Assets

Tangible capital assets are recorded at cost which includes all amounts that are directly attributable to acquisition, construction developments or betterment of the asset. The Preschool Speech and Language Program has no significant capital assets.

Operating Grants

The Preschool Speech and Language Program claims each year from the Five Counties Children's Centre grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current year, the reimbursement for these costs is dependent ultimately upon their acceptance by the Five Counties Children's Centre.

Budget Data

Budget data is compiled from the budget approved by the Board of Health, with subsequent adjustments. Budget data is not subject to audit.

Recognition of Revenues and Expenses

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable, expenses are recognized as they are incurred and measurable as a result of receipt of goods and services and the creation of a legal obligation to pay.

Use of Estimates

The preparation of financial statements in compliance with Canadian generally accepted accounting principles requires management to make estimates and assumptions for operating grants that affect the reported amounts of revenue and expenses during the year. Actual results could differ from the estimates.

Staff Report

Banking Services

Date:	September 11, 2013
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

Approved by	***Approved by***
Rosana Pellizzari, M.D.	Brent Woodford, Director Corporate Services

Recommendations

That the Board of Health for the Peterborough County-City Health Unit appoint the National Bank of Canada as the Board's Bank.

Financial Implications and Impact

Renewing the contract with National Bank will provide savings and interest income of approximately $4,000 per year.

Decision History

The Board last renewed its banking contract over ten years ago.

Background

In accordance with Board Policy on purchasing, a public Request for Proposals was placed for banking services. Kawartha Credit Union advised they are unable to meet our requirements at this time but requested the opportunity to respond to the next Request.

Proposals were received from the National Bank of Canada, Royal Bank of Canada (RBC) and Canadian Imperial Bank of Commerce (CIBC).

A review committee comprised of the Bookkeeper II (who is the lead staff in dealing with banking), Accounting Supervisor and Director Corporate Services reviewed the Proposals, examining fees charged, account management costs, move costs and interest rates offered.

The National Bank proposed to drop a number of banking costs that the other proponents indicated they would charge for (e.g., electronic funds transfer, internet banking). Dropping these fees will save approximately $3,500 per annum in bank fees.

The National Bank interest rate on overdrafts is .25% higher than RBC, but we have not gone into an overdraft position for over 20 years so this is not judged significant, and the RBC fees for items such as electronic funds transfer and other account management fees are much higher.

As well, the National Bank's interest rate paid on funds on deposit is .05% higher than the other proponents which will bring in approximately $5,000 in additional interest income.

Finally, while the other proponents offered a subsidy to cover a change over, the subsidy offered would not cover off costs of the switch.

Rationale

The National Bank of Canada is a Canadian Schedule "A" bank established in 1859 with a market capitalization of $76.15 billion and assets under management and administration of $12.4 billion. As well, this is the bank the Board used for over 20 years.

Strategic Direction

This will address the Board's strategic direction of *Quality and Performance*.

Contact:

Brent Woodford
Director Corporate Services
(705) 743-1000, ext. 231
bwoodford@pcchu.ca

To: All Members
Board of Health

From: Chief Phyllis Williams, Chair, Governance Committee

Subject: **Committee Report: Governance**

Date: September 11, 2013

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit:

- receive for information, meeting minutes of the Governance Committee for March 13, 2013 (approved by the Committee on May 30, 2013) and May 30, 2013 (approved by the Committee on August 29);

- approve the following documents referred by the Committee at the May 30, 2013 meeting:

  - 2-140 – By-Law Number 5, Powers and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health (revised)
  - 2-153 – Procedure, Board Remuneration Review (new)
  - 2-251 – Procedure, Orientation for Board of Health Members (revised)

- approve the following document referred by the Committee at the August 29, 2013 meeting:

  - 2-261, Appointments, Provincial Representatives

Note: Staff have held back By-Law 6 - Remuneration of Members (originally approved to come forward to the Board at the May 30th meeting) for further review. At the August 29th meeting, the Committee felt there could be potential to merge it with a similar policy on Honourariums and Allowances.

Please refer to the attached.

Board of Health for the
Peterborough County-City Health Unit
MINUTES
Governance Committee Meeting
Wednesday, March 13, 2013 – 12:30 – 2:30 p.m.
(Board Room - 10 Hospital Drive, Peterborough)

Present: Mr. Jim Embrey
Dr. Rosana Pellizzari
Mayor Mary Smith
Mrs. Alida Tanna, Recorder
Mr. David Watton
Chief Phyllis Williams, Chair
Mr. Brent Woodford

1. Call To Order

Chief Williams called the meeting to order at 12:35 p.m.

2. Confirmation of the Agenda

Moved by Mr. Watton — Seconded by Mayor Smith
That the agenda be approved as circulated.
Carried (M-13-11-GV)

3. Declaration of Pecuniary Interest

None.

4. Delegations and Presentations

None.

5. Confirmation of the Minutes of the Previous Meeting

5.1 February 1, 2013

Moved by Mayor Smith — Seconded by Mr. Embrey
That the minutes of February 1, 2013 be approved as written, and brought forward to the next Board of Health meeting.
Carried (M-13-12-GV)

6. Business Arising from the Minutes

6.1 Provincial Appointee Recruitment

Dr. Pellizzari advised the Committee that interviews were scheduled to take place with three applicants that day as selected by the sub-committee. The sub-committee, comprised of Mr. Embrey, Chief Williams and Dr. Pellizzari, were conducting the interviews and would apprise the Committee of any outcomes.

7. Correspondence

None.

8. Program Reports

None.

9. New Business

9.1 By-Laws, Policies and Procedures For Review (All)

The Committee reviewed and approved all documents provided for their consideration.

Moved by	Seconded by
Mr. Embrey	Mr. Watton

That the following documents be forwarded to the Board of Health at their next meeting for approval:

a. 2-120 – By-Law Number 3, Calling and Proceedings at Meetings (revised)
b. 2-170 – By-Law Number 8, Building Code Act, Sewage Systems (revised)
c. 2-185 – By-Law Number 10, Open and In Camera Meetings (revised)
d. 2-300 – Policy, Medical Officer of Health (new)
e. 2-342 – Policy, Medical Officer of Health, Selection (new)
f. 2-343 – Procedure, Medical Officer of Health, Selection (new)
g. 2-345 – Procedure, Medical Officer of Health, Absence (new)
h. 2-816 – Policy, Hours of Work / Compensation Time (new)

Carried (M-13-13-GV)

9.2 2013-17 Strategic Plan Update (Watton)

Mr. Watton advised that the Strategic Planning Working Group had met on March 4th to review a conceptual draft of the plan received from Jonathan Bennett. They have scheduled their next meeting for March 26th in order to provide the Board with a draft on April 10th.

10. By-Laws

None.

11. In Camera to Discuss Confidential Personal Matters

Moved by	Seconded by
Mr. Watton	Mayor Smith

That the Committee go In Camera to discuss confidential personal matters.

Carried (M–13-14-GV)

Moved by	Seconded by
Mayor Smith	Mr. Embrey

That the Committee rise from In Camera.

Carried (M–13–15–GV)

12. Date, Time and Place of Next Meeting

The next meeting will be scheduled in May 2013, or at the call of the Chair.

13. Adjournment

Moved by	Seconded by
Mayor Smith	Chief Williams

That the meeting be adjourned.

Carried (M–13–16–GV)

The meeting adjourned at 2:40 p.m.

Chair

Recorder

c: Mr. Jim Embrey
Dr. Rosana Pellizzari
Mayor Mary Smith
Mr. David Watton
Chief Phyllis Williams
Mr. Brent Woodford

Board of Health for the
Peterborough County-City Health Unit
MINUTES
Governance Committee Meeting
Thursday, May 30, 2013 – 1:30 – 3:30 p.m.
(City and County Rooms, 150 O'Carroll Avenue, Peterborough)

Present: Mr. Jim Embrey
Dr. Rosana Pellizzari
Mrs. Alida Tanna, Recorder
Mr. David Watton
Chief Phyllis Williams, Chair
Mr. Brent Woodford

Regrets: Mayor Mary Smith

1. Call To Order

The meeting was called to order at 1:30 p.m.

2. Confirmation of the Agenda

Moved by Mr. Watton — Seconded by Mr. Embrey
That the agenda be approved as circulated.
Carried (M-13-17-GV)

3. Declaration of Pecuniary Interest

None.

4. Delegations and Presentations

None.

5. Confirmation of the Minutes of the Previous Meeting

5.1 March 13, 2013

Moved by Mr. Embrey — Seconded by Mr. Watton
That the minutes of March 13, 2013 be approved as written, and brought forward to the next Board of Health meeting.
Carried (M-13-18-GV)

6. Business Arising from the Minutes

6.1 Provincial Appointee Recruitment

Dr. Pellizzari advised that following the interviews which took place on March 13th, the sub-committee (comprised of Dr. Pellizzari, Chief Williams and Mr. Embrey) chose to support two of the three applicants for the vacant Provincial Appointee position on the Board.

Letters of recommendation have been sent to the Ministry of Health and Long-Term Care as well as to M.P.P. Jeff Leal. The Health Unit expects to receive confirmation in a few months time on the successful applicant.

7. Correspondence

None.

8. New Business

8.1 By-Laws, Policies and Procedures For Review

The Committee reviewed and provided revisions for documents 8.1a and 8.1b only. With these amendments, the Committee approved all documents provided for their consideration.

Moved by	Seconded by
Mr. Embrey	Mr. Watton

That the following documents be forwarded to the Board of Health at their next meeting for approval:

a. 2-140 – By-Law Number 5, Powers and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health (revised)
b. 2-150 – By Law 6, Remuneration of Members (revised)
c. 2-153 – Procedure, Board Remuneration Review (new)
d. 2-251 – Procedure, Orientation for Board of Health Members (revised)

8.2 2013-17 Draft Strategic Plan

The Committee reviewed a draft of the plan to prepare it for Board approval in June. Several revisions were noted and will be incorporated in the final version.

Since the last Governance meeting, the consultants for the plan withdrew from the process, and returned funds that remained unspent (approximately $7,000). These funds were part of a one-time grant provided by the Ministry to complete this work.

Dr. Pellizzari asked the Committee for direction on whether some of the funds should be used to hire an external graphic design agency to complete the final

product, or whether the Committee was amenable to having the Health Unit's Communications team finalize the materials. Committee Members agreed that the Health Unit's Communications staff could finalize the plan and complete the graphic design work.

Dr. Pellizzari advised she would be following up with Laridae Communications to debrief on the process and obtain/provide feedback.

9. <u>In Camera to Discuss Confidential Personal Matters</u>

Moved by	Seconded by
Mr. Embrey	Mr. Watton

That the Committee go In Camera to discuss confidential personal matters.
Carried (M–13-19-GV)

Moved by	Seconded by
Mr. Watton	Mr. Embrey

That the Committee rise from In Camera.
Carried (M–13–20–GV)

10. <u>Date, Time and Place of Next Meeting</u>

The next meeting will be scheduled in September 2013, or at the call of the Chair.

11. <u>Adjournment</u>

Moved by	Seconded by
Mr. Embrey	Mr. Watton

That the meeting be adjourned.
Carried (M–13–21–GV)

The meeting adjourned at 3:25 p.m.

Chair Recorder

Organizational
POLICY

Section: Board of Health	**Number: 2-140**	**Title: By-Law Number 5 Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health**
Approved by: Board of Health **Signature:** _____ **Date** (YYYY-MM-DD)**:** **Housekeeping Revision** **Approved by:** **On** (YYYY-MM-DD)**:**		**Original Approved by the Board of Health** **On** (YYYY-MM-DD)**: 1989-10-25** **Revision** **Approved by:** Board of Health **On** (YYYY-MM-DD)**:** **Reviewed by:** Governance Committee **On** (YYYY-MM-DD)**:** 2013-05-30
Reference: Health Protection and Promotion Act, R.S.O. 1990, c. H.7, Section 48 to and including Section 51, and R.R.O. 1990, Regional 559		

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.

By-Law Number 5
Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health

1. In this By-law:

   1.1. "Board" means the Board of Health for the Peterborough County-City Health Unit;

   1.2. "Chairperson of the Board" means the Chairperson elected under the Act;

   1.3. "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act;

   1.4. "Committee" means an assembly of two or more members appointed by the Board of Health;

   1.5. "Council" means the municipal councils of the Corporations of the County of Peterborough and the City of Peterborough; and the ~~Band~~ Councils of Curve Lake First Nation and Hiawatha First

Nation;

1.6. "Member" means a person who is appointed to the Board by a council or the Lieutenant Governor in Council or a person who is appointed to a committee by the Board.

2. The officers of the Board shall be:

2.1. the Chairperson of the Board; and

2.2. the Vice-Chairperson of the Board.

3. The Chairperson of the Board shall:

3.1. preside at all meetings of the Board;

3.2. represent the Board at public or official functions or designate the Vice-Chairperson or another Board member to do so;

3.3. be ex-officio, a member of all committees to which he has not been appointed a member; and

3.4. perform such other duties as may be determined from time to time by the Board.

4. The Vice-Chairperson shall have all the powers and performs all the duties of the Chairperson of the Board in the absence or disability of the Chairperson of the Board together with such powers and duties, if any, as may be assigned from time to time by the Board.

5. The terms of all officers of the Board shall expire when their successors are elected and no later than immediately preceding the first meeting as set out in section 3 ~~5~~ of By-law Number 3.

Historical Record
Revisions:
Board of Health, October 13, 2010
Board of Health, October 11, 2007
Board of Health, March 6, 2006
Board of Health, January 12, 2005
Board of Health, October 28, 1998

Review:
By-Laws, Policies and Procedures Committee, October 13, 2010

Organizational
PROCEDURE

Section: Board of Health	**Number: 2-153**	**Title: Board Remuneration Review**
Approved by: Board of Health **Signature:** _____ **Date** (YYYY-MM-DD)**:** **Housekeeping Revision** **Approved by:** **On** (YYYY-MM-DD)**:**		**Original Approved by the Board of Health** **On** (YYYY-MM-DD)**:** **Revision** **Approved by:** **On** (YYYY-MM-DD)**:** **Reviewed by:** Governance Committee **On** (YYYY-MM-DD)**:** 2013-05-30
Reference: 2-150 – By-Law Number 6, Remuneration of Members		

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Procedure

1. The Director of Corporate Services will prepare a report for the last meeting of the Governance Committee held each calendar year showing the per cent increase given to staff for the year ending that December, and the increase in the Consumer Price Index (CPI) for the previous year.

2. The Governance Committee will review this data and examine the current Board remuneration rate.

3. The Governance Committee will provide a recommendation on remuneration to the Board at its first meeting of the following calendar year. The adjustment recommended will be based on the increase in the CPI or the increase given to staff, which ever is lower.

Organizational
PROCEDURE

Section: Board of Health	**Number: 2-251**	**Title: Orientation for Board of Health Members**
Approved by: Board of Health **Signature:** **Date** (YYYY-MM-DD)**:** **Housekeeping Revision** **Approved by:** **On** (YYYY-MM-DD)**:**		**Original Approved by the Board of Health** **On** (YYYY-MM-DD)**: 1984-09-01** **Revision** **Approved by:** Board of Health **On** (YYYY-MM-DD)**:** **Reviewed by:** Governance Committee **On** (YYYY-MM-DD)**:** 2013-05-30
Reference:		

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.

Objective

To provide new Board members with appropriate orientation to the Health Unit and its programs and services; and, to ensure that all returning members are provided with ongoing education to enhance their potential contribution and to the capacity of the Board as a whole.

~~To ensure that new board members receive adequate orientation to the Health Unit and its programs and services; and~~

Procedure

1. A letter will be sent welcoming the new Board member and advising of the date of the next Board meeting.

2. The new Board member will be invited to visit the Health Unit to meet with the Medical Officer of Health and the Directors, and to tour the building.

3. The Medical Officer of Health and Directors will describe the programs and services of the Health Unit and answer any questions of the new Board member.

4. ~~The new Board member will be invited to attend the next Health Unit Orientation Day.~~

5. The new Board member will be provided with the following information: ~~a copy of the Board of Health orientation manual and a copy of the most recent annual report.~~

   - Association of Local Public Health Agencies Board of Health Orientation Manual
   - History of the Peterborough County-City Health Unit (PCCHU)
   - History of Public Health Units of Ontario
   - PCCHU Strategic Plan
   - Current Organizational Chart
   - Most recent PCCHU Annual Report
   - Medical Officer of Health Job Description
   - Board of Health By-Laws, Policies and Procedures
   - Ontario Public Health Standards
   - Ontario Public Health Organizational Standards
   - Health Protection and Promotion Act and applicable Regulations
   - Municipal Conflict of Interest Act
   - Information on Related Organizations (e.g., Ministry of Health and Long-Term Care, Public Health Ontario, etc.)
   - Names and contact information of current Board of Health Members

   This list may be supplemented with any reports/documents pertaining to major developments or issues of current interest to the Board.

6. The new Board member will be required to sign a Declaration of Confidentiality Form prior to attending their first Board of Health meeting. Returning Members will be required to sign the same form at the first regular Board of Health meeting of each calendar year.

~~7. Directors will prepare regular reports on the activities of their respective Divisions for the Medical Officer of Health who will present them at Board meetings.~~

8. Beyond the initial orientation program, the Board of Health will provide ongoing professional development to ensure that its members maintain or improve their skills, and that they continue to deepen their understanding of the Health Unit's services, related community matters and governance.

9. Ongoing education may take place as part of a regular or special Board meeting, or in a separate educational session. Additional opportunities may include attendance with external organizations

at meetings, workshops and conferences.

~~10. Funds will be provided in the budget to allow Board members to attend conferences, workshops, or seminars related to community health.~~

Historical Record
Revisions:
Medical Officer of Health, July 12, 1989

Review:
Medical Officer of Health, October 30, 2007

Organizational
PROCEDURE

Section: Board of Health	**Number: 2-261**	**Title: Appointments, Provincial Representatives**
Approved by: Board of Health **Signature:** **Date** (YYYY-MM-DD)**:** **Housekeeping Revision** **Approved by:** **On** (YYYY-MM-DD)**:**		**Original Approved by the Board of Health** **On** (YYYY-MM-DD)**: 2011-09-14** **Revision** **Approved by:** Board of Health **On** (YYYY-MM-DD)**:** **Reviewed by:** Governance Committee **On** (YYYY-MM-DD)**:** 2013-08-30
Reference:		

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Objective:

To ensure that all provincial appointments to the Board of Health are dealt with in accordance with Board of Health by-laws, policies, and procedures.

Procedure:

1. Terms for all provincial appointments to the Board of Health are tracked by the Administrative Assistant to the Board of Health.

2. The Board Chair will be advised by the Administrative Assistant of terms that are due to end one year prior to the expiry of the appointment.

3. The Board Chair will contact the incumbent to discuss his/her intentions.

4. If the member wishes to renew their appointment, and the Board Chair is in agreement, the member must complete a Reappointment Information Form and provide it to the Administrative Assistant for submission to the Public Appointments Secretariat (PAS), as well as

to the Public Appointments Unit of the Ministry of Health and Long-Term Care, Corporate Management Branch.

5. If the member does not wish to renew their appointment, or if a vacancy is predicted, the Board of Health will conduct a needs assessment and determine priorities for representation.

6. The Board of Health will advertise locally. The Public Appointments Secretariat (PAS) also posts upcoming vacancies on their web site (http://www.pas.gov.on.ca/).

7. The Board of Health Governance Committee will interview and rank potential applicants.

8. The preferred candidate will be directed to apply through the PAS web site.

9. A letter will be sent by the Board Chair to the local Member of Provincial Parliament, with a copy to the Public Appointments Unit of the Ministry of Health and Long-Term Care, Corporate Management Branch, identifying and noting support of the preferred applicant.

Historical Record
Revisions:

Review:
Governance Committee, June 9, 2011

To: All Members
Board of Health

From: Deputy Mayor Sharpe, Chair, Property Committee

Subject: **Committee Report: Property**

Date: September 11, 2013

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive for information:

- meeting minutes of the Property Committee for March 6, 2013, approved by the Committee on June 5, 2013; and

- executive summaries of Environmental Site Assessment Reports prepared by Geo-Logic Inc. for the King Street and Hospital Drive properties, completed in August 2013.

Please refer to the attached.

Board of Health for the
Peterborough County-City Health Unit
PROPERTY COMMITTEE
MEETING MINUTES
March 6, 2013 – 5:00 p.m. to 6:30 p.m.
City and County Rooms, 150 O'Carroll Avenue

Present: Councillor Henry Clarke
Councillor Lesley Parnell
Dr. Rosana Pellizzari
Deputy Mayor Andy Sharpe
Mrs. Alida Tanna
Mr. David Watton
Mr. Brent Woodford

1. Call To Order

Deputy Mayor Sharpe called the meeting to order at 5:00 p.m.

2. Declaration of Pecuniary Interest

Nil.

3. Approval of the Agenda

Moved by Councillor Clarke — Seconded by Councillor Parnell
That the agenda be approved as circulated.
Carried (M–13–07–PR)

4. Approval of the Minutes

4.1 October 26, 2012

Moved by Mr. Watton — Seconded by Councillor Clarke
That the minutes of the Property Committee meeting held on October 26, 2012 be approved as circulated.
Carried (M–13–08–PR)

4.2 February 1, 2013

Alida Tanna noted a correction to the attendees for the minutes of February 1, 2013.

Moved by Seconded by
Councillor Parnell Councillor Clarke
That the minutes of the Property Committee meeting held on February 1, 2013 be approved as amended.

Carried (M–13–09–PR)

5. Business Arising from the Minutes

Alida Tanna advised that the Municipal Act did apply to Board of Health Committees. An email sent via the Association of Local Public Health Agencies related to this was forwarded to the Board Chair for his information.

6. Correspondence

Nil.

7. New Business

8. In Camera/Closed Session

Moved by Seconded by
Mr. Watton Councillor Clarke
That the Committee go In Camera to discuss confidential property matters.

Carried (M–13–10–PR)

Moved by Seconded by
Councillor Parnell Mr. Watton
That the Committee rise from In Camera.

Carried (M–13–11–PR)

9. Items to be referred to:

9.1 Board of Health
- Minutes, October 26, 2012
- Minutes, February 1, 2013

9.2 Other
Nil.

10. Agenda Items for Next Meeting

No further items were identified.

11. Date, Time and Place of Next Meeting

To be determined.

12. <u>Adjournment</u>

Moved by
Councillor Parnell
That the meeting be adjourned.

Seconded by
Councillor Clarke

Carried (M–13–12–PR)

The meeting adjourned at 6:29 p.m.

c: BOH Property Committee Members
Dr. Rosana Pellizzari
Brent Woodford

Chair

Recorder

GEO-LOGIC INC.
347 Pido Road, Unit 29
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www.geo-logic.ca
QMS ISO 9001 : 2008

PHASE ONE ENVIRONMENTAL SITE ASSESSMENT REPORT
EXISTING COMMERCIAL PROPERTY
185 KING STREET
PETERBOROUGH, ONTARIO
PROJECT NO. G024553E1

1.0 EXECUTIVE SUMMARY

Geo-Logic Inc. (Geo-Logic) conducted a Phase One Environmental Site Assessment (ESA) for the municipal address of 185 King Street in Peterborough, Ontario (herein referred to as "the Property"). The Property currently contains a five story office building. The building was constructed in approximately 1992 and is located in an area municipally serviced for water and sewer. Based on information compiled, the Property appeared to be developed for residential purposes prior to 1915.

The Phase One ESA has been prepared to provide the Peterborough County City Health Unit with a professional opinion of the potential for materially significant environmental liabilities with respect to the future use. It is understood that the future use will continue to be as community/ commercial.

Based upon observations made during the site reconnaissance including the surrounding property uses, and review of the historical documentation, areas of potential environmental concern (APECs) and potentially contaminating activities (PCAs) were identified including the unknown quality of fill materials used at the property and historical use of surrounding properties including a former garage station, bus terminal, dry cleaner, PCB storage at the former Post Office and underground storage tanks at the fire station. Further investigation of these APECs and PCAs through a Phase Two ESA is warranted.

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PHASE TWO ENVIRONMENTAL SITE ASSESSMENT REPORT
EXISTING COMMERCIAL PROPERTY
185 KING STREET
PETERBOROUGH, ONTARIO
PROJECT NO. G024553E1

1.0 EXECUTIVE SUMMARY

Geo-Logic Inc. (Geo-Logic) conducted a Phase One Environmental Site Assessment (ESA) for the municipal address of 185 King Street in Peterborough, Ontario (herein referred to as "the Property"). The Property currently contains a five story office building. The building was constructed in approximately 1992 and is located in an area municipally serviced for water and sewer. Based on information compiled, the Property appeared to be first developed for residential purposes prior to 1915.

The Phase One ESA identified potentially contaminating activities (PCAs) and areas of potential environmental concern (APECs) including including the unknown quality of fill materials used at the property and historical use of surrounding properties including a former garage station, bus terminal, dry cleaner, PCB storage at the former Post Office and underground storage tanks at the fire station. Based upon these results, a Phase Two ESA was conducted.

The Phase Two ESA included the exploration of the subsurface materials by the advancing four (4) boreholes and installation of three (3) monitoring wells. Results of the chemical analyses were compared to the Ministry of Environment (MOE) Table 9 Standards for Use within 30m of a Water Body in a non-potable groundwater condition for commercial property uses (April 15, 2011) for coarse textured soils. Soils and groundwater analysis included testing for metals, volatile organic compounds (VOCs), petroleum hydrocarbons (PHCs) and polychlorinated biphenyls (PCBs). The analytical results of the samples submitted to the laboratory indicated that the soil and groundwater meet the MOE Table 9 Standards.

Based on the information collected during the Phase Two ESA, it is Geo-Logic's professional opinion that the Property has a low level of concern from an environmental perspective and is suitable for its current zoning designation and commercial property use.

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PHASE ONE ENVIRONMENTAL SITE ASSESSMENT REPORT
EXISTING COMMERCIAL PROPERTY
10 HOSPITAL DRIVE
PETERBOROUGH, ONTARIO
PROJECT NO. G024552E1

1.0 EXECUTIVE SUMMARY

Geo-Logic Inc. (Geo-Logic) conducted a Phase One Environmental Site Assessment (ESA) for the municipal address of 10 Hospital Drive in Peterborough, Ontario (herein referred to as "the Property"). The Property currently contains a health unit building for the County/City of Peterborough. The building was constructed in approximately 1974 and is located in an area municipally serviced for water and sewer. Based on information compiled, the Property appeared to be first developed for the current usage in the 1970's and for agricultural purposes prior to the 1930s.

The Phase One ESA has been prepared to provide the Peterborough County City Health Unit with a professional opinion of the potential for materially significant environmental liabilities with respect to the future use. It is understood that the future use will continue to be as a community/ commercial building.

Based upon observations made during the site reconnaissance including the surrounding property uses, and review of the historical documentation, areas of potential environmental concern (APECs) and potentially contaminating activities (PCAs) were identified including the unknown quality of fill materials used at the property and historical use of surrounding properties including the former hospital buildings to the west. Fuel storage tanks and spills were reported at the former hospital building. Further investigation of these APECs and PCAs through a Phase Two ESA is warranted.

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PHASE TWO ENVIRONMENTAL SITE ASSESSMENT REPORT
EXISTING COMMERCIAL PROPERTY
10 HOSPITAL DRIVE
PETERBOROUGH, ONTARIO
PROJECT NO. G024552E1

1.0 EXECUTIVE SUMMARY

A Phase One Environmental Site Assessment (ESA) was completed by Geo-Logic Inc. (Geo-Logic for the municipal address of 10 Hospital Drive in Peterborough, Ontario (the Property). The Property currently contains a health unit building for the County/City of Peterborough. The building was constructed in 1974 and is located in an area municipally serviced for water and sewer. Based on information compiled, the Property appeared to be first developed for agricultural purposes prior to the 1930s.

The Phase One ESA identified potentially contaminating activities (PCAs) and areas of potential environmental concern (APECs) including the unknown quality of fill materials used at the property and historical use of surrounding properties including the former hospital buildings to the west. Fuel storage tanks and Spills were also reported at the former hospital building. Based upon these results, a Phase Two ESA was conducted.

The Phase Two ESA included the exploration of the subsurface materials by the advancing six (6) boreholes and installation of three (3) monitoring wells. Results of the chemical analyses were compared to the Ministry of Environment (MOE) Table 2 Standards in a potable groundwater condition for commercial property uses (April 15, 2011) for coarse textured soils. Soils and groundwater analysis included testing for metals, volatile organic compounds (VOCs), petroleum hydrocarbons (PHCs) and polychlorinated biphenyls (PCBs). The analytical results of the samples submitted to the laboratory indicated that the soil and groundwater meet the MOE Table 2 Standards.

Based on the information collected during the Phase Two ESA, it is Geo-Logic's professional opinion that the Property has a low level of concern from an environmental perspective and is suitable for its current zoning designation and commercial property use.