

**Board of Health for the
Peterborough County-City Health Unit
AGENDA
Board of Health Meeting
Wednesday, April 15, 2015 - 4:45 p.m.
Council Chambers, City of Peterborough
500 George Street North, Peterborough**

- 1. Call to Order**
- 2. Confirmation of the Agenda**
- 3. Declaration of Pecuniary Interest**
- 4. Delegations and Presentations**
- 5. Confirmation of the Minutes of the Previous Meeting**
 - 5.1. [March 11, 2015](#)
- 6. Business Arising From the Minutes**
- 7. [Correspondence](#)**
- 8. New Business**
 - 8.1. [Staff Report and Presentation: Implementation of NutriSTEP®](#)
Erica Diamond, RD, Public Health Nutritionist
[*Presentation Link*](#)
 - 8.2. [Staff Report and Presentation: 2015 Report on Internal Financial Controls](#)
Bob Dubay, Manager, Finance
[*Presentation Link*](#)
 - 8.3. [Presentation: Public Health Ontario Vaccine Safety Report, 2013](#)
Dr. Rosana Pellizzari, Medical Officer of Health
 - 8.4. [Committee Report: Property](#)
Andy Sharpe, Chair, Property Committee
- 9. In Camera to Discuss Confidential Personal and Property Matters**

10. Motions for Open Session

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

May 13, 2015, 4:45 p.m.
Council Chambers, Administration Building,
22 Wiinookeedaa Rd., Curve Lake First Nation

12. Adjournment

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

**Board of Health for the
Peterborough County-City Health Unit
DRAFT MINUTES
Board of Health Meeting
Wednesday, March 11, 2015 – 4:45 p.m.
Council Chambers, City of Peterborough
500 George Street North, Peterborough**

In Attendance:

Board Members:

**Councillor Henry Clarke (5:16 p.m.)
Deputy Mayor John Fallis
Councillor Lesley Parnell, Chair
Mayor Mary Smith
Mr. Gregory Connolley
Mr. Scott McDonald
Ms. Kerri Davies
Mayor Rick Woodcock
Councillor Gary Baldwin
Councillor Trisha Shearer
Mr. Andy Sharpe**

Staff:

**Dr. Rosana Pellizzari, Medical Officer of Health
Ms. Alida Tanna, Administrative Assistant
Mr. Larry Stinson, Director, Public Health Programs
Mr. Brent Woodford, Director, Corporate Services
Ms. Natalie Garnett, Recorder**

Regrets:

Chief Phyllis Williams

1. Call to Order

Councillor Parnell, Chair called the meeting to order at 4:50 p.m.

2. Confirmation of the Agenda

It was noted that the order of the items on the In Camera agenda will be amended.

MOTION:

That the Agenda be approved as amended.

Moved: Deputy Mayor Fallis

Seconded: Mr. Sharpe

Motion carried. (M-2015-040)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meetings

5.1. February 11, 2015

5.2. February 19, 2015

MOTION:

That the minutes of the Board of Health meetings held on February 11 and 19, 2015, be approved as circulated.

Moved: Mr. Baldwin

Seconded: Ms. Davies

Motion carried. (M-2015-041)

6. Business Arising From the Minutes

6.1. alPHA Food Security Resolutions (from November 2014)

Dr. Pellizzari, Medical Officer of Health provided an update on the alPHA Food Security resolutions.

6.2 Request for a National Alcohol Strategy (from May 2014)

Staff advised the Board since there is a National Alcohol Strategy being implemented via the National Alcohol Strategy Advisory Committee (facilitated by the Canadian Centre on Substance Abuse), the Board's original request for a National Alcohol Strategy should be modified.

MOTION:

That the Board of Health for the Peterborough County-City Health Unit send a letter to the Prime Minister and Minister of Health requesting that they continue to provide and augment financial support for the implementation of the National Alcohol Strategy.

Moved: Mr. Connolley
Seconded: Mr. Fallis
Motion carried. (M-2015-042)

7. Correspondence

MOTION:

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

1. *Email received February 10, 2015 from the Association of Local Public Health Agencies (alPHa) regarding the 2015 Annual General Meeting and Conference, Rethinking Public Health.*
2. *Email received February 23, 2015 from alPHa regarding the Board Orientation Session held on February 5, 2015.*
3. *Letter dated February 18, 2015 from the Hon. Kathleen Wynne, Premier of Ontario, in response to Dr. Pellizzari's initial letter dated February 4, 2015, regarding the Low Income Dental Programs Integration.*
4. *Letter dated March 5, 2015 from the Board Chair to the Hon. Jeff Leal, Minister of Agriculture, local municipal councils and farmers' markets regarding VQA Wines at farmers' markets.*
5. *Resolutions/Letter from other local public health agencies (sorted by topic):*
 - Energy Drinks
 - Wellington-Dufferin-Guelph Expanded Naloxone Program
 - Windsor Essex

Moved: Ms. Davies
Seconded: Mayor Woodcock
Motion carried. (M-2015-043)

8. New Business

8.1. Presentation: PCCHU 2014 Annual Report

Brittany Cadence, Supervisor, Communications Services, provided an overview of the PCCHU Annual Report in the form of a video.

MOTION:

That the PCCHU 2014 Annual Report be received for information.

Moved: Mayor Smith
Seconded: Mr. McDonald
Motion carried. (M-2015-044)

8.2. **Presentation: Health Unit Branding Update**

Brittany Cadence, Supervisor, Communications Services, provided an update on the Health Unit Branding project.

MOTION:

That the update on Health Unit Branding be received for information.

Moved: Mr. Connolley

Seconded: Mr. McDonald

Motion carried. (M-2015-045)

8.3. **Presentation: Emergency Response Orientation**

Donna Churipuy, Manager, Environmental Health Programs provided a PowerPoint presentation on Emergency Preparedness.

MOTION:

That the Emergency Response Orientation presentation be received for information.

Moved: Deputy Mayor Fallis

Seconded: Councillor Clarke

Motion carried. (M-2015-046)

8.4. **Committee Report: Governance**

Mr. Scott McDonald, Chair of Governance, provided an overview of the Governance Committee report.

MOTION:

That the Board of health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Governance Committee for November 3 and December 18, 2014.

Moved: Mr. McDonald

Seconded: Councillor Shearer

Motion carried. (M-2015-047)

MOTION:

That the Board of Health for the Peterborough County-City Health Unit approve revisions to the following policies:

- *2-153 Board Remuneration*
- *2-348 Terms of Reference, Governance Committee*

Moved: Mr. McDonald

Seconded: Ms. Davies

Motion carried. (M-2015-048)

MOTION:

That the Board of Health for the Peterborough County-City Health Unit approve the retirement of the following organizational policies and procedures:

- *12-210 Employment, Changes*
- *12-211 Employment, Changes in Status*
- *12-220 Employment, Classifications*
- *12-800 Staffing*

Moved: Mr. McDonald

Seconded: Mayor Smith

Motion carried. (M-2015-049)

MOTION:

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

- *Approve the retirement of Board policy 2-800, Forum for Governance Committee and Non-Union Staff Discussions; and,*
- *Receive the new Non-Union Staff Group Terms of Reference for information.*

Moved: Mr. McDonald

Seconded: Mayor Smith

Motion carried. (M-2015-050)

9. In Camera to Discuss Confidential Personal and Property Matters

MOTION:

That the Board of Health for the Peterborough County-City Health Unit go In Camera to discuss confidential personal and property matters at 6:13 p.m.

Moved: Councillor Clarke

Seconded: Mr. Connolley

Motion carried. (M-2015-051)

The In Camera meeting recessed at 6:58 p.m. and resumed at 7:23 p.m.

MOTION:

That the Board of Health for the Peterborough County-City Health Unit rise from In Camera at 7:46 p.m.

Moved: Councillor Baldwin

Seconded: Deputy Mayor Fallis

Motion carried. (M-2015-052)

10. Motions from In Camera for Open Session

MOTION:

That the Board of Health for the Peterborough County-City Health Unit ratify the collective agreement with ONA.

Moved: Ms. Davies

Seconded: Mr. McDonald

Motion carried. (M-2015-053)

MOTION:

That the Board of Health for the Peterborough County-City Health Unit ratify the collective agreement with CUPE subject to Union ratification.

Moved: Mayor Smith

Seconded: Mr. McDonald

Motion carried. (M-2015-054)

MOTION:

That the Board of Health for the Peterborough County-City Health Unit approve the 2015/2016 budget for the Infant and Toddler Development Program (ITDP) in the total amount of \$242,423.

Moved: Councillor Baldwin

Seconded: Councillor Clarke

Motion carried. (M-2015-055)

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

April 15, 2015 – Council Chambers, City Hall, 500 George Street North, Peterborough, 4:45 p.m.

12. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Mayor Woodcock

Seconded by: Deputy Mayor Fallis

Motion carried. (M-2015-056)

The meeting was adjourned at 7:55 p.m.

Chairperson

Medical Officer of Health

DRAFT

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: Correspondence

Date: April 15, 2015

Recommendation:

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

1. Letter dated February 25, 2015 from the Ministry of Health and Long-Term Care to the Board Chair regarding one-time funding.
2. Email newsletter dated March 12, 2015 from the Association of Local Public Health Agencies (alPHa) to all members.
3. Email dated April 8, 2015 from alPHa to all Ontario Boards of Health regarding their 2015 Annual Conference and Annual General Meeting, Rethinking Public Health (June 7-9, Ottawa).
4. Resolutions/Letters from other local public health agencies:

Community Water Fluoridation

- Grey Bruce

Energy Drinks

- Durham

Naloxone Distribution

- Durham

**Ministry of Health
and Long-Term Care**

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel 416-327-4300
Fax 416-326-1571
www.ontario.ca/health

**Ministère de la Santé
et des Soins de longue durée**

Bureau du ministre

10^e étage, édifice Hepburn
80, rue Grosvenor
Toronto ON M7A 2C4
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Télé 416-326-1571
www.ontario.ca/sante



HLTC2976FL-2014-335

FEB 25 2015

Chief Phyllis Williams
Chair, Board of Health
Peterborough County-City Health Unit
General Delivery
Curve Lake First Nation
Curve Lake ON K0L 1R0

Dear Chief Williams:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the Peterborough County-City Health Unit up to \$38,285 in additional one-time funding for the 2014-15 funding year to support extraordinary costs associated with the delivery of mandatory and related public health programs.

Roselle Martino, Executive Director, Public Health 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 dedication and commitment to Ontario's public health system.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Eric Hoskins'.

Dr. Eric Hoskins
Minister

Chief Phyllis Williams

c: Hon. Jeff Leal, MPP, Peterborough

Dr. Rosana Pellizzari, Medical Officer of Health, Peterborough County-City Health Unit

Dr. David Mowat, Interim Chief Medical Officer of Health

Roselle Martino, Executive Director, Public Health Division

From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: March-12-15 1:11 PM
To: Alida Tanna
Subject: alPHA InfoBreak: March 12 2015



Information Break

March 12, 2015

This semi-monthly update is a tool to keep alPHA's members apprised of the latest news in public health including provincial announcements, legislation, alPHA correspondence and events.

alPHA Fitness Challenge

alPHA has issued its Annual Fitness Challenge to health units across the province. This year, the Challenge will take place on May 7. Health units are asked to round up as many staff as possible to participate in 30 minutes of physical activity on the 7th. The health unit with the highest staff participation rate will receive a plaque in their honour to be presented at alPHA's annual general meeting in Ottawa.

[Learn more about the alPHA Fitness Challenge](#)

Healthy Rural Communities Tool Kit

The Healthy Rural Communities Tool Kit, A

guide for rural municipalities, is now available at the link below. The Tool Kit, produced by several health units and Public Health Ontario as part of a Locally Driven Collaborative Project, offers rural communities planning and development strategies and resources to create healthier built environments for a healthier population.

[Download the Healthy Rural Communities Tool Kit here](#)

Bill 10, Child Care Modernization Act 2014 Passes (Corrected Link)

In December 2014, the Ontario government passed Bill 10, Child Care Modernization Act, 2014. The Act repeals and replaces the Day Nurseries Act, the legislation that has governed child care in Ontario since 1946. Broader in scope than its predecessor, the new legislation promotes quality and safety in early learning and child care settings.

[Click here for a backgrounder on Child Care Modernization Act, 2014](#)

[Click here to view the Child Care Modernization Act, 2014](#)

alPHA Website Feature: Correspondence

Scan the latest advocacy letters written by alPHA to government and other organizations by visiting our website. Here you will also find responses from letter recipients on a variety of public health issues and related topics.

[Read alPHA's latest correspondence here](#)

Upcoming alPHA Events

June 7-9, 2015 - alPHA Annual Conference and AGM, Marriott Ottawa, 100 Kent Street, Ottawa. Registration will open end of March.

In the meantime, [download the Notice of AGM, and Calls for resolutions, board of health nominations to the alPHA Board, and Distinguished Service Award nominations.](#)

From: allhealthunits-bounces@lists.alphaweb.org [mailto:allhealthunits-bounces@lists.alphaweb.org] **On Behalf Of** Susan Lee
Sent: April-08-15 12:15 PM
To: All Health Units
Subject: [allhealthunits] Registration Now Open for 2015 alPHA Annual Conference & AGM, June 7-9, Ottawa

ATTENTION:

All Board of Health Members

All Senior Public Health Directors & Managers

alPHA is pleased to announce that registration is now open for its 2015 Annual Conference and AGM, Rethinking Public Health. New for this year is the Early Bird registration rate (ending April 30th) so plan to register soon. Regular fees apply after April 30th.

The conference will be held from June 7 to 9 at the Marriott Ottawa, 100 Kent Street, in downtown Ottawa, and will explore key areas of focus for public health in the future. Click on the link below for more information on the program and speakers, registration, and conference venue details.

<http://www.alphaweb.org/?page=2015JuneConference>

As a reminder, please note that the deadline for health units to submit resolutions for consideration at the AGM and nominations for the Distinguished Service Awards is this **Friday, April 10 at 4:30 PM**. [Click here for further information about the resolutions and Awards.](#)

We hope to see you in June!

Susan

Susan Lee
Manager, Administrative & Association Services
Association of Local Public Health Agencies (alPHA)
2 Carlton Street, Suite 1306
Toronto ON M5B 1J3
Tel. (416) 595-0006 ext. 25
Fax. (416) 595-0030
Please visit us at <http://www.alphaweb.org>

March 4, 2015



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

Dear Dr. Hoskins:

Re Community Water Fluoridation:

On January 23, 2015 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached resolution from Windsor-Essex County Health Unit regarding Community Water Fluoridation. The following motion was passed:

Motion No: 2015-3

Moved by: David Inglis

Seconded by: Kevin Eccles

“That the Board of Health receives the correspondence as circulated and that the Board of Health support the resolution from Windsor-Essex County Health Unit urging the Province of Ontario to amend the regulations of the Safe Drinking Water Act to require community water fluoridation for all municipal water systems (when source-water levels are below the Health Canada-recommended level of .07 mg/L), and further that the governing body that initiates the legislation be responsible for any costs incurred to implement such systems.”

Carried

Sincerely,

A handwritten signature in blue ink, appearing to read "Hazel Lynn".

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: All Ontario Boards of Health

Encl.

Working together for a healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

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

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December 18, 2014

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

Dear Dr. Hoskins:

On December 18, 2014, the Windsor-Essex County Health Unit Board of Health passed the following resolution regarding community water fluoridation:

WHEREAS global health experts and evidence support community water fluoridation to prevent tooth decay; and

WHEREAS providing fluoride via community water offers the positive benefits equally for everyone in the community; and

WHEREAS individuals in the community of lower socio-economic status suffer a more significant burden of poor health; and

WHEREAS Windsor-Essex has a higher than average number of individuals living in low income compared to the province; and

WHEREAS the relationship between poor oral health and risks associated with childhood development are known; and

WHEREAS the relationship between poor oral health and poor physical and mental health is clear;

THEREFORE BE IT RESOLVED that the Windsor Essex County Health Unit recommends that the Province of Ontario amend the regulations of the Safe Drinking Water Act to require community water fluoridation for all municipal water systems (when source-water levels are below the Health Canada-recommended level of 0.7 mg/L) to prevent dental caries.

Continued to page 2

Letter to the Honourable Dr. Eric Hoskins
December 18, 2014
Page 2

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

Yours very truly,



Gary McNamara
Chair, Board of Health



Dr. Gary M. Kirk
Associate Medical Officer of Health and CEO

F:\Administration\Committees\Board\Letters\Board Resolutions\2014 Resolution Letters\CWF letter to Dr Hoskins-Dec 18 2014.docx

cc: Board Members, Windsor-Essex Board of Health

Local MPPs

Mary Brennan, Director, Council Services (distribution to County Councillors)

Becky Murray, City Council Services (distribution to City Councillors)

Ms. Monika Turner, Director of Policy, AMO

Dr. David Mowat, Interim Chief Medical Officer of Health

The Honourable Tracy MacCharles, Minister of Children and Youth Services

Dr. Jerry Smith, President, Ontario Dental Association

Dr. Charles Frank and Dr. Lesli Hapak, Board Members, Ontario Dental Association

Dr. Matt Duronio, President, Essex County Dental Society

Dr. Peter Cooney, Canadian Oral Health Advisor, Public Health Agency of Canada

Dr. Haider Hasnan, President, Essex County Medical Society

Dr. Peter Donnelly, President and CEO, Public Health Ontario

Ontario Association of Public Health Dentistry

Ms. Sue Makin, President, The Ontario Public Health Association

Ms. Amy MacDonald, Co-Chair, Ontario Society of Nutrition Professionals in Public Health

Mr. Gordon Fleming, Manager of Public Health Issues, alPHa

Mr. Adam Vasey, Director, Pathway to Potential

Ontario Boards of Health



The Regional
Municipality
of Durham

Corporate Services
Department -
Legislative Services

605 ROSSLAND RD. E.
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Matthew L. Gaskell
Commissioner of
Corporate Services

April 1, 2015

The Honourable Kathleen Wynne
Premier and Minister of Agriculture
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 March 5, 2015 re: Energy
Drinks (Our File No. P00)**

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on April 1, 2015 Council adopted the following recommendations of the Committee:

- "A) That the correspondence dated February 4, 2015 from Wellington-Dufferin-Guelph Public Health, to all Ontario Boards of Health, urging the Ontario government to take action to reduce the consumption of high-calorie, low-nutrient beverages and, in particular, energy drinks by children, be endorsed; and
- B) That the Premier of Ontario, Associate/Minister of Health and Long-Term Care, Durham's MPPs, Interim Chief Medical Officer of Health, ADM Health Promotion and all Ontario Boards of Health be so advised."

Deb Bowen

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

DB/np

RECEIVED

APR 09 2015

PETERBOROUGH COUNTY
CITY HEALTH UNIT

COPY

- c: The Honourable Dr. Eric Hoskins, Minister of Health and Long
Term Care
Minister Dipika Damerla, Associate Minister of Health and Long-
Term Care
Joe Dickson, MPP (Ajax/Pickering)
Christine Elliott, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP,
(Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
Dr. David Mowat, Interim Chief Medical Officer of Health
Martha Greenberg, Assistant Deputy Minister (Interim),
Health Promotion
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health



The Regional
Municipality
of Durham

Corporate Services
Department -
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Matthew L. Gaskell
Commissioner of
Corporate Services

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APR 09 2015
PETERBOROUGH COUNTY
CITY HEALTH UNIT

April 1, 2015

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

COPY

**RE: Memorandum from Dr. Robert Kyle, Commissioner &
Medical Officer of Health, dated March 5, 2015, re:
Naloxone Distribution (Our File No. P00)**

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on April 1, 2015 Council adopted the following recommendations of the Committee:

- "A) That the correspondence dated February 19, 2015 from the Wellington-Essex County Board of Health, to all Ontario Boards of Health, urging the Ontario government to expand its naloxone distribution program to include:
- Non-Governmental Organizations (NGOs) that service individuals at risk of opioid overdose;
 - Individuals that support and/or care for individuals at risk of opioid overdose; and;
 - Any individual living in Ontario that is 16 years of age and older and dependent on opioids, be endorsed; and
- B) That the Premier of Ontario, Associate/Minister of Health and Long-Term Care, Durham's MPPs, Interim Chief Medical Officer of Health, ADM Health Promotion, alPha, AMO and all Ontario Boards of Health be so advised."

Deb Bowen

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

DB/np

- c: The Honourable Dr. Eric Hoskins, Minister of Health and Long Term Care
 Minister Dipika Damerla, Associate Minister of Health and Long-Term Care
 Joe Dickson, MPP (Ajax/Pickering)
 Christine Elliott, MPP (Whitby/Oshawa)
 The Honourable Tracy MacCharles, MPP,
 (Pickering/Scarborough East)
 Granville Anderson, MPP (Durham)
 Jennifer French, MPP (Oshawa)
 Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
 Dr. David Mowat, Interim Chief Medical Officer of Health
 Martha Greenberg, Assistant Deputy Minister (Interim),
 Health Promotion
 L. Stewart, Executive Director, Association of Local Public Health Agencies (alPHA)
 P. Vanini, Executive Director, Association of Municipalities of Ontario (AMO)
 Ontario Boards of Health
 R.J. Kyle, Commissioner & Medical Officer of Health



Staff Report

Implementation of NutriSTEP®

Date:	April 15, 2015	
To:	Board of Health	
From:	Erica Diamond, RD, Public Health Nutritionist, Nutrition Program	
<i>Original approved by</i>		<i>Original approved by</i>
Rosana Pellizzari, M.D.		Erica Diamond, RD

Recommendations

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *Implementation of NutriSTEP®*, for information.

Financial Implications and Impact

There are no financial implications for the Board of Health arising from this report.

Decision History

No past decisions have been made related to this.

Background

NutriSTEP® stands for Nutrition Screening Tool for Every Preschooler or Toddler.¹ These paper or electronic screens are scientifically valid and reliable multilingual 17-item nutrition risk screening questionnaires.² NutriSTEP® has been developed, refined and validated with multicultural and geographically diverse groups of parents and their toddler and preschoolers from across Ontario and Canada.³

These parent-administered screens covers the five components believed to influence the nutrition status of toddlers and preschoolers 1.5 - 5 years of age:

- Food and nutrient intakes including the quality and quantity of food and beverages consumed, food preferences and acceptance;
- Physical growth including weight, height, and growth patterns;
- Developmental and physical capabilities that influence food intake; oral motor skills (chewing, swallowing); social, intellectual and emotional maturity and skills; food restrictions due to food allergies/intolerances;
- Physical activity and sedentary behaviour; and
- Other factors affecting food intake and eating behaviours such as family food and eating preferences, culture and ethnicity; parental concerns, nutrition knowledge, beliefs and practices; food security; feeding environment including adult role models and a supportive, nurturing atmosphere.⁴

The long-term goal of the NutriSTEP® program is that all local families with toddlers and preschoolers will be able to identify nutrition risks in their children and seek appropriate recommendations and referrals in a variety of local settings.

The implementation of NutriSTEP® Preschool Screen is a Ministry of Health and Long-Term Care Accountability Indicator for 2014-16, intended to increase the quality of nutritional intake, eating behavior, and physical activity habits of 3-5 year olds. PCCHU is planning on launching both the NutriSTEP® Preschool and Toddler paper screens via a pilot through the PCCHU Family Health Program as of May 2015.

The pilot will run until September 2015 and will use the 'assisted referral model'. The assisted referral model is used to describe the scenario when a health professional supports a parent/caregiver to complete the screen then reviews their child's score and provides educational feedback and refers them to recommended follow-up services if indicated.⁵ NutriSTEP® Toddler and Preschooler educational resources, "How to Build a Healthy Toddler" and "How to Build a Healthy Preschooler", and speaking points for screen administrators are currently being updated to reflect current best practice nutrition guidelines for feeding young children based on Health Canada's: Nutrition for Healthy Term Infants 6-24 months and the Baby Friendly Initiative.^{6,7} The Baby-Friendly Initiative outlines best practices related to the protection, promotion, and support of breastfeeding.⁸

Family Health Staff including: Healthy Babies/Healthy Children Nurses, Community Workers, Infant Toddler Development Workers, Reproductive and Child Health Nurses will be trained to promote and administer the Toddler and Preschooler NutriSTEP® screens and updated educational resources with their clients. Follow-up support is recommended for children who score a high nutritional risk by their Primary Health Care Provider or Registered Dietitian through their Family Health Team.⁹ EatRight Ontario is another option available for families to have their healthy eating questions answered by a Registered Dietitian.¹⁰ A Registered Dietitian

is also available for follow-up support via the Pediatric Outpatient Program through Peterborough Regional Health Centre.¹¹

Consent will be obtained from families during the pilot through Family Health to evaluate the pilot roll-out. Overall screening and referral process will be evaluated and children's nutrition risk will be captured to compare local results with other communities across the province.

The information gleaned from this Peterborough pilot will be also used to improve the process of disseminating the NutriSTEP® screens more broadly within other local settings and priority populations.

Target Populations for Future Implementation:

- Family Health Teams (Fall 2015)
- JK/SK Registration (2016)
- Childcare Centres/Early Years Centres (2016)
- Two First Nations (2016/17)
- New Canadians Centre (2016/17)

The overall goal of the NutriSTEP® Program is to improve the nutritional status of young children in our community by disseminating broadly.

Rationale

The NutriSTEP® Program contributes to meeting Ontario Public Health Standards 2008 by:

- Increasing the public's awareness of the importance of healthy eating; healthy weights and physical activity (Chronic Disease Prevention Requirement #11);
- Providing advice and information to link people to community programs and services on healthy eating, healthy weights, and physical activity, growth and development (Child Health Requirement #7);
- Facilitating 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 (Child Health Requirement #11); and
- Providing advice and information to link people to community programs and services on healthy eating, weights, and physical activity (Chronic Disease Prevention Requirement # 12).¹²

Why promote nutrition screening in the early years?

Children's food choices directly affect their growth and development, health behaviours, and academic performance. Almost 60% of Canadian children (aged 2 to 17 years of age) and 80% of Ontario teens (aged 14 to 18 years), are not getting enough vegetables and fruit daily; more than one-third of children aged 4 to 9 do not have the minimum recommended daily servings of

milk. Eating habits and patterns are established at an early age and can impact their lifelong health.¹³

Nutrition screening can benefit children and their families, child and health care providers and communities by:

- raising awareness and knowledge about healthy eating, healthy weights and physical activity;
- promoting early intervention and decreasing the risk of chronic disease;
- targeting children at risk for further assessment and treatment;
- streamlining the referral process and prioritizing services to those most in need; and
- identifying the needs in a population group to integrate services and target nutrition programs.¹⁴

Screening with NutriSTEP®: Risk Levels, Scores and Expected Prevalence Rates

The NutriSTEP® tool identifies three levels of nutrition risk: low, moderate and high. For each risk level, there are guidelines for parents on their next steps:

- *Low risk* - There are no immediate concerns.
- *Moderate risk* - Parents can contact a Registered Dietitian via phone or email at [EatRight Ontario](#)¹⁵ to have their nutrition questions answered and will be provided with nutrition advice and resources.
- *High risk* - Parents will be encouraged to follow-up with their primary caregiver such as their family doctor¹⁶ for further assessment, treatment and/or referral to a Family Health Team Registered Dietitian for 1:1 counseling.

If families do not have a Family Physician they can follow-up with the Pediatric Outpatient Program Clinical Registered Dietitian at Peterborough Regional Health Centre.¹⁷ Families will also be encouraged to call Healthcare Connect for support to find a Family Physician if they do not have a Family Physician.¹⁸

Generally, 55-70% of children will score at low risk, 20-30% at moderate risk, and 10-15% at high risk.¹⁹

Strategic Direction

By implementing NutriSTEP® broadly within our community, PCCHU will work strategically with external partners to ensure that local health needs are identified and addressed.

This validated nutrition screening project will also support our strategic direction by strengthening PCCHU's ability to demonstrate meaningful, measurable results that are grounded in forward-thinking program and organizational indicators and supported by appropriately aligned resources.

Contact:

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(705) 743-1000, ext. 361
ediamond@pcchu.ca

References:

1. NutriSTEP® (2009). Implementation toolkit and resources. Accessed from: http://www.nutristep.ca/en/toolkit_resources.aspx
2. Ibid.
3. Ibid.
4. Ibid.
5. Ibid.
6. Nutrition For Healthy Term Infants: Recommendations from Six to 24 Months. Accessed September 2014, from <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/recom-6-24-months-6-24-mois-eng.php>
7. World Health Organization. (2014). Baby-friendly Hospital Initiative. Accessed November, 2014 from <http://www.who.int/nutrition/topics/bfhi/en/>
8. Ibid.
9. Peterborough Family Health Teams. Accessed November 2014, from <http://www.peterboroughfht.com/about>
10. EatRight Ontario. Accessed November 2014, from <http://www.eatrightontario.ca>
11. Peterborough Regional Health Centre Pediatric Outpatient Program. Accessed December 2014, from <http://www.prhc.on.ca/cms/paediatic-outpatient-clinic>
12. Ministry of Health and Long Term Care (MOHLTC). (2008). Outcomes, Ontario Public Health Standards, Revised May 1, 2014. Accessed September, 2014 from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf
13. Garriguet, D. (2006). Overview of Canadians' Eating Habits (Catalogue no. 82-620-MWE). *Nutrition Findings from the Canadian Community Healthy Survey, 2*, 1-43.
14. NutriSTEP® (2009). Implementation toolkit and resources. Accessed from: http://www.nutristep.ca/en/toolkit_resources.aspx
15. EatRight Ontario. Accessed November 2014, from <http://www.eatrightontario.ca>
16. Peterborough Family Health Teams. Accessed November 2014, from <http://www.peterboroughfht.com/about>
17. Peterborough Regional Health Centre Pediatric Outpatient Program. Accessed December 2014, from <http://www.prhc.on.ca/cms/paediatic-outpatient-clinic>
18. Health Care Connect. Accessed January 2015, from <http://www.health.gov.on.ca/en/ms/healthcareconnect/public/overview.aspx>
19. NutriSTEP® (2009). Implementation toolkit and resources. Accessed from: http://www.nutristep.ca/en/toolkit_resources.aspx

Attachment:

Attachment A – Nutrition Screening Tool for Every Preschooler

Child's Name: _____ Phone Number: _____
 Child's Gender: _____ Postal Code: _____
 Child's DOB: _____ Screen Date: _____
 Screen Location/Organization: _____



Nutrition Screening Tool for Every Preschooler

Instructions

Below are questions about your preschool child's (3 to 5 year old) eating and other habits.

- Think about your child's every day habits when answering. Check (✓) only one answer for each question.
- There is a number from 0 to 4 beside each answer. This number is a score for that question. At the bottom of each page is a box for the score for the page. For each page, add up the scores for each question.
- At the end of the questionnaire, you will add the page scores to get the total score.

1. My child usually eats grain products:

Examples are bread, bagel, bun, cereal, pasta, rice, roti and tortillas.

- ☐ ₀ More than 5 times a day
☐ ₁ 4 to 5 times a day
☐ ₂ 2 to 3 times a day
☐ ₄ Less than 2 times a day

2. My child usually has milk products:

Examples are white or chocolate milk, cheese, yogurt, milk puddings or milk substitutes, such as fortified soy beverages.

- ☐ ₀ More than 3 times a day
☐ ₁ 3 times a day
☐ ₂ 2 times a day
☐ ₄ Once a day or less

3. My child usually eats fruit:

- ☐ ₀ More than 3 times a day
☐ ₁ 3 times a day
☐ ₂ 2 times a day
☐ ₃ Once a day
☐ ₄ Not at all

Total Score for Page 1

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4. My child usually eats vegetables:

- ☐ More than 2 times a day
- ☐ 2 times a day
- ☐ Once a day
- ☐ Not at all

5. My child usually eats meat, fish, poultry or alternatives:

Alternatives can be eggs, peanut butter, tofu, nuts, or dried beans, peas and lentils.

- ☐ More than 2 times a day
- ☐ 2 times a day
- ☐ Once a day
- ☐ A few times a week
- ☐ Not at all

6. My child usually eats "fast food":

- ☐ 4 or more times a week
- ☐ 2 to 3 times a week
- ☐ Once a week
- ☐ A few times a month
- ☐ Once a month or less

7. I have difficulty buying food to feed my child because food is expensive:

- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

8. My child has problems chewing, swallowing, gagging or choking when eating:

- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

9. My child is **not** hungry at mealtimes **because** he/she drinks all day:

- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Total Score for Page 2

10. My child usually eats:

- ☐ Less than 2 times a day
- ☐ 2 times a day
- ☐ 3 to 4 times a day
- ☐ 5 times a day
- ☐ More than 5 times a day

11. I let my child decide how much to eat:

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

12. My child eats meals while watching TV:

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

13. My child usually takes supplements:

Examples are multivitamins, iron drops, cod liver oil.

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

14. My child:

- ☐ Needs more physical activity
- ☐ Gets enough physical activity

15. My child usually watches TV, uses the computer, and plays video games:

- ☐ 5 or more hours a day
- ☐ 4 hours a day
- ☐ 3 hours a day
- ☐ 2 hours a day
- ☐ 1 hour or less a day

Total Score for Page 3

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16. I am comfortable with how my child is growing:

☐ Yes

☐ No

17. My child:

☐ Should weigh more

☐ Is about the right weight

☐ Should weigh less

Total Score for Page 4

To get a total score, add the scores for each page.

_____ Score for Page 1

+ _____ Score for Page 2

+ _____ Score for Page 3

+ _____ Score for Page 4

= Total Score

What does your NutriSTEP® score mean?

If the total score is 20 or less:

Your child's eating and activity habits are good. There may be things that you want to work on; check out the educational material provided for tips and more information.

If the total score is 21 to 25:

Your child's eating and activity habits can be improved by making some small changes. Check out the educational material provided or contact your local public health department for tips and more information.

If the total score is 26 and greater:

Your child's eating and activity habits can be improved by making some changes. For suggestions, talk to a health professional such as a registered dietitian, your family doctor or paediatrician or contact your local public health department for more information.

For more information on nutrition and healthy eating, visit EatRight Ontario at:

www.ontario.ca/eatright. Ontario residents can speak to a Registered Dietitian by calling the EatRight Ontario toll-free telephone information service at 1-877-510-510-2, Monday to Friday.

Printing of this resource has been paid for by the Government of Ontario. March 2009.

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Bringing Nutrition Screening to children with **NutriSTEP®**



NutriSTEP®

Erica Diamond, RD
April 15, 2015

Background Information:

What is NutriSTEP®?

- **Nutrition Screening Tool for Every Preschooler:** a standardized and validated nutrition screening tool for toddlers and preschoolers
- Can differentiate between those who are at nutrition risk and those who are not



Typical Results

Nutrition Risk Level*	Expected Prevalence
Low Risk (0-20)	55-70%
Moderate Risk (21-25)	23-33%
High Risk (26-68)	10%

*Risk that the child has nutrition concerns.

Nutrition Concerns in Young Children

- **Physical growth**
 - Weight and height; parent's comfort level
- **Food and nutrient intake**
 - Types and amounts of foods eaten and how often
- **Developmental and physical capabilities**
 - Food allergies; oral motor skills; emotional maturity
- **Physical activity and sedentary behavior**
 - Indoors and outdoors; screen time
- **Factors affecting intake and eating behaviour**
 - Feeding environment; food security

Eating Habits

CCHS, 4-8 year olds (2004):

- Vegetables, fruit & milk products less than recommended

NutriSTEP® Ontario, 3-5 year olds (2005):

- Below recommended intakes: vegetables & fruit, milk, meat
- Fast foods, 8-13% \geq 2/wk

NutriSTEP® Thunder Bay, York, Niagara (2009-10):

- Low intakes: milk, fruit, meat, vegetables
- Often having fast foods or eating out



Local and Provincial Supports

- Educational Resources
- Family Health Team Physicians and/or Registered Dietitians
- Peterborough Regional Health Centre
 - Pediatric Outpatient Program (POP Clinic)
- EatRight Ontario






NutriSTEP®:

MOHLTC Accountability Indicator

Intended to increase the quality of nutritional intake, eating behavior and physical activity habits of 1.5 - 5 year olds



NutriSTEP®
Nutrition Screening Tool
for Every Preschooler
(Not for diagnosis or assessment)
3-5 years preschoolers

Nutrition Screening Tool for Every Preschooler

Instructions

- Below are questions about your preschool child's (3 to 5 year old) eating and other habits.
- Think about your child's every day habits when answering. Check (✓) only one answer for each question.
- There is a number from 0 to 4 beside each answer. This number is a score for that question. At the bottom of each page is a box for the score for the page. For each page, add up the scores for each question.
- At the end of the questionnaire, you will add the page scores to get the total score.

1. My child usually eats grain products:
Examples are bread, bagel, bun, cereal, pasta, rice, roti and tortillas.

☐ More than 5 times a day
☐ 4 to 5 times a day
☐ 2 to 3 times a day
☐ Less than 2 times a day

2. My child usually has milk products:
Examples are white or chocolate milk, cheese, yogurt, milk puddings or milk substitutes such as fortified soy beverages.

☐ More than 3 times a day
☐ 3 times a day
☐ 2 times a day
☐ Once a day or less

3. My child usually eats fruit:

☐ More than 3 times a day
☐ 3 times a day
☐ 2 times a day
☐ Once a day
☐ Not at all

☐ Total Score for Page 1

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Plans for Implementation:

- PCCHU Family Health Program (May 2015)
- Family Health Teams (Fall 2015)
- PCCHU Oral Health Programs (2016)
- JK/SK Registration (2016)
- Childcare Centres/Early Years Centres (2016)
- New Canadians Centre (2016)
- Two First Nations (2016)



Questions?





Staff Report

2015 Report on Internal Financial Controls

Date:	April 15, 2015		
To:	Board of Health		
From:	Dr. Rosana Pellizzari, Medical Officer of Health		
Original approved by		Original approved by	
Rosana Pellizzari, M.D.		Bob Dubay, Manager Finance	

Recommendations

That the Board of Health for the Peterborough County-City Health Unit receives the staff report, *2015 Report on Internal Financial Controls*, for information.

Financial Implications and Impact

Boards of health are now required to submit information on internal controls in order to be eligible for provincial funding.

Decision History

The 2015 budget submission was due to the Province by February 27, 2015. There were a number of new requirements as part of the budget submission including the “internal control checklist” (Attachment A). There was no advanced warning of these new requirements and a fairly tight turnaround to submit the budget documentation. Management determined it would be best to provide the information to the Board at a later date so it could be properly considered.

Background and Rationale

New in 2015, the Ministry of Health and Long-Term Care required boards of health to submit a financial controls checklist as part of the 2015 Budget Request. The following explanation was

provided in the **2015 Program-Based Grants User Guide**.

“The objective of this checklist is to provide boards of health with a tool for evaluating their internal controls while also promoting effective and efficient business practices. This tool is not meant to be exhaustive in nature but instead informative, to guide the review and assessment of key internal controls. The 2015 Financial Controls Checklist reporting template has been provided to boards of health as part of the 2015 budget submission package.

As per Schedule E of the Accountability Agreement, boards of health are required to have financial controls in place that meet the following objectives:

1. Controls that support the collection of accurate and complete financial information;
2. Chart of accounts that are used to correctly record financial transactions;
3. Receivable balances are collected on a timely basis;
4. Goods are purchased, received and accounted for and paid by someone with proper financial and legal authority;
5. Policy and procedures that prevent the event of potential errors, omissions, or fraud through disbursement of funds including payroll; and,
6. Accounting functions, including authorizing and processing financial transactions, and recording and holding assets, are segregated to substantially reduce the risk of misappropriation of funds.”

Section 59 of the Health Protection and Promotion Act requires boards of health keep books and records, and prepare financial statements.

Part of the fiduciary duty of responsibility of boards is to make sure there are systems of internal controls over assets and finances to ensure reasonable accuracy of the books, records and financial reporting of the Health Unit. Reinforcing this general requirement, Schedule “E” of the Accountability Agreement between the board of health and the Province specifically requires boards to have financial controls in place.

Section 56 of the Health Protection and Promotion Act requires boards of health to appoint an auditor.

An auditor is an independent financial and internal control expert who is paid by the board to express an opinion as to the reasonable accuracy of the financial statements. (Under the *Municipal Act* a public health unit’s board must use the same auditor as its largest municipal funder, in our case, the City of Peterborough). Just as important, the auditor provides the board with a letter which comments on their experience with the health unit’s internal controls. Part of the service offered by an audit firm and an important revenue source for them is advising clients on internal controls and financial systems. As a result, audit firms are not shy about informing their client, which would include a board of health, if they uncover any problems with internal controls. Any serious problems of internal control that the auditor uncovers will be

communicated to the board by letter and usually commented on by the auditors while reporting the audit results.

Unfortunately, one board of health in Northern Ontario (see attachments B and C) has had some difficulty with serious internal control issues, including fraud and theft and this has likely prompted the Province to ensure that all boards of health understand the significance of internal controls.

Strategic Direction

The Internal Control Checklist is now a requirement of the Health Unit's budget submission to the Province. Approval of the budget will contribute to the program and the Health Unit's ability to continue to meet our mandate.

Contact:

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Attachments:

Attachment A – PCCHU Financial Control Checklist
Attachment B – News Article, 'Sutcliffe to head Algoma Public Health in wake of Scandal' (Sudbury Northern Life, January 23, 2015)
Attachment C – News Article, 'How on earth did this man end up overseeing Algoma Public Health's cash?' (SooToday.com, January 21, 2015)

Financial Controls Checklist

Board of Health :	Board of Health for the Peterborough County-City Health Unit	Period ended:	December 31, 2015
-------------------	--------------------------------------------------------------	---------------	--------------------------

Objective:

- The objective of the Financial Controls Checklist is to provide the boards of health with a tool for evaluating financial controls while also promoting effective and efficient business practices. The check-list is not meant to be exhaustive in nature but instead informative, to guide the review and assessment of key financial controls.
- This Financial Controls Checklist and the documented controls and procedures listed herein should be shared / presented to the board of health and the external auditor to facilitate oversight of operations and the testing of certain key controls that provide a level of confidence supporting the integrity of operations including the board of health's financial statements.
- This assessment should be revisited throughout the year to ensure controls, as documented and subject to change and/or periodic testing as instructed by the board of health's management, are kept current to serve the Board / Senior Management and the external auditors.

Financial controls support the integrity of the board of health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including possible fraud. The following control criteria ensure financial transactions include the following attributes:

- **Completeness** – all financial records are captured and included in the board of health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e. delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – of assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by those who have proper authority;
- **Segregation of Duties** – to ensure certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

Financial Controls Checklist

CONTROL OBJECTIVE	CONTROLS / DESCRIPTION	CONTROL DEFICIENCY (IF ANY) AND POTENTIAL IMPACT
1. Controls that support the collection of accurate and complete financial information.	<p><i>Potential controls include:</i></p> <ul style="list-style-type: none"> • Numbered documents such as sequentially numbered cheques to avoid duplication. • All accounts reconciled on a regular and timely basis. • Automated controls such as valid date ranges, dollar value limits. • Regular comparison of budgeted versus actual dollar spending and variance analysis. • Documented policies and procedures and clearly defined lines of authority for approving payments (e.g., documented Delegation of Authority). • Exception reports and the timeliness to clear transactions. • Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording and paying for purchases). • System batch totals. 	<p><i>List control deficiencies and their potential impact (in red).</i></p> <p>Yes for cheques and cash receipts</p> <p>Yes monthly reconciliation</p> <p>Yes system warnings and reporting</p> <p>Monthly financial statements generated and reviewed</p> <p>Yes Purchasing policy</p> <p>Yes payroll approvals, follow up with supervisors</p> <p>Yes duties segregated</p> <p>Yes for direct deposit payments – approval of batch by Manager</p>
2. Chart of accounts that are used to correctly record financial transactions.	<p><i>Potential controls include:</i></p> <ul style="list-style-type: none"> • An authorized chart of accounts. • Use of a capital asset ledger. • Dedicated staff with authority to approve journal entries and credits. • Access to accounts is appropriately restricted. • Budget to actual comparisons (variance analysis) including cash flow analysis. • Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis. 	<p><i>List control deficiencies and their potential impact (in red).</i></p> <p>Additions and deletions of accounts approved by manager</p> <p>Part of Accounting (Quickbooks) software</p> <p>No compensated for by review of budget variance analysis</p> <p>Yes only bookkeeping staff and Manager have access</p> <p>Yes monthly</p> <p>Yes monthly</p>
3. Receivable balances are collected on a timely basis.	<p><i>Potential controls include:</i></p> <ul style="list-style-type: none"> • Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances. • Separate accounts receivable function from the cash receipts function. • Reconcile trial balances with general ledger control accounts on a regular and timely basis. • Original source documents are maintained and secured to support all receipts and expenditures. 	<p><i>List control deficiencies and their potential impact (in red).</i></p> <p>Yes quarterly- very few accounts receivable, cleared monthly.</p> <p>Yes cash is received by Administration and signed for by bookkeeper.</p> <p>Automatic part of Accounting software</p> <p>Yes and kept on file for 7 years.</p>
4. Goods are purchased, received and accounted for and paid by someone with proper financial and legal authority.	<p><i>Potential controls include:</i></p> <ul style="list-style-type: none"> • Segregation of duties is used to apply the three way matching process (i.e. Supplier invoices are 1) matched with the applicable authorized purchase order, 2) matched with applicable validated packing slips, 3) reviewed for accuracy). • Duties are segregated with respect to those who set up a vendor versus those approving payment to the vendor, and those receiving goods. • Any discounts are accounted for (and recorded in accounts receivable); processes in place to take advantage of offered discounts. • Trial balance of accounts payable is reconciled to the general ledger control account on a regular and timely basis. • Evidence is on file to support the proper reimbursement of expenses 	<p><i>List control deficiencies and their potential impact (in red).</i></p> <p>Yes also match with program purchase requisition, package completeness and approval for payment by Director of Corporate Services.</p> <p>Yes, Bookkeeper enters vendor information, Director approves payment and packing slip is signed and dated by receiving program.</p> <p>Part of the approval process.</p> <p>Reconciled quarterly</p> <p>Yes approved expense report or cheques requisition. See</p>

Financial Controls Checklist

CONTROL OBJECTIVE	CONTROLS / DESCRIPTION	CONTROL DEFICIENCY (IF ANY) AND POTENTIAL IMPACT
	<p><i>(i.e. they've been submitted properly along with receipts with approval for payment and fall within internal policies and procedures).</i></p> <ul style="list-style-type: none"> • <i>Original source documents are maintained and secured to support all receipts and expenditures.</i> • <i>Regular monitoring to ensure compliance with applicable directives.</i> • <i>Monitoring for duplicate payments (e.g., invoice stamped as paid and matched with cheque copy, system controls or manual controls to ensure that duplicate invoices cannot be processed as well as proper and diligent review of invoices by authorized approver – oversight role).</i> • <i>Credit card expenses are monitored and authorized before payment is made.</i> • <i>Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.</i> 	<p><i>purchasing policy and procedures.</i></p> <p>Yes filed by supplier or staff and kept for 7 years. Annual transactional review by external auditors.</p> <p>Yes. Purchase orders are numerically controlled and invoice is matched to order.</p> <p>Yes limited to four credit cards, one in purchasing, one in administration and two building maintenance, with spending limits. Debit cards with restricted spending limits are issued to three community workers. Credit and Debit cards are reconciled monthly to authorized invoice/PO packages.</p> <p>Director of Corporate services approves Purchase Orders and ensures limits set out by policy are adhered to.</p>
5. Policy and procedures that prevent the event of potential errors, omissions or fraud through disbursement of funds including payroll.	<p><i>Potential controls include:</i></p> <ul style="list-style-type: none"> • <i>General policies defining dollar limit for paying cash versus cheque.</i> • <i>Separate roles to approve purchases versus paying for purchases along with authorized dollar limits.</i> • <i>Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.</i> • <i>All cancelled or void cheques are accounted for along with explanation for the cancellation.</i> • <i>A process is in place for accruing liabilities.</i> • <i>Stale-dated cheques are followed up on and cleared on a timely basis.</i> • <i>Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.</i> • <i>Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.</i> • <i>Separate payroll preparation, disbursement and distribution functions.</i> 	<p><i>List control deficiencies and their potential impact (in red).</i></p> <p>Yes - Purchasing policy.</p> <p>Both approval of purchase and approval of payment are by the Director of Corporate Services. Compensated by review of invoice package by Medical Officer of Health during process of signing cheques.</p> <p>Yes cheques are sequentially numbered by Accounting Package. Access is restricted to Finance department.</p> <p>Yes. New in 2015 we will include explanation for VOID cheque.</p> <p>Yes monthly</p> <p>Yes noted as part of the Bank reconciliation process and cleared appropriately.</p> <p>Yes approved monthly by manager.</p> <p>Yes approved monthly by manager.</p> <p>Yes engage payroll service and make direct deposits for approved staffing.</p>

Financial Controls Checklist

CONTROL OBJECTIVE	CONTROLS / DESCRIPTION	CONTROL DEFICIENCY (IF ANY) AND POTENTIAL IMPACT
6. Accounting functions including authorizing and processing a financial transaction, recording and holding assets are segregated to substantially reduce the risk of misappropriation of funds.	<p><i>Potential controls include:</i></p> <ul style="list-style-type: none"> • <i>Separating responsibilities between:</i> <ul style="list-style-type: none"> ▪ <i>The person who records transactions and the person who is responsible for purchasing;</i> ▪ <i>The person who handles accounts payable and the individual(s) who signs cheques;</i> ▪ <i>The person who records invoices and accounts receivable and the person who opens the mail and makes bank deposits;</i> ▪ <i>Record keeping is separate from operations and/or the handling and custody of assets; and,</i> ▪ <i>Bookkeeper's duties exclude receiving cash or cheques, preparing bank deposits, signing cheques, and opening incoming mail.</i> • <i>Audit trails support the monitoring of transactions including those with override capabilities and the opportunity to spot-check for unauthorized activity.</i> • <i>Audit trails of recorded overrides are monitored by individuals who do not hold override capability and are responsible for overseeing the financial activities of the BOH.</i> 	<p><i>List control deficiencies and their potential impact (in red).</i></p> <p><i>Transaction is initiated in the system by purchasing and then verified invoice approval by and processing. Bookkeeper responsible for payables, two signatures are required for cheques Director of Corporate Services and/or Director of Health Promotion and /or Medical Officer and/or Chair and/or Vice Chair. Mail opened by Administration, money and cheques signed for by bookkeeper, bank deposits bookkeeper. Yes.</i></p> <p><i>See above.</i></p> <p><i>All transactions are restricted to Finance staff and backed up by documentation.</i></p> <p><i>All financial staff have the ability to override a transaction. This weakness is more than compensated for as the organization is budget driven and actual expenditures are compared to budget reported on monthly to responsible Manager or Director, detailed analysis are provided upon request and all transactions are documented.</i></p>

Prepared by : _____
Position Title

Date: _____

Approved by : _____
*Medical Officer of Health/
 Chief Executive Officer*

Date _____

Approved by : _____
Chair, Board of Health

Date _____

Sutcliffe to head Algoma Public Health in wake of scandal

By: Sudbury Northern Life Staff

| Jan 23, 2015 - 1:06 PM | 4

Dr. Penny Sutcliffe, the city's medical officer of health, is assuming temporary leadership of Algoma Public Health in the wake of a scandal involving the institution that broke this week.

In a story by SooToday.com, it was reveal Sutcliffe will replace Dr. Kim Barker, who resigned as Algoma Public Health CEO amid controversy around the health unit's financial management and its former interim chief financial officer.

“My primary focus will be ensuring that all public health programming and services continue to meet the needs of the community,” Sutcliffe said. “I admire the work of APH and its strong record of innovation and I look forward to supporting the Board of Health and Acting CEO in any way I can.”

SooToday.com reported Jan. 22 the Health Unit hired a man named Shaun Rothberg as its interim chief financial officer. Rothberg really turned out to be an alleged con artist named Shaun Rootenberg.

Rootenberg has a criminal record for fraud over \$5,000 and was incarcerated in a federal prison for a time.

Sudbury and District Health unit announced today that Sutcliffe, who is the medical officer of health as well as the health unit CEO, will assume interim leadership of Algoma Public Health alongside Connie Free, Algoma Public Health's chief nursing officer and director of clinical services.

“The health of citizens in our area is our priority,” Free said. “I know that our staff want to keep up their focus on addressing local public health needs, and I am confident that Dr. Sutcliffe the Board of Health and I will make sure this happens.”

“We are eager to keep up the momentum we have been building and are grateful to have a solid interim leadership team in place,” said Marchy Bruni, chair of Algoma Public Health. “For that, I would like to express our thanks to the Sudbury & District Board of Health for their support.”

In the meantime, the board of health will soon begin its search for a new permanent medical officer of health for APH.

How on earth did this man end up overseeing Algoma Public Health's cash?

Wednesday, January 21, 2015 by: David Helwig
www.Sootoday.com

Algoma Public Health announced that Dr. Kim Barker, its medical officer of health and chief executive officer, had been “shocked” Thursday to receive information about Rothberg that had prompted the health unit’s board to hire an independent audit firm to investigate a six-month period during which Rothberg had served as its interim chief financial officer.

Why all this fuss over a mind-mannered, bespectacled number-cruncher?

Dr. Barker, City Solicitor Nuala Kenny and Ron Hulse, the Toronto consultant who recommended Rothberg to Algoma Public Health, all insist he is actually Shaun Rootenberg, who did time at Beaver Creek Institution in Gravenhurst after pleading guilty to multiple counts of fraud involving more than \$2 million.

Dr. Barker told SooToday’s Michael Purvis this week that she’s confident Shaun Rothberg is Shaun Rootenberg.

“He acknowledged it. He admitted it when he was confronted,” Barker told us.

“You confronted him?” Purvis asked.

“Yes,” responded Barker.

So how does a convicted fraudster get hired to oversee Algoma Public Health’s \$23 million annual expenditures and \$25 million in capital assets?

The short answer, Dr. Barker says, is that Algoma Public Health (APH) didn’t check out Rootenberg’s credentials because he was hired through a third-party consultant, Ron Hulse of Toronto.

“When you retain a third-party consulting firm, you assume that they’re providing you with credible services. KPMG do all of our audits and we certainly don’t ask for all of their accountants to demonstrate their criminal backgrounds or chartered accountants certificates. We assume KPMG has done their due diligence, as we presumed with this one as well,” said Barker.

APH has certainly had difficulty with its financial operations in recent years.

In July, 2013, Jeffrey Holmes departed as chief financial officer and was subsequently charged with breach of trust and theft over \$5,000.

When Dr. Barker commenced her duties later that month, she had a mess on her hands.

"In the summer once I started this new job I was short a chief financial officer and reached out to a number of potential headhunters because we were struggling to find the right fit," she said.

"Certainly it will come as no surprise that these headhunters were incredibly expensive and [we] did not have it in our budget given the predicament we were in. But one of the headhunters, R. Hulse, came back to me and said: 'Well, we can offer you a deal because we'd like to start initiating business with you.'"

"They sold it as a way of getting their foot in the door, so they suggested Shaun Rothberg. I met with Shaun in Toronto. He seemed very capable and I was very impressed. Spoke about it with the board and so we retained R. Hulse and have found out since that R. Hulse was aware of his background but are of the opinion that he served his time in prison and needed a second chance."

However, Rothberg/ Rootenberg actually was asked by APH about his background, at least once.

Minutes of an APH board meeting on January 15, 2014 record that "further to a board query, Shaun Rothberg provided a detailed outline of his history, experience and education."

Here's how Dr. Barker explains that:

"That was the same board meeting where our new Chief Financial Officer Justin Pino was asked to come and introduce himself. My recollection is in the process of him introducing himself he gave a detailed history of his credentials and then one of the board members said, 'Shaun, can you tell us about yours too?' That was it."

Did he have access to anyone's medical or personal financial records at APH?

"It's a good question," says Barker. "We don't believe so. We're quite confident everything is secure and nothing was at risk, but obviously we want to be as diligent as possible with reassuring the staff."

So KPMG was brought in this week to begin a wide-ranging forensic audit.

"They started [Thursday] and they'll take as long as they need to do a really thorough job," Barker said.

If anyone is convinced there was anything wrong with Shaun Rootenberg guarding APH's cash, it certainly isn't Ron Hulse, the Toronto consultant who recommended him to Kim Barker.

"I've personally known Shaun since 1999," Hulse told SooToday on Friday.

"I'm fully aware of his past. Fully. And his desire to put it behind him. The work he did [at APH] was outstanding. There were no issues with results delivered and professionalism."

"He pled guilty, went to jail and served his time and made amends with those he offended."

“Frankly, because of my trust and belief in him and my belief in rehabilitation, restorative justice and the supervision of his efforts, APH benefited substantially.... Unfortunately there are those in society who are quick to judge.”

“He’s a very committed guy to living a positive, reformed life. I feel for him. I’m crushed by it. It pisses me off that people can’t let the past be the past.”

Hulse works from his home in Toronto.

When he agreed to help APH find a new CFO, he immediately saw that someone was needed on the ground in the Sault.

APH needed someone fast.

APH didn’t have much cash to pay for that someone.

“I selected [Rootenberg] because he was on the bench and ready to go. I knew he could do the job in a heartbeat,” Hulse says.

“If I was going to judge him from the past, I wouldn’t have placed him. He is probably one of the most intelligent individuals I’ve ever met. Shaun is so well aware of the cost of getting caught that he would never colour outside the lines again. The next trip isn’t a short trip to Beaver Creek.”

And according to both Hulse and Dr. Barker, Shaun Rootenberg delivered.

“He not only corrected what I believe was a very dire financial situation, but through his efforts at APH, the organization is now on a solid financial footing. Any and all audits will validate his competence and his integrity,” Hulse says.

“He uncovered ongoing vulnerabilities based on the banking relationship that APH had with their financial institutions, and arranged to have them closed out. If he were the serial criminal that people are inferring, why wouldn’t he have taken advantage of that?”

Hulse says Rootenberg did nothing but positive things for APH:

- He negotiated APH out of a ridiculously expensive 99-year lease on its new building.
- He led negotiations with the Canadian Union of Public Employees, avoiding a costly strike.
- He authored the business case that allowed APH to implement Health Link, a new record-sharing model that organizes health care for patients with the highest and most complex needs.
- He mentored and transitioned Justin Pino, the new CFO, into his position.
- He came back to the Sault on his own time to assist with these things.

Board Presentation

Internal Controls

April 15, 2015

Bob Dubay,
Manager Accounting

The logo is an oval shape with a white background. It contains the text "Peterborough County-City" in a small blue font, "HEALTH UNIT" in a larger, bold blue font, and "...because health matters!" in a small blue font at the bottom. The logo is positioned on the right side of the slide, with several wavy lines in shades of blue and green extending from the left and curving around it.

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

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BOH Meeting Agenda
March 11, 2015 - Page 52 of 75

Section 59 of the Health Protection and Promotion Act requires Boards of Health to keep books and records and prepare financial statements.

Part of the fiduciary duty of responsibility of boards is to make sure that there are systems of Internal Controls over assets and finances to ensure reasonable accuracy of the books, records and financial reporting of the Health Unit. Reinforcing this general requirement, Schedule “E” of the Accountability Agreement between the Board of Health and the Province specifically requires board to have financial controls in place.

Section 56 of the Health Protection and Promotion Act requires Boards of Health to appoint an auditor.

An auditor is an independent financial and internal control expert who is paid to express an opinion as to the reasonable accuracy of the financial statements. Just as importantly the auditor provides the Board with a letter which comments on their experience with the Health Unit's Internal Controls.

Management Report in Audited Financial Statements



The Peterborough County-City Health Unit

For The Year Ended December 31, 2013

Management Report

Management Report

The accompanying consolidated financial statements of the Peterborough County-City Health Unit have been prepared by management and have been approved by the Board of Health.

The consolidated financial statements have been prepared by management in accordance with the Sector Accounting Standards. Financial statements are not precise since they involve estimates and judgements. When alternative accounting methods exist, management has selected the method most appropriate in the circumstances, in order to ensure that the financial statements are presented in all material respects.

The Health Unit maintains systems of internal accounting and administrative controls of high quality, consistent with reasonable cost. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable and accurate and the Health Unit's assets are adequately safeguarded.

The Health Unit maintains systems of internal account and administrative controls of high quality, consistent with reasonable cost. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable and accurate and the Health Unit's assets are appropriately accounted for and adequately safeguarded.

The Board of Health is responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving financial statements.

The Board of Health reviews and approves the Health Unit's financial statements for issuance. The Board of Health meets periodically with management, as well as the external auditors, to discuss internal controls over the financial reporting process, auditing matters and financial reporting issues, to satisfy themselves that each party is properly discharging their responsibilities, and to review the consolidated financial statements and the independent auditors' report.

The consolidated financial statements have been audited by Collins Barrow Kawartha LLP in accordance with Canadian generally accepted auditing standards on behalf of the Health Unit. Collins Barrow Kawartha LLP has full and free access to the Board of Health.

Chairman _____ Date _____

Chairman _____ Date _____

Medical Officer of Health _____ Date _____

Medical Officer of Health _____ Date _____

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



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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 consolidated financial statements of the Peterborough County-City Health Unit which comprise the consolidated statement of financial position as at December 31, 2013 and the consolidated statements of operations and accumulated surplus, changes in net financial assets, cash flows and the related schedules for the year then ended 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 these consolidated financial statements in accordance with Canadian Public Sector Accounting Standards, and for such internal controls as management determines are necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit conducted 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 the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the preparation and fair presentation of the consolidated financial statements 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 estimates made by management, as well as evaluating the presentation of the consolidated financial statements.

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, these consolidated financial statements present fairly, in all material respects, the position of the Peterborough County-City Health Unit as at December 31, 2013, and the results of its operations and its cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards.

Collins Barrow Kawartha LLP
Chartered Professional Accountants
Peterborough, Ontario
May 14, 2014

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INDEPENDENT AUDITORS' REPORT

To the Members of The Board of Health of the
Peterborough County-City Health Unit

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Canadian Public Sector Accounting Standards, and for such internal controls as management determines are necessary to enable the preparation of financial statements that are free from material misstatement, 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 the consolidated financial statements 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 the consolidated financial statements.

BAKER TILLY
INTERNATIONAL

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

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BOH Meeting Agenda
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New in 2015, the Ministry of Health and Long-Term Care required Boards of Health to submit a financial controls checklist as part of the 2015 Budget Request.

“The objective of this checklist is to provide Boards of Health with a tool for evaluating their internal controls while also promoting effective and efficient business practices. This tool is not meant to be exhaustive in nature but instead informative, to guide the review and assessment of key internal controls. The 2015 Financial Controls Checklist reporting template has been provided to Boards of Health as part of the 2015 budget submission package.”

The checklist has been provided to the Board of Health for information.

Vaccine Safety in 2013: It's everyone's business!



AEFI surveillance in Ontario

Public health aim

- Early detection and appropriate and timely response to AEFI, to lessen any impact on the health of individuals and immunization programs

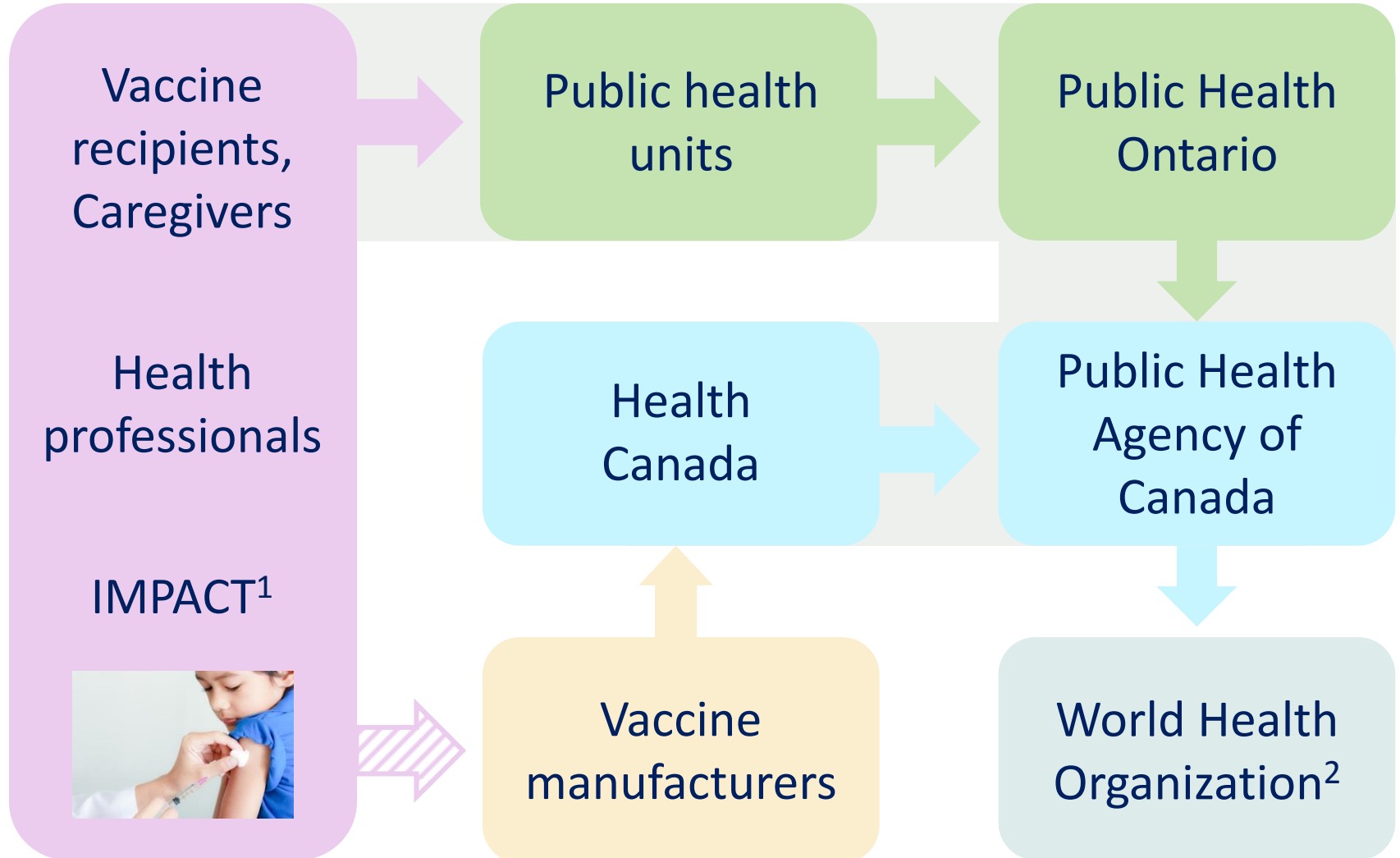
Surveillance objectives:

- Identify and investigate serious or unexpected occurrences of AEFIs, particularly for new vaccines
- Detect and investigate potential safety signals
- Estimate provincial rates of reported AEFIs by vaccine
- Report to stakeholders on the safety of publicly funded vaccines in Ontario
- Maintain public confidence in vaccine programs

Legislative authority for reporting and surveillance of AEFIs

- *Health Protection and Promotion Act, Section 38*
 - Duty of physician or delegate **to inform** patients of the importance of immediately reporting any reaction
 - Duty of physicians, nurse and pharmacists **to report** events
- Ontario Public Health Standards
 - Responsibility of the Board of Health to **improve public knowledge** of the importance of reporting AEFIs;
 - **Promote the reporting** of AEFI by local health care providers
 - Monitor, investigate, and document all suspected AEFI that meet the provincial reporting criteria and promptly report all cases

Journey of an AEFI report

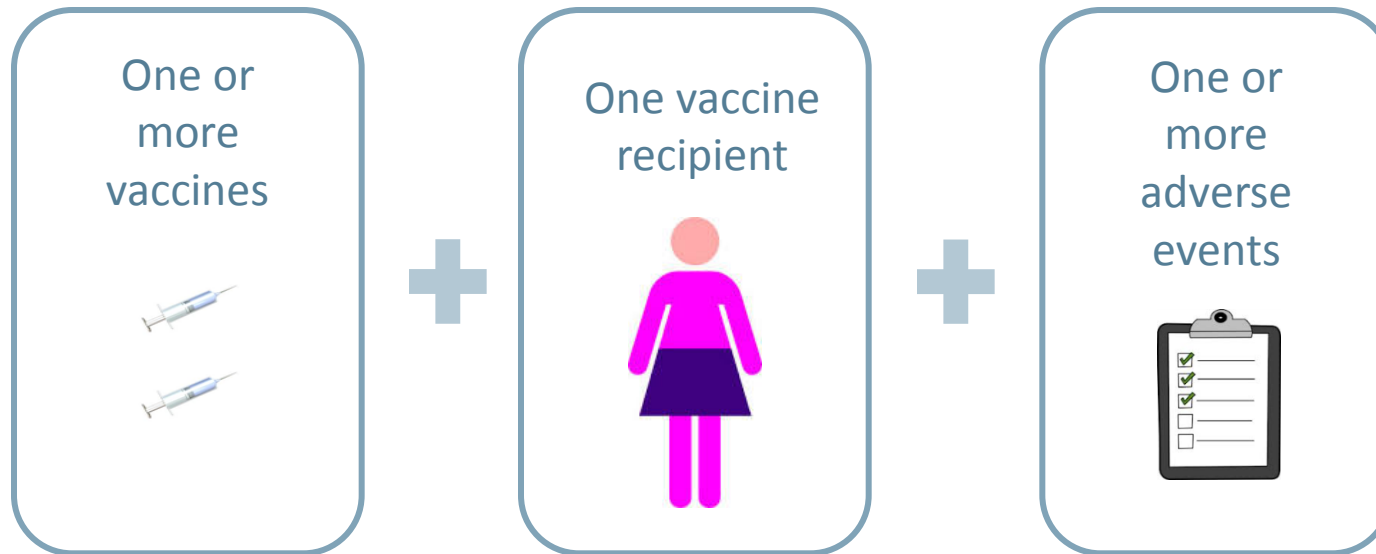


Methods

- All reports of AEFIs with a vaccine administration date between January 1 and December 31, 2013 extracted from iPHIS on April 28, 2014
 - AEFI reports from 2010-2012 extracted for analysis of temporal trends
 - Active immunizing agents only
 - Publicly funded and non-publicly funded vaccines
- Descriptive analysis limited to “Confirmed” AEFI

“Any reported event....in a vaccine recipient which **follows** immunization which cannot be clearly attributed to other causes. A **causal relationship** with the administration of the vaccine does not need to be proven.”¹

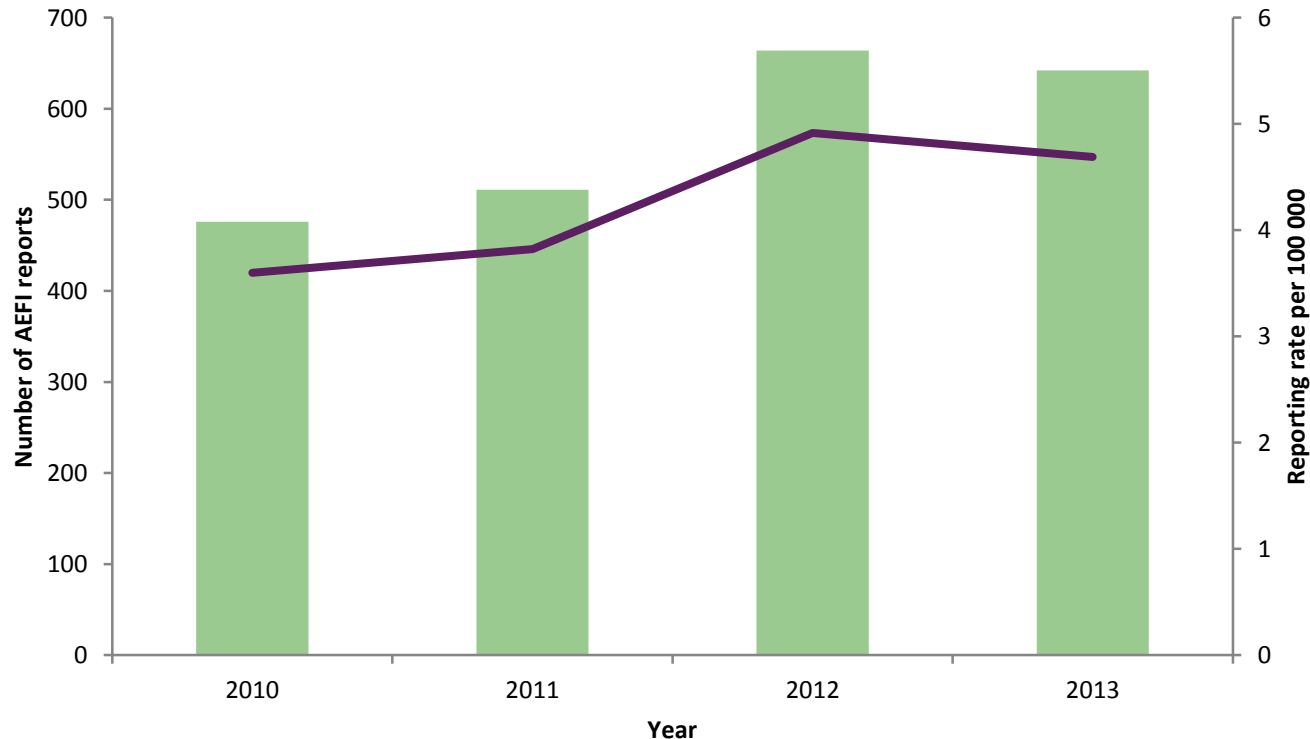
- Each AEFI report represents



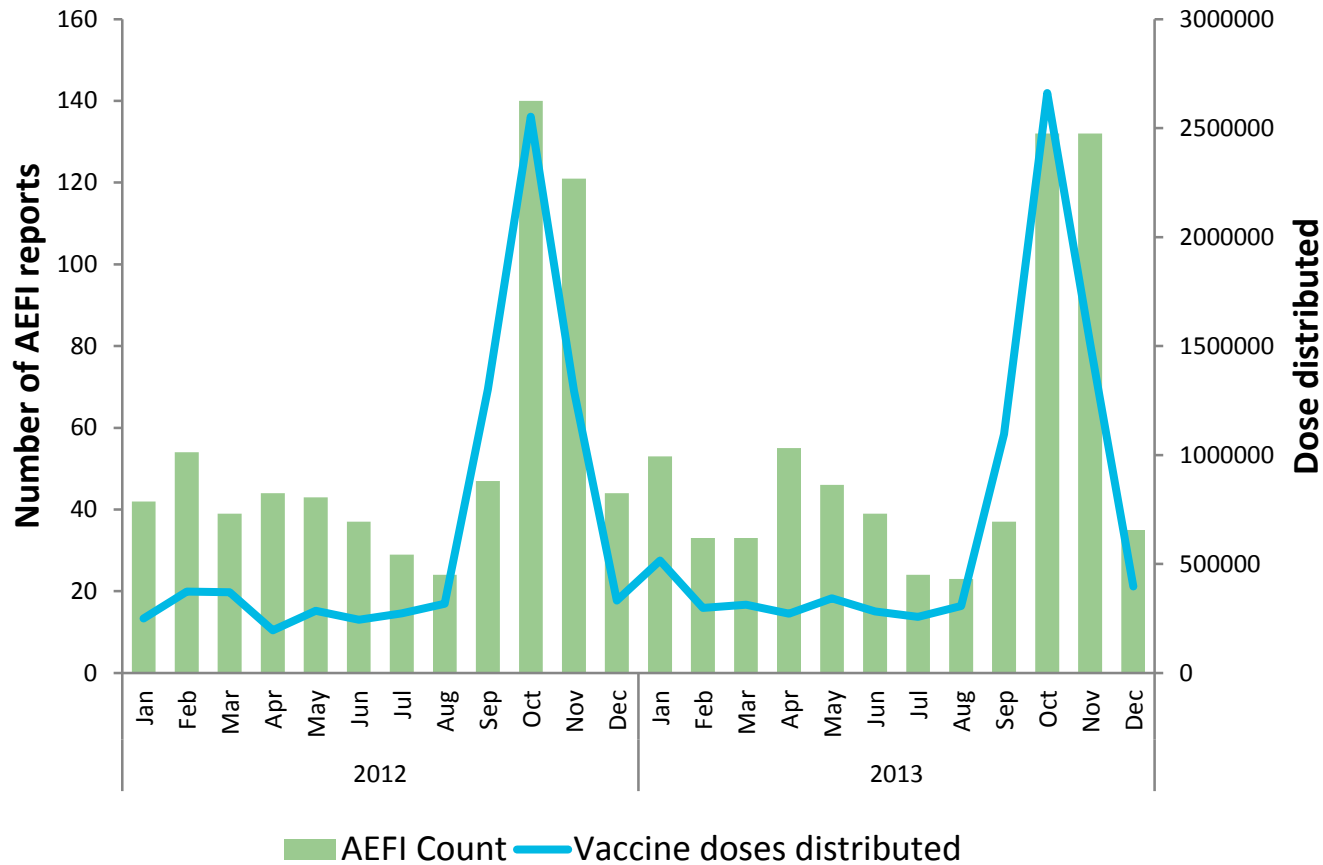
- AEFI reporting rates calculated based on provincial population estimates/projections for overall rates and doses distributed for vaccine-specific rates

- 642 confirmed AEFI following vaccines administered in 2013
- Population-based reporting rate was 4.7 per 100 000 population

Number of “Confirmed” AEFI reports and reporting rate by year, 2010–13



Number of AEFI reports and publicly funded vaccine distribution¹ in Ontario, by month, 2012-13



Notes:

1. Includes net vaccine distribution from Ontario Government Pharmacy & Medical Supply Service (OGPMSS) (i.e., publicly funded vaccine doses) only. Counts include all confirmed AEFIs reported in 2012.

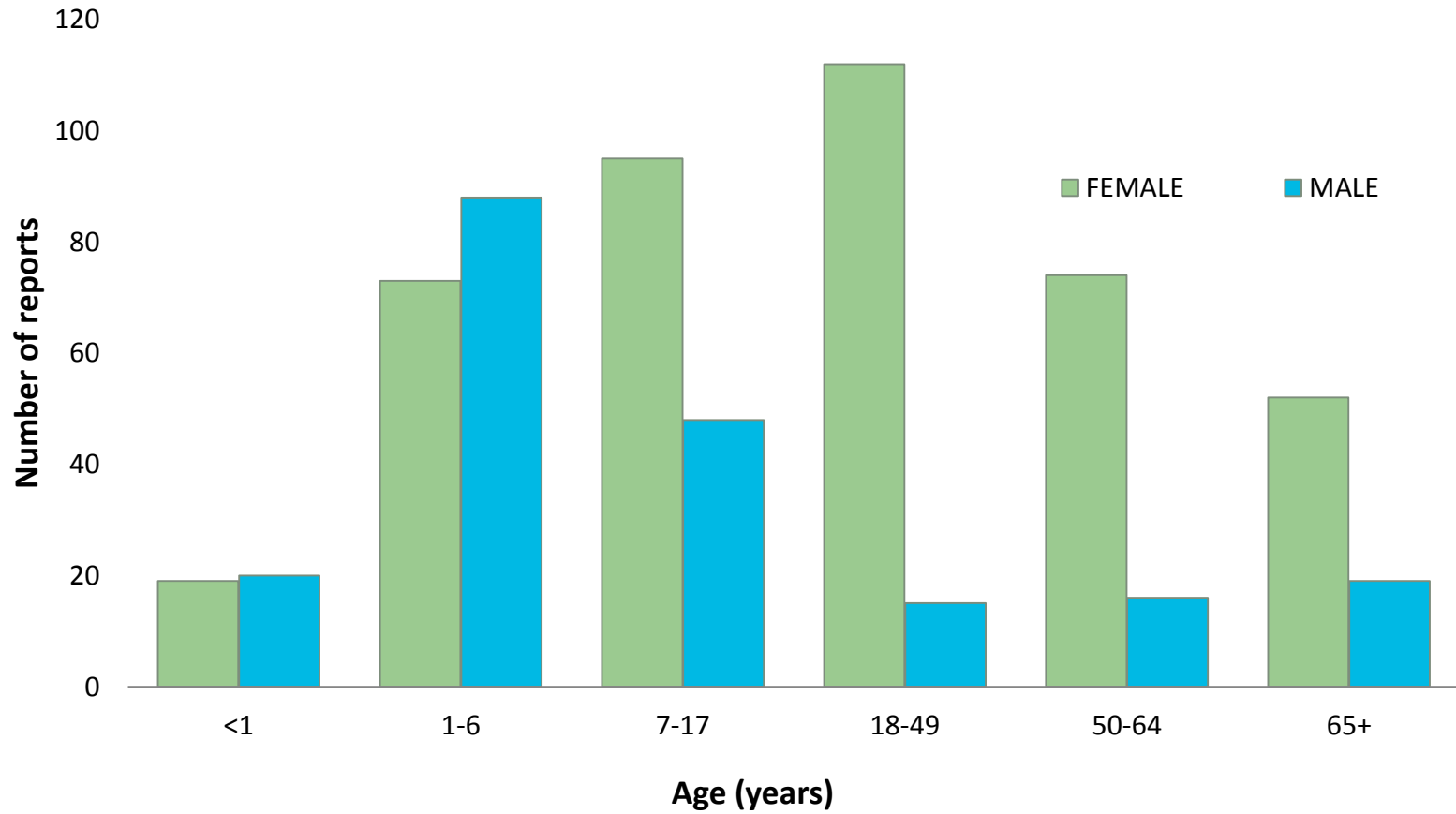
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AEFI reports by age

- Age-specific reporting rates vary with age
- Highest among infants <1 year, lowest among adults 18-64 years
- Decreased reporting rate in 4 to 11 year olds in 2013 compared to 2012

Age Group (Years)	2013	2012
	Reporting rate (per 100 000 population)	Reporting rate (per 100 000 population)
<1	29.5	29.0
1-3	19.6	18.9
4-10	7.1	12.2
11-17	11.1	10.8
18-64	2.6	2.5
65+	4.2	3.7
Total	4.7	4.9

Age and sex distribution of confirmed AEFI reported following vaccines administered in 2013



Vaccines

- Vaccine-specific reporting rates range from 4.3 to 340.4 per 100 000 doses distributed
- Highest overall vaccine-specific reporting rate was for DTaP-IPV, no serious AEFIs were reported
- Lowest reporting rate was for influenza vaccine
 - Highest volume of reporting (30.5%)
 - Accounts for 50.9% of all publicly funded vaccine distributed in the province

Adverse events

- The most frequently reported type of event was injection site reactions (41.0%) including 30.9% where this was the only reported event
- Other frequently reported events included rash (22.8%) and allergic reactions of the skin in 18.7%
- Similar distribution of events in 2012 although the frequency of “Other severe/unusual events” decreased from 19.0% in 2012 to 13.6% in 2013
- 22 medically important events, including 16 reports of anaphylaxis (5 met Brighton¹ definition, 4 did not, 7 not enough info to assess)

Serious AEFI

- 5 febrile seizures in children <18 months, 5 cellulitis at the injection site admitted to hospital for IV antibiotic treatment
- One each of intussusception, anaphylaxis, GBS and encephalitis
- 11 classified as “Other severe/unusual events”
- One report of sudden death of an infant 2 days after routine vaccination
 - No direct link between vaccination and the death reported
 - Coroner’s investigation found the cause of death to be unascertained, manner of death was undetermined

Conclusions

- Vaccines administered in Ontario in 2013 resulted in a low rate of reporting of adverse events
- Most reported events were mild and resolved completely
- Serious reports were rarely reported and were most often related to known but rare events following vaccine
- Some improvements in data quality
- Under-reporting is a limitation more pronounced in Ontario relative to other jurisdictions

To: All Members
Board of Health

From: Mr. Andy Sharpe, Chair, Property Committee

Subject: **Committee Report: Property**

Date: April 15, 2015

The Property Committee met last on March 17, 2015. At that meeting, the Committee requested that the following items come forward to the Board of Health for information.

[Meeting Minutes – December 12, 2014](#)

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Governance Committee for December 12, 2014.

**Board of Health for the
Peterborough County-City Health Unit
MINUTES
Property Committee Meeting
Friday, December 12, 2014
10 Hospital Drive, Peterborough**

Present: Councillor Lesley Parnell (by teleconference)
Mr. Andy Sharpe, Chair
Mr. Scott McDonald (by teleconference)
Mr. David Watton (by teleconference)

Regrets: Chief Phyllis Williams
Councillor Henry Clarke

Staff: Dr. Rosana Pellizzari, Medical Officer of Health
Mr. Brent Woodford, Director, Corporate Services
Ms. Natalie Garnett, Recorder (12:04 pm)

Guests: Peter Lawless, Solicitor, LLF Lawyers

1. Call to Order

Andy Sharpe called the meeting to order at 12:00 p.m.

2. Confirmation of the Agenda

MOTION:

That the Agenda be accepted as circulated.

Moved: Mr. Watton

Seconded: Mr. McDonald

Motion carried. (M-2014-23-PR)

3. Declaration of Pecuniary Interest

There were no declarations of Pecuniary Interest.

4. Delegations and Presentations

5. Confirmation of Minutes of the Previous Meeting

MOTION:

That the Property Committee Meeting minutes for November 10, 2014 be approved.

Moved by: Mr. McDonald

Seconded by: Councillor Parnell

Motion carried. (M-2014-24-PR)

6. Business Arising from the Minutes

7. Correspondence

8. New Business

9. In Camera to Discuss Confidential Property Matters

MOTION:

That the Property Committee go in Camera to discuss confidential property matters at 12:03 pm.

Moved by: Mr. Watton

Seconded by: Councillor Parnell

Motion carried. (M-2014-25-PR)

MOTION:

That the Property Committee Meeting rise from in Camera at 12:46 pm.

Moved by: Mr. Watton

Seconded by: Councillor Parnell

Motion carried. (M-2014-26-PR)

10. Motions from In Camera for Open Session

11. Date, Time and Place of the Next Meeting

12. Adjournment

MOTION:

That the Property Committee meeting be adjourned.

Moved by: Mr. Watton

Seconded by: Mr. McDonald

Motion carried. (M-2014-27-PR)

The meeting was adjourned at 12:56 p.m.